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: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/23/2021 1:22 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 11/23/2021 Time: 1:22 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ASCENSION ST. VINCENT ANDERSON (15-0088) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

[X] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) BECKY JACOBSON
Officer or Administrator of Provider(s)

VP OF FINANCE
Title

11/23/2021 01:22:36 PM
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	640,286	-304,845	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	37,432	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	677,718	-304,845	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:22 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2015 JACKSON STREET	PO Box:			1.00
2.00	City: ANDERSON	State: IN	Zip Code: 46016	County:	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ASCENSION ST. VINCENT ANDERSON	150088	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BENNETT REHAB CENTER	15T088	26900	5	06/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2020	06/30/2021	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	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 OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I | Date/Time Prepared: 11/23/2021 1:22 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.	1,439	342	7	53	6,563	15	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.	38	16	0	0	561		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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:22 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustement? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:22 pm

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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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.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

		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	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:22 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			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,100,050		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	5.00		122.00
	Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:22 pm

		1.00	2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	154046	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: ST VINCENT HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 250 WEST 96TH STREET , SUITE 2058	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46260	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.			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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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	166.00

		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: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part II | Date/Time Prepared: 11/23/2021 1:22 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		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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)	Y	10/07/2021	Y	10/07/2021	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 1:22 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 relifed 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.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHY		ZAMBOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-623-4573		KATHY.ZAMBOS@ASCENSION.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 1:22 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.	LEAD ANALYST		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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I Date/Time Prepared: 11/23/2021 1:22 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	123	44,895	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)		123	44,895	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	21	7,665	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		144	52,560	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		157				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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I | Date/Time Prepared: 11/23/2021 1:22 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)	3,875	1,229	21,182			1.00
2.00	HMO and other (see instructions)	6,134	6,524				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	491	577				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)	3,875	1,229	21,182			7.00
8.00	INTENSIVE CARE UNIT	3,495	138	4,579			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		513	643			13.00
14.00	Total (see instructions)	7,370	1,880	26,404	0.00	559.57	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,125	38	2,604	0.00	11.28	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)			153			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	570.85	27.00
28.00	Observation Bed Days		0	1,090			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			144			30.00
31.00	Employee discount days - IRF			28			31.00
32.00	Labor & delivery days (see instructions)	0	15	145			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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I | Date/Time Prepared: 11/23/2021 1:22 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,406	257	5,322	1.00
2.00	HMO and other (see instructions)			1,052	1,563		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				39		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,406	257	5,322	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	93	3	204	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part II | Date/Time Prepared: 11/23/2021 1:22 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	39,529,979	25,733	39,555,712	1,119,293.30	35.34	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		50,137	0	50,137	417.81	120.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		16,540	0	16,540	1,168.08	14.16	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,556,883	-42,952	4,513,931	120,715.87	37.39	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,106,732	0	6,106,732	195,013.84	31.31	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		4,264,481	0	4,264,481	43,806.19	97.35	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		11,057,084	0	11,057,084	217,295.00	50.89	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,413,355	0	11,413,355			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,337,849	0	1,337,849			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		6,303	0	6,303			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		3,751,934	0	3,751,934			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part II Date/Time Prepared: 11/23/2021 1:22 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	4.00	295,149	-279,823	15,326	385.58	39.75	26.00
27.00	Administrative & General	5.00	2,576,475	-832,886	1,743,589	56,052.02	31.11	27.00
28.00	Administrative & General under contract (see inst.)		2,276,039	0	2,276,039	34,121.26	66.70	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,097,647	0	2,097,647	83,689.36	25.06	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		791,457	0	791,457	28,025.88	28.24	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,620,273	48,346	1,668,619	43,065.15	38.75	38.00
39.00	Central Services and Supply	14.00	395,289	6,430	401,719	19,369.77	20.74	39.00
40.00	Pharmacy	15.00	2,728,316	28,732	2,757,048	61,105.13	45.12	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part III Date/Time Prepared: 11/23/2021 1:22 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		44,678,582	25,733	44,704,315	1,263,961.72	35.37	1.00
2.00	Excluded area salaries (see instructions)		4,556,883	-42,952	4,513,931	120,715.87	37.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)		40,121,699	68,685	40,190,384	1,143,245.85	35.15	3.00
4.00	Subtotal other wages & related costs (see inst.)		21,428,297	0	21,428,297	456,115.03	46.98	4.00
5.00	Subtotal wage-related costs (see inst.)		15,171,592	0	15,171,592	0.00	37.75	5.00
6.00	Total (sum of lines 3 thru 5)		76,721,588	68,685	76,790,273	1,599,360.88	48.01	6.00
7.00	Total overhead cost (see instructions)		12,780,645	-1,029,201	11,751,444	325,814.15	36.07	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part IV Date/Time Prepared: 11/23/2021 1:22 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,729,760	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	316,981	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)	4,385,791	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,634,354	9.00
10.00	Dental, Hearing and Vision Plan	157,884	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)	30,343	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	233,515	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	181,469	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	2,841,461	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	49,749	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	33,281	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,594,588	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part V Date/Time Prepared: 11/23/2021 1:22 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	6,106,732	11,594,588	1.00
2.00	Hospital	6,106,732	11,594,588	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-10 | Date/Time Prepared: 11/23/2021 1:22 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)	0.225909	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	33,926,042	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		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	160,543,051	6.00
7.00	Medicaid cost (line 1 times line 6)	36,268,120	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)	2,342,078	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,342,078	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)	13,638,832	1,061,752	14,700,584	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,081,135	1,061,752	4,142,887	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)	3,081,135	1,061,752	4,142,887	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)	9,007,268	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	331,876	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	510,578	27.01
28.00	Non-Medicare bad debt expense (see instructions)	8,496,690	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,098,181	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	6,241,068	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	8,583,146	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/23/2021 1:22 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	CAP REL COSTS-BLDG & FIXT		3,405,751	3,405,751	-5,265	3,400,486	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB		0	0	0	0	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	295,149	8,456,346	8,751,495	-316,022	8,435,473	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,576,475	49,393,892	51,970,367	-1,011,573	50,958,794	5.00
7.00	00700	OPERATION OF PLANT	0	5,542,213	5,542,213	21,700	5,563,913	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	575,578	575,578	0	575,578	8.00
9.00	00900	HOUSEKEEPING	0	2,503,793	2,503,793	28,081	2,531,874	9.00
10.00	01000	DIETARY	0	2,569,662	2,569,662	-1,506,600	1,063,062	10.00
11.00	01100	CAFETERIA	0	0	0	1,506,922	1,506,922	11.00
13.00	01300	NURSING ADMINISTRATION	1,620,273	830,990	2,451,263	77,445	2,528,708	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	395,289	148,837	544,126	6,430	550,556	14.00
15.00	01500	PHARMACY	2,728,316	188,513	2,916,829	28,732	2,945,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,204	1,204	0	1,204	16.00
23.00	02300	ALLIED HEALTH-EMS	171,050	30,896	201,946	-164,280	37,666	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	83,205	34,646	117,851	23,894	141,745	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,218,797	1,884,443	11,103,240	661,196	11,764,436	30.00
31.00	03100	INTENSIVE CARE UNIT	3,390,549	1,498,763	4,889,312	73,618	4,962,930	31.00
41.00	04100	SUBPROVIDER - IRF	850,992	91,952	942,944	69,512	1,012,456	41.00
43.00	04300	NURSERY	0	0	0	195,222	195,222	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	577,356	14,300,628	14,877,984	9,583	14,887,567	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,105,667	205,625	1,311,292	-420,518	890,774	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,640,362	1,111,049	2,751,411	-5,823	2,745,588	54.00
54.01	03440	MAMMOGRAPHY	222,725	243,334	466,059	2,329	468,388	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	245,270	638,709	883,979	2,564	886,543	54.02
54.03	03630	ULTRA SOUND	352,940	106,020	458,960	3,690	462,650	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	823,088	1,070,246	1,893,334	72,836	1,966,170	55.00
57.00	05700	CT SCAN	504,852	209,299	714,151	5,278	719,429	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	242,374	317,873	560,247	2,534	562,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	762,807	334,428	1,097,235	9,921	1,107,156	59.00
60.00	06000	LABORATORY	0	7,272,710	7,272,710	0	7,272,710	60.00
65.00	06500	RESPIRATORY THERAPY	894,971	166,840	1,061,811	49,516	1,111,327	65.00
66.00	06600	PHYSICAL THERAPY	2,488,989	595,498	3,084,487	-1,101,031	1,983,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	867,762	867,762	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	260,802	260,802	68.00
69.00	06900	ELECTROCARDIOLOGY	109,622	76,911	186,533	1,146	187,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	207,095	328,064	535,159	2,455	537,614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,864,831	3,864,831	0	3,864,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,809,769	4,809,769	0	4,809,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,445,709	18,445,709	0	18,445,709	73.00
76.00	03190	CHEMOTHERAPY	672,516	242,083	914,599	114,711	1,029,310	76.00
76.01	03020	WOUND CARE	252,419	481,084	733,503	2,639	736,142	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	768,259	59,898	828,157	8,033	836,190	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,876,936	1,545,512	4,422,448	373,563	4,796,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	31,154	13,105	44,259	0	44,259	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,109,497	133,596,704	169,706,201	-48,998	169,657,203	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	79,623	14,042	93,665	832	94,497	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,263,606	398,217	2,661,823	17,396	2,679,219	192.00
194.00	07950	FOUNDATION	0	5	5	0	5	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	100,524	7,422	107,946	1,051	108,997	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	4,730	346	5,076	49	5,125	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	440	440	0	440	194.04
194.05	07955	HEALTHY FAMILIES	253,323	90,801	344,124	2,857	346,981	194.05
194.06	07956	DME-HOME CARE	0	15,079	15,079	0	15,079	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	395	395	0	395	194.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/23/2021 1:22 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	
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	718,676	74,143	792,819	26,813	819,632	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	39,529,979	134,197,594	173,727,573	0	173,727,573	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-475,876	2,924,610		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	71,210	8,506,683		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,585,591	43,373,203		5.00
7.00	00700	OPERATION OF PLANT	-488,038	5,075,875		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	575,578		8.00
9.00	00900	HOUSEKEEPING	-800	2,531,074		9.00
10.00	01000	DIETARY	-294,587	768,475		10.00
11.00	01100	CAFETERIA	0	1,506,922		11.00
13.00	01300	NURSING ADMINISTRATION	-162,728	2,365,980		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	550,556		14.00
15.00	01500	PHARMACY	-10,427	2,935,134		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16,330	-15,126		16.00
23.00	02300	ALLIED HEALTH-EMS	-2,004	35,662		23.00
23.01	02301	ALLIED HEALTH-RAD TECH	0	141,745		23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,004	11,762,432		30.00
31.00	03100	INTENSIVE CARE UNIT	-375,825	4,587,105		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,012,456		41.00
43.00	04300	NURSERY	0	195,222		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,346,440	13,541,127		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-13,030	877,744		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,800	2,743,788		54.00
54.01	03440	MAMMOGRAPHY	0	468,388		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	886,543		54.02
54.03	03630	ULTRA SOUND	0	462,650		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-15,422	1,950,748		55.00
57.00	05700	CT SCAN	0	719,429		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-4,861	557,920		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,107,156		59.00
60.00	06000	LABORATORY	-40,384	7,232,326		60.00
65.00	06500	RESPIRATORY THERAPY	-657	1,110,670		65.00
66.00	06600	PHYSICAL THERAPY	-16,714	1,966,742		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	867,762		67.00
68.00	06800	SPEECH PATHOLOGY	0	260,802		68.00
69.00	06900	ELECTROCARDIOLOGY	-334	187,345		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-278,353	259,261		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,864,831		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,809,769		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,445,709		73.00
76.00	03190	CHEMOTHERAPY	0	1,029,310		76.00
76.01	03020	WOUND CARE	-35,000	701,142		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	-55,335	780,855		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	-914,145	3,881,866		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-44,259	0		95.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,109,734	157,547,469		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	94,497		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,679,219		192.00
194.00	07950	FOUNDATION	0	5		194.00
194.01	07951	CHILDRENS CLINIC	0	0		194.01
194.02	07952	PSS ADMINISTRATION	0	108,997		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	5,125		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	440		194.04
194.05	07955	HEALTHY FAMILIES	0	346,981		194.05
194.06	07956	DME-HOME CARE	0	15,079		194.06
194.07	07957	MARKETING	0	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0		194.08
194.09	07959	MOB	0	395		194.09
194.10	07960	ASC	0	0		194.10
194.11	07961	MAB	0	0		194.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	819,632		194.12
194.13	07962	IDLE SPACE	0	0		194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,109,734	161,617,839		200.00

RECLASSIFICATIONS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/23/2021 1:22 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - INSURANCE EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	569		1.00
	TOTALS		0	569		
	C - INTEREST EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,834		1.00
	TOTALS		0	5,834		
	D - CAFETERIA/DIETARY RECLASS					
1.00	CAFETERIA	11.00	0	1,506,922		1.00
	TOTALS		0	1,506,922		
	E - LABOR DELIVERY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	202,303	37,623		1.00
2.00	NURSERY	43.00	164,609	30,613		2.00
	TOTALS		366,912	68,236		
	H - PT_OT_ST RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	700,230	167,532		1.00
2.00	SPEECH PATHOLOGY	68.00	210,451	50,351		2.00
	TOTALS		910,681	217,883		
	J - ADOLESCENT RESIDENTIAL SERVICES					
1.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	0	18,658		1.00
	TOTALS		0	18,658		
	M - RAD TECH RECLASS					
1.00	ALLIED HEALTH-RAD TECH	23.01	23,024	0		1.00
	TOTALS		23,024	0		
	O - SYSTEM PROJECTS					
1.00	NURSING ADMINISTRATION	13.00	30,443	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	619	0		2.00
3.00	PHARMACY	15.00	206	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	297,117	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	29,120	0		5.00
6.00	SUBPROVIDER - IRF	41.00	58,796	0		6.00
7.00	RESPIRATORY THERAPY	65.00	723	0		7.00
8.00	CHEMOTHERAPY	76.00	105,823	0		8.00
9.00	EMERGENCY	91.00	159,921	0		9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	49	0		10.00
	TOTALS		682,817	0		
	Q - PHYSICIAN RECLASS					
1.00	RESPIRATORY THERAPY	65.00	0	38,138		1.00
	TOTALS		0	38,138		
	R - SECURITY OFFICERS TO ED					
1.00	EMERGENCY	91.00	166,067	0		1.00
	TOTALS		166,067	0		
	S - PANDEMIC					
1.00	NURSING ADMINISTRATION	13.00	28,689	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	1,678	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	33,789	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	8,255	0		4.00
5.00	SUBPROVIDER - IRF	41.00	1,844	0		5.00
6.00	OPERATING ROOM	50.00	3,546	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	1,439	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	224	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	1,945	0		9.00
10.00	RESPIRATORY THERAPY	65.00	1,298	0		10.00
11.00	PHYSICAL THERAPY	66.00	1,016	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	290	0		12.00
13.00	CHEMOTHERAPY	76.00	1,168	0		13.00
14.00	EMERGENCY	91.00	17,168	0		14.00
15.00	HEALTHY FAMILIES	194.05	144	0		15.00
16.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	641	0		16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	85,973		17.00
18.00	OPERATION OF PLANT	7.00	0	21,700		18.00
19.00	HOUSEKEEPING	9.00	0	28,081		19.00
20.00	DIETARY	10.00	0	322		20.00
21.00	ADULTS & PEDIATRICS	30.00	0	10,694		21.00
	TOTALS		103,134	146,770		
	T - VACCINE					
1.00	NURSING ADMINISTRATION	13.00	1,372	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,941	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	793	0		3.00
4.00	SUBPROVIDER - IRF	41.00	156	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	1,631	0		5.00
6.00	PHYSICAL THERAPY	66.00	493	0		6.00
7.00	CHEMOTHERAPY	76.00	689	0		7.00

RECLASSIFICATIONS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/23/2021 1:22 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	HEALTHY FAMILIES	194.05	64	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51	9.00
10.00	NURSING ADMINISTRATION	13.00	0	1,372	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,941	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	793	12.00
13.00	SUBPROVIDER - IRF	41.00	0	156	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,631	14.00
15.00	PHYSICAL THERAPY	66.00	0	493	15.00
16.00	CHEMOTHERAPY	76.00	0	689	16.00
17.00	HEALTHY FAMILIES	194.05	0	64	17.00
	TOTALS		7,139	7,190	
	U - FURLOUGH				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,007	1.00
2.00	NURSING ADMINISTRATION	13.00	0	27,727	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	32,586	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	8,255	4.00
5.00	SUBPROVIDER - IRF	41.00	0	1,557	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,439	6.00
7.00	CHEMOTHERAPY	76.00	0	1,168	7.00
8.00	EMERGENCY	91.00	0	14,971	8.00
9.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	0	641	9.00
	TOTALS		0	89,351	
	V - SEVERANCE				
1.00	RADIOLOGY-THERAPEUTIC	55.00	64,230	0	1.00
	TOTALS		64,230	0	
	W - ACCRUED PTO				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	122,223	0	1.00
	TOTALS		122,223	0	
	X - STARP				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	159	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	25,441	0	2.00
3.00	NURSING ADMINISTRATION	13.00	16,941	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	4,133	0	4.00
5.00	PHARMACY	15.00	28,526	0	5.00
6.00	ALLIED HEALTH-EMS	23.00	1,787	0	6.00
7.00	ALLIED HEALTH-RAD TECH	23.01	870	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	96,387	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	35,450	0	9.00
10.00	SUBPROVIDER - IRF	41.00	8,716	0	10.00
11.00	OPERATING ROOM	50.00	6,037	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	11,560	0	12.00
13.00	MAMMOGRAPHY	54.01	2,329	0	13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	2,564	0	14.00
15.00	ULTRA SOUND	54.03	3,690	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	8,606	0	16.00
17.00	CT SCAN	57.00	5,278	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	7,976	0	18.00
19.00	RESPIRATORY THERAPY	65.00	9,357	0	19.00
20.00	PHYSICAL THERAPY	66.00	26,024	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	1,146	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	2,165	0	22.00
23.00	CHEMOTHERAPY	76.00	7,031	0	23.00
24.00	WOUND CARE	76.01	2,639	0	24.00
25.00	ANDERSON OUTPATIENT CENTER	90.01	8,033	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	16,977	0	26.00
27.00	RESEARCH	191.00	832	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	17,347	0	28.00
29.00	PSS ADMINISTRATION	194.02	1,051	0	29.00
30.00	SEXUAL ASSAULT PROGRAM	194.03	49	0	30.00
31.00	HEALTHY FAMILIES	194.05	2,649	0	31.00
32.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	7,514	0	32.00
33.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,534	0	33.00
34.00	EMERGENCY	91.00	30,407	0	34.00
	TOTALS		402,205	0	
500.00	Grand Total: Increases		2,848,432	2,099,551	500.00

RECLASSIFICATIONS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/23/2021 1:22 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - INSURANCE EXPENSE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	569	12		1.00
	TOTALS		0	569			
	C - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,834	11		1.00
	TOTALS		0	5,834			
	D - CAFETERIA/DIETARY RECLASS						
1.00	DIETARY	10.00	0	1,506,922	0		1.00
	TOTALS		0	1,506,922			
	E - LABOR DELIVERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	366,912	68,236	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		366,912	68,236			
	H - PT_OT_ST RECLASS						
1.00	PHYSICAL THERAPY	66.00	910,681	217,883	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		910,681	217,883			
	J - ADOLESCENT RESIDENTIAL SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	18,658	0		1.00
	TOTALS		0	18,658			
	M - RAD TECH RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	23,024	0	0		1.00
	TOTALS		23,024	0			
	O - SYSTEM PROJECTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	682,817	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		682,817	0			
	Q - PHYSICIAN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	38,138	0		1.00
	TOTALS		0	38,138			
	R - SECURITY OFFICERS TO ED						
1.00	ALLIED HEALTH-EMS	23.00	166,067	0	0		1.00
	TOTALS		166,067	0			
	S - PANDEMIC						
1.00	ADMINISTRATIVE & GENERAL	5.00	103,134	146,770	12		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
	TOTALS		103,134	146,770			
	T - VACCINE						
1.00	ADMINISTRATIVE & GENERAL	5.00	7,139	51	0		1.00
2.00	NURSING ADMINISTRATION	13.00	1,372	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	1,941	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	793	0	0		4.00
5.00	SUBPROVIDER - IRF	41.00	156	0	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	1,631	0	0		6.00
7.00	PHYSICAL THERAPY	66.00	493	0	0		7.00
8.00	CHEMOTHERAPY	76.00	689	0	0		8.00
9.00	HEALTHY FAMILIES	194.05	64	0	0		9.00

RECLASSIFICATIONS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/23/2021 1:22 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
	TOTALS		14,278	51			
	U - FURLOUGH						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,007	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	27,727	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	32,586	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	8,255	0	0		4.00
5.00	SUBPROVIDER - IRF	41.00	1,557	0	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	1,439	0	0		6.00
7.00	CHEMOTHERAPY	76.00	1,168	0	0		7.00
8.00	EMERGENCY	91.00	14,971	0	0		8.00
9.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	641	0	0		9.00
	TOTALS		89,351	0			
	V - SEVERANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	64,230	0	0		1.00
	TOTALS		64,230	0			
	W - ACCRUED PTO						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	122,223	0		1.00
	TOTALS		0	122,223			
	X - STARP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	402,205	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
	TOTALS		402,205	0			
500.00	Grand Total: Decreases		2,822,699	2,125,284			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part I | Date/Time Prepared: 11/23/2021 1:22 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0	0	0	0	1.00
2.00	Land Improvements	1,752,365	1,991	0	1,991	0	2.00
3.00	Buildings and Fixtures	68,545,996	950,619	0	950,619	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	34,984,535	5,745,130	0	5,745,130	16,668	5.00
6.00	Movable Equipment	60,220,152	1,706,935	0	1,706,935	307,732	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	170,795,650	8,404,675	0	8,404,675	324,400	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	170,795,650	8,404,675	0	8,404,675	324,400	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,292,602	0	1.00
2.00	Land Improvements	1,754,356	0	2.00
3.00	Buildings and Fixtures	69,496,615	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	40,712,997	0	5.00
6.00	Movable Equipment	61,619,355	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	178,875,925	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	178,875,925	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part II | Date/Time Prepared: 11/23/2021 1:22 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,889,400	0	516,351	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,889,400	0	516,351	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	3,405,751	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	1.01
3.00	Total (sum of lines 1-2)	0	3,405,751	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part III Date/Time Prepared: 11/23/2021 1:22 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	178,875,925	0	178,875,925	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	178,875,925	0	178,875,925	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,880,412	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	2,880,412	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	43,629	569	0	0	2,924,610	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	43,629	569	0	0	2,924,610	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/23/2021 1:22 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-461,054	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT-MAB (chapter 2)		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-55,297	ADMINISTRATIVE & GENERAL	5.00	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-19,874	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-6,519	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,968,221			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	9,204,109			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-294,587	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-8,944	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-15,290	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT-MAB		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/23/2021 1:22 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	LEASE INCOME	B	-481,519	OPERATION OF PLANT	7.00	0	33.00
33.01	AMBULANCE COST	B	-44,259	AMBULANCE SERVICES	95.00	0	33.01
33.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.03
33.04	FOUNDATION TRANSFER	B	-36,989	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	FOUNDATION TRANSFER	B	-5,582	NURSING ADMINISTRATION	13.00	0	33.05
33.06	FOUNDATION TRANSFER	B	-6,043	INTENSIVE CARE UNIT	31.00	0	33.06
33.07	FOUNDATION TRANSFER	B	-10,872	DELIVERY ROOM & LABOR ROOM	52.00	0	33.07
33.08	FOUNDATION TRANSFER	B	-12,902	RADIOLOGY-THERAPEUTIC	55.00	0	33.08
33.09	FOUNDATION TRANSFER	B	-2,352	PHYSICAL THERAPY	66.00	0	33.09
33.10	FOUNDATION TRANSFER	B	-8,165	EMERGENCY	91.00	0	33.10
33.11	OTHER MISCELLANEOUS REVENUE	B	-200	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	OTHER MISCELLANEOUS REVENUE	B	-1,040	MEDICAL RECORDS & LIBRARY	16.00	0	33.12
33.13	OTHER MISCELLANEOUS REVENUE	B	-930	ALLIED HEALTH-EMS	23.00	0	33.13
33.14	OTHER MISCELLANEOUS REVENUE	B	-1,800	RADIOLOGY-DIAGNOSTIC	54.00	9	33.14
33.15	OTHER MISCELLANEOUS REVENUE	B	-2,520	RADIOLOGY-THERAPEUTIC	55.00	0	33.15
33.16	OTHER MISCELLANEOUS REVENUE	B	-4,861	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.16
33.17	OTHER MISCELLANEOUS REVENUE	B	-14,362	PHYSICAL THERAPY	66.00	0	33.17
33.18	ENTERTAINMENT	A	-168	DELIVERY ROOM & LABOR ROOM	52.00	0	33.18
33.19	ENTERTAINMENT	A	-2,004	ADULTS & PEDIATRICS	30.00	0	33.19
33.20	ENTERTAINMENT	A	-300	RESPIRATORY THERAPY	65.00	0	33.20
36.00	ENTERTAINMENT	A	-30,914	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	ENTERTAINMENT	A	-56	NURSING ADMINISTRATION	13.00	0	36.01
36.02	ENTERTAINMENT	A	-140	PHARMACY	15.00	0	36.02
36.03	ENTERTAINMENT	A	-119	EMERGENCY	91.00	0	36.03
36.04	ENTERTAINMENT	A	-1,074	ALLIED HEALTH-EMS	23.00	0	36.04
36.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.05
36.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.06
36.07	DUES REVENUE	B	-350	ADMINISTRATIVE & GENERAL	5.00	0	36.07
36.08	ENTERTAINMENT	A	-203	EMERGENCY	91.00	0	36.08
36.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.09
36.10	PHYSICIAN FUND EXPENSE	A	-5,864,197	ADMINISTRATIVE & GENERAL	5.00	0	36.10
36.11	PROVIDER TAX EXPENSE	A	-10,534,800	ADMINISTRATIVE & GENERAL	5.00	0	36.11
36.12	MARKETING EXPENSE	A	-16,700	ADMINISTRATIVE & GENERAL	5.00	0	36.12
36.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.13
36.14	EQUIPMENT RENTAL	B	-6,680	OPERATING ROOM	50.00	0	36.14
36.15	CONTRACT SERVICE REVENUE	B	-46,386	ANDERSON OUTPATIENT CENTER	90.01	0	36.15
36.16	CHARITABLE CONTRIBUTIONS	A	-156,462	NURSING ADMINISTRATION	13.00	0	36.16
36.17	CHARITABLE CONTRIBUTION	A	-3,513	ADMINISTRATIVE & GENERAL	5.00	0	36.17
36.18	CORPORATE SPONSORSHIPS	A	-2,500	ADMINISTRATIVE & GENERAL	5.00	0	36.18
36.19	COMMUNITY BENEFITS	A	-796	ADMINISTRATIVE & GENERAL	5.00	0	36.19
36.20	SHARED SAVINGS PAYMENT	B	-3,846	ADMINISTRATIVE & GENERAL	5.00	0	36.20
36.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.21
36.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.22
36.23	GAIN/LOSS ON DISPOSAL PPE	B	-800	HOUSEKEEPING	9.00	0	36.23
36.24	LOBBYING EXPENSE	A	-2,439	ADMINISTRATIVE & GENERAL	5.00	0	36.24
36.25	DEPRECIATION AHA LIFE ADJUSTMENT	A	-8,988	CAP REL COSTS-BLDG & FIXT	1.00	9	36.25
36.26	PROMOTIONAL ITEMS	A	-21,406	ADMINISTRATIVE & GENERAL	5.00	0	36.26
36.27	PROMOTIONAL ITEMS	A	-1,990	DELIVERY ROOM & LABOR ROOM	52.00	0	36.27
36.28	PROMOTIONAL ITEMS	A	-628	NURSING ADMINISTRATION	13.00	0	36.28
36.29	PROMOTIONAL ITEMS	A	-357	RESPIRATORY THERAPY	65.00	0	36.29
36.30	PROMOTIONAL ITEMS	A	-334	ELECTROCARDIOLOGY	69.00	0	36.30
36.31	PRINT SHOP REVENUE	B	-126,316	ADMINISTRATIVE & GENERAL	5.00	0	36.31
36.32	LAB	B	-116	LABORATORY	60.00	0	36.32
36.33	BILLING ARRANGEMENTS	B	-4,187	ADMINISTRATIVE & GENERAL	5.00	0	36.33

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/23/2021 1:22 pm

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
36.34	BILLING ARRANGEMENTS	B	-1,343	PHARMACY	15.00	0	36.34
36.35	BILLING ARRANGEMENTS	B	-600	OPERATING ROOM	50.00	0	36.35
36.36	BILLING ARRANGEMENTS	B	-8,949	ANDERSON OUTPATIENT CENTER	90.01	0	36.36
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,109,734				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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8-1 | Date/Time Prepared: 11/23/2021 1:22 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - CAPITAL	2,791,050	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - INTEREST - CA	49,463	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - A&G	919	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - OTHER	38,048,506	31,757,039	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACK	4,135	4,135	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACK	-33,504	-33,504	4.02
4.03	15.00	PHARMACY	SVH CHARGEBACK	-8,000	-8,000	4.03
4.04	23.01	ALLIED HEALTH-RAD TECH	SVH CHARGEBACK	28,370	28,370	4.04
4.05	31.00	INTENSIVE CARE UNIT	SVH CHARGEBACK	25,000	25,000	4.05
4.06	50.00	OPERATING ROOM	SVH CHARGEBACK	250,000	250,000	4.06
4.07	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACK	97,229	97,229	4.07
4.08	55.00	RADIOLOGY-THERAPEUTIC	SVH CHARGEBACK	8,970	8,970	4.08
4.09	59.00	CARDIAC CATHETERIZATION	SVH CHARGEBACK	90,000	90,000	4.09
4.10	91.00	EMERGENCY	SVH CHARGEBACK	-14,600	-14,600	4.10
4.11	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	461,054	466,888	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	5,834	0	4.12
4.13	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	7,428,947	7,357,737	4.13
4.14	8.00	LAUNDRY & LINEN SERVICE	SVH CHARGEBACK	-16,348	-16,348	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
4.22	0.00			0	0	4.22
4.23	0.00			0	0	4.23
4.24	0.00			0	0	4.24
4.25	0.00			0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			49,217,025	40,012,916	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	G	ST VINCENT HEAL	100.00	ST VINCENT HEAL	100.00	6.00
7.00	G	ASCENSION HEALT	100.00	ASCENSION HEALT	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet A-8-1 Date/Time Prepared: 11/23/2021 1:22 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	2,791,050	0		1.00
2.00	49,463	0		2.00
3.00	919	0		3.00
4.00	6,291,467	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	-5,834	11		4.11
4.12	5,834	0		4.12
4.13	71,210	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
5.00	9,204,109			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	HOME OFFICE		6.00
7.00	SYSTEM OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8-2 | Date/Time Prepared: 11/23/2021 1:22 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	31.00	INTENSIVE CARE UNIT	369,782	369,782	0	197,500	0	1.00
2.00	50.00	OPERATING ROOM	2,195,637	1,162,200	1,033,437	246,400	7,230	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	235,966	0	235,966	271,900	8,874	3.00
4.00	60.00	LABORATORY	40,268	40,268	0	260,300	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	278,353	278,353	0	179,000	0	5.00
6.00	76.01	WOUND CARE	35,000	35,000	0	179,000	0	6.00
7.00	91.00	EMERGENCY	905,658	905,658	0	211,500	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,060,664	2,791,261	1,269,403		16,104	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	856,477	42,824	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	1,160,019	58,001	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	5.00
6.00	76.01	WOUND CARE	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,016,496	100,825	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	31.00	INTENSIVE CARE UNIT	0	0	0	369,782		1.00
2.00	50.00	OPERATING ROOM	0	856,477	176,960	1,339,160		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,160,019	0	0		3.00
4.00	60.00	LABORATORY	0	0	0	40,268		4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	278,353		5.00
6.00	76.01	WOUND CARE	0	0	0	35,000		6.00
7.00	91.00	EMERGENCY	0	0	0	905,658		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	2,016,496	176,960	2,968,221		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS BLDG & FIXT-MAB	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	1.01	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,924,610	2,924,610				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0			1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,506,683	38,390	0	8,545,073		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,373,203	276,935	0	376,807	44,026,945	5.00
7.00	00700	OPERATION OF PLANT	5,075,875	345,569	0	0	5,421,444	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	575,578	48,791	0	0	624,369	8.00
9.00	00900	HOUSEKEEPING	2,531,074	61,846	0	0	2,592,920	9.00
10.00	01000	DIETARY	768,475	68,702	0	0	837,177	10.00
11.00	01100	CAFETERIA	1,506,922	103,850	0	0	1,610,772	11.00
13.00	01300	NURSING ADMINISTRATION	2,365,980	30,275	0	360,605	2,756,860	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	550,556	98,314	0	86,815	735,685	14.00
15.00	01500	PHARMACY	2,935,134	29,872	0	595,826	3,560,832	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,126	32,321	0	0	17,195	16.00
23.00	02300	ALLIED HEALTH-EMS	35,662	806	0	1,463	37,931	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	141,745	682	0	23,145	165,572	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,762,432	408,081	0	2,121,296	14,291,809	30.00
31.00	03100	INTENSIVE CARE UNIT	4,587,105	90,875	0	746,686	5,424,666	31.00
41.00	04100	SUBPROVIDER - IRF	1,012,456	61,989	0	198,560	1,273,005	41.00
43.00	04300	NURSERY	195,222	36,828	0	35,574	267,624	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,541,127	297,527	0	126,843	13,965,497	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	877,744	137,683	0	162,151	1,177,578	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,743,788	88,508	0	353,240	3,185,536	54.00
54.01	03440	MAMMOGRAPHY	468,388	0	0	48,636	517,024	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	886,543	6,986	0	53,559	947,088	54.02
54.03	03630	ULTRA SOUND	462,650	0	0	77,071	539,721	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,950,748	0	0	193,618	2,144,366	55.00
57.00	05700	CT SCAN	719,429	3,416	0	110,244	833,089	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	557,920	6,217	0	52,927	617,064	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,107,156	53,075	0	166,994	1,327,225	59.00
60.00	06000	LABORATORY	7,232,326	77,759	0	0	7,310,085	60.00
65.00	06500	RESPIRATORY THERAPY	1,110,670	44,248	0	195,871	1,350,789	65.00
66.00	06600	PHYSICAL THERAPY	1,966,742	62,336	0	346,932	2,376,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	867,762	27,653	0	151,327	1,046,742	67.00
68.00	06800	SPEECH PATHOLOGY	260,802	8,313	0	45,481	314,596	68.00
69.00	06900	ELECTROCARDIOLOGY	187,345	0	0	23,938	211,283	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259,261	72,180	0	45,286	376,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,864,831	0	0	0	3,864,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,809,769	0	0	0	4,809,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,445,709	0	0	0	18,445,709	73.00
76.00	03190	CHEMOTHERAPY	1,029,310	0	0	169,726	1,199,036	76.00
76.01	03020	WOUND CARE	701,142	19,217	0	55,121	775,480	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	780,855	21,696	0	167,764	970,315	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,881,866	139,506	0	699,230	4,720,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	6,733	6,733	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	157,547,469	2,800,446	0	7,799,469	156,677,701	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	11,666	0	0	11,666	190.00
191.00	19100	RESEARCH	94,497	0	0	17,387	111,884	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,679,219	11,338	0	492,947	3,183,504	192.00
194.00	07950	FOUNDATION	5	3,942	0	0	3,947	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	108,997	0	0	21,951	130,948	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	5,125	0	0	1,033	6,158	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	440	0	0	0	440	194.04
194.05	07955	HEALTHY FAMILIES	346,981	62,553	0	55,349	464,883	194.05
194.06	07956	DME-HOME CARE	15,079	1,364	0	0	16,443	194.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	BLDG & FIXT-MAB			
			0	1.00	1.01	4.00	4A	
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	15,665	0	0	15,665	194.08
194.09	07959	MOB	395	0	0	0	395	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	819,632	17,636	0	156,937	994,205	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	161,617,839	2,924,610	0	8,545,073	161,617,839	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,026,945					5.00
7.00	00700	OPERATION OF PLANT	2,029,832	7,451,276				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	233,769	160,602	1,018,740			8.00
9.00	00900	HOUSEKEEPING	970,810	203,574	0	3,767,304		9.00
10.00	01000	DIETARY	313,446	226,141	0	32,616	1,409,380	10.00
11.00	01100	CAFETERIA	603,086	341,833	0	21,531	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,032,190	99,655	0	15,926	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	275,446	323,612	17,839	40,133	0	14.00
15.00	01500	PHARMACY	1,333,204	98,328	0	12,741	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,438	106,388	0	3,185	0	16.00
23.00	02300	ALLIED HEALTH-EMS	14,202	2,653	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	61,991	2,244	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,350,968	1,343,256	376,484	1,373,875	1,107,826	30.00
31.00	03100	INTENSIVE CARE UNIT	2,031,038	299,127	111,134	350,364	90,990	31.00
41.00	04100	SUBPROVIDER - IRF	476,623	204,043	38,990	159,256	126,209	41.00
43.00	04300	NURSERY	100,201	121,222	7,340	23,697	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,228,794	979,344	161,870	586,063	517	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	440,895	453,199	25,965	106,383	33,610	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,192,690	291,332	3,039	111,479	0	54.00
54.01	03440	MAMMOGRAPHY	193,578	0	6,046	9,555	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	354,597	22,996	534	9,555	0	54.02
54.03	03630	ULTRA SOUND	202,076	0	587	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	802,868	0	13,772	9,555	0	55.00
57.00	05700	CT SCAN	311,915	11,243	49,795	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	231,034	20,465	8,338	9,555	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	496,924	174,701	0	19,111	2,255	59.00
60.00	06000	LABORATORY	2,736,954	255,951	0	79,628	0	60.00
65.00	06500	RESPIRATORY THERAPY	505,746	145,646	0	6,370	0	65.00
66.00	06600	PHYSICAL THERAPY	889,597	205,185	10,552	44,464	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	391,909	91,023	4,577	19,684	0	67.00
68.00	06800	SPEECH PATHOLOGY	117,787	27,362	798	5,924	0	68.00
69.00	06900	ELECTROCARDIOLOGY	79,106	0	123	95,554	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,050	237,587	0	44,592	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,447,024	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,800,816	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,906,193	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	448,929	0	18,221	0	3,792	76.00
76.01	03020	WOUND CARE	290,346	63,253	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	363,294	71,415	0	38,222	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	1,767,431	459,198	148,007	449,103	44,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,521	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,177,318	7,042,578	1,004,011	3,678,121	1,409,380	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	4,368	38,401	0	0	0	190.00
191.00	19100	RESEARCH	41,890	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,191,929	37,319	0	0	0	192.00
194.00	07950	FOUNDATION	1,478	12,977	0	1,593	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	200	57,332	0	194.01
194.02	07952	PSS ADMINISTRATION	49,028	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	2,306	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	165	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	174,056	205,900	0	0	0	194.05
194.06	07956	DME-HOME CARE	6,156	4,489	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	5,865	51,562	0	3,185	0	194.08
194.09	07959	MOB	148	0	14,529	20,703	0	194.09
194.10	07960	ASC	0	0	0	6,370	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	372,238	58,050	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	44,026,945	7,451,276	1,018,740	3,767,304	1,409,380	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	2,577,222					11.00
13.00	01300	NURSING ADMINISTRATION	117,918	4,022,549				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,038	0	1,445,753			14.00
15.00	01500	PHARMACY	167,281	0	13,643	5,186,029		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	11	0	133,217	16.00
23.00	02300	ALLIED HEALTH-EMS	16,894	0	140	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	17,976	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	770,240	2,003,463	54,810	0	9,229	30.00
31.00	03100	INTENSIVE CARE UNIT	228,908	735,867	38,533	0	4,050	31.00
41.00	04100	SUBPROVIDER - IRF	73,817	203,962	3,242	0	865	41.00
43.00	04300	NURSERY	11,886	44,794	1,509	0	255	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,316	144,557	1,082,876	0	25,743	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,164	179,991	6,771	0	833	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,947	0	51,451	0	3,475	54.00
54.01	03440	MAMMOGRAPHY	17,091	0	5,514	0	772	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15,947	0	24,797	0	2,930	54.02
54.03	03630	ULTRA SOUND	22,165	0	582	0	1,697	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	64,105	0	2,485	0	6,127	55.00
57.00	05700	CT SCAN	39,331	0	8	0	2,971	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,106	0	283	0	594	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,668	112,032	31,307	0	4,426	59.00
60.00	06000	LABORATORY	0	0	261	0	16,613	60.00
65.00	06500	RESPIRATORY THERAPY	70,808	0	18,522	0	3,100	65.00
66.00	06600	PHYSICAL THERAPY	85,208	0	7,999	0	1,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,453	0	3,549	0	714	67.00
68.00	06800	SPEECH PATHOLOGY	16,366	0	1,067	0	215	68.00
69.00	06900	ELECTROCARDIOLOGY	10,049	0	230	0	253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,109	0	588	0	876	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,186,029	19,980	73.00
76.00	03190	CHEMOTHERAPY	74,746	0	17,424	0	1,837	76.00
76.01	03020	WOUND CARE	23,792	0	19,420	0	607	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	30,308	0	386	0	647	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	247,344	597,883	58,274	0	15,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,515,981	4,022,549	1,445,682	5,186,029	133,217	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	5,712	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,284	0	10	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	9,041	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	271	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	35,933	0	61	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	2,577,222	4,022,549	1,445,753	5,186,029	133,217	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
23.00	02300	ALLIED HEALTH-EMS	71,820					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		247,783				23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			0			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	26,681,960	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,314,677	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,560,012	0	41.00
43.00	04300	NURSERY	0	0	0	578,528	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	22,177,577	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,482,389	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,371	0	5,033,320	0	54.00
54.01	03440	MAMMOGRAPHY	0	10,307	0	759,887	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	39,103	0	1,417,547	0	54.02
54.03	03630	ULTRA SOUND	0	22,649	0	789,477	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	81,775	0	3,125,053	0	55.00
57.00	05700	CT SCAN	0	39,648	0	1,288,000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,930	0	911,369	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,224,649	0	59.00
60.00	06000	LABORATORY	0	0	0	10,399,492	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,100,981	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,620,788	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,612,651	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	484,115	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	396,598	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	807,529	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,315,697	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,614,269	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,557,911	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	1,763,985	0	76.00
76.01	03020	WOUND CARE	0	0	0	1,172,898	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	1,474,587	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	71,820	0	0	8,578,952	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	9,254	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,820	247,783	0	154,254,152	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	54,435	0	190.00
191.00	19100	RESEARCH	0	0	0	159,486	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,423,046	0	192.00
194.00	07950	FOUNDATION	0	0	0	19,995	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	57,532	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	189,017	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	8,735	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	605	0	194.04
194.05	07955	HEALTHY FAMILIES	0	0	0	880,833	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	27,088	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	76,277	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.09	07959	MOB	0	0	0	35,775	0	194.09
194.10	07960	ASC	0	0	0	6,370	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	1,424,493	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	71,820	247,783	0	161,617,839	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB			1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
23.00	02300	ALLIED HEALTH-EMS			23.00
23.01	02301	ALLIED HEALTH-RAD TECH			23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	26,681,960		30.00
31.00	03100	INTENSIVE CARE UNIT	9,314,677		31.00
41.00	04100	SUBPROVIDER - IRF	2,560,012		41.00
43.00	04300	NURSERY	578,528		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	22,177,577		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,482,389		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,033,320		54.00
54.01	03440	MAMMOGRAPHY	759,887		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,417,547		54.02
54.03	03630	ULTRA SOUND	789,477		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,125,053		55.00
57.00	05700	CT SCAN	1,288,000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	911,369		58.00
59.00	05900	CARDIAC CATHETERIZATION	2,224,649		59.00
60.00	06000	LABORATORY	10,399,492		60.00
65.00	06500	RESPIRATORY THERAPY	2,100,981		65.00
66.00	06600	PHYSICAL THERAPY	3,620,788		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,612,651		67.00
68.00	06800	SPEECH PATHOLOGY	484,115		68.00
69.00	06900	ELECTROCARDIOLOGY	396,598		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	807,529		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,315,697		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,614,269		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,557,911		73.00
76.00	03190	CHEMOTHERAPY	1,763,985		76.00
76.01	03020	WOUND CARE	1,172,898		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,474,587		90.01
90.02	04950	DIABETIC EDUCATION	0		90.02
90.03	09002	MS CLINIC	0		90.03
91.00	09100	EMERGENCY	8,578,952		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	9,254		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,254,152		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	54,435		190.00
191.00	19100	RESEARCH	159,486		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,423,046		192.00
194.00	07950	FOUNDATION	19,995		194.00
194.01	07951	CHILDRENS CLINIC	57,532		194.01
194.02	07952	PSS ADMINISTRATION	189,017		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	8,735		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	605		194.04
194.05	07955	HEALTHY FAMILIES	880,833		194.05
194.06	07956	DME-HOME CARE	27,088		194.06
194.07	07957	MARKETING	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	76,277		194.08
194.09	07959	MOB	35,775		194.09
194.10	07960	ASC	6,370		194.10
194.11	07961	MAB	0		194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	1,424,493		194.12

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Total		
			26.00		
194.13	07962	IDLE SPACE	0		194.13
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	161,617,839		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS BLDG & FIXT-MAB	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	38,390	0	38,390	38,390	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,791,050	276,935	0	3,067,985	1,693	5.00
7.00	00700	OPERATION OF PLANT	0	345,569	0	345,569	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	48,791	0	48,791	0	8.00
9.00	00900	HOUSEKEEPING	0	61,846	0	61,846	0	9.00
10.00	01000	DIETARY	0	68,702	0	68,702	0	10.00
11.00	01100	CAFETERIA	0	103,850	0	103,850	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	30,275	0	30,275	1,620	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	98,314	0	98,314	390	14.00
15.00	01500	PHARMACY	0	29,872	0	29,872	2,677	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,321	0	32,321	0	16.00
23.00	02300	ALLIED HEALTH-EMS	0	806	0	806	7	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	0	682	0	682	104	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	408,081	0	408,081	9,525	30.00
31.00	03100	INTENSIVE CARE UNIT	0	90,875	0	90,875	3,355	31.00
41.00	04100	SUBPROVIDER - IRF	0	61,989	0	61,989	892	41.00
43.00	04300	NURSERY	0	36,828	0	36,828	160	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	297,527	0	297,527	570	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	137,683	0	137,683	729	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,508	0	88,508	1,587	54.00
54.01	03440	MAMMOGRAPHY	0	0	0	0	219	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	6,986	0	6,986	241	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	346	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	870	55.00
57.00	05700	CT SCAN	0	3,416	0	3,416	495	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,217	0	6,217	238	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,075	0	53,075	750	59.00
60.00	06000	LABORATORY	0	77,759	0	77,759	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	44,248	0	44,248	880	65.00
66.00	06600	PHYSICAL THERAPY	0	62,336	0	62,336	1,559	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,653	0	27,653	680	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,313	0	8,313	204	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	72,180	0	72,180	203	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	763	76.00
76.01	03020	WOUND CARE	0	19,217	0	19,217	248	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	21,696	0	21,696	754	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	139,506	0	139,506	3,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	30	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,791,050	2,800,446	0	5,591,496	35,039	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	11,666	0	11,666	0	190.00
191.00	19100	RESEARCH	0	0	0	0	78	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,338	0	11,338	2,215	192.00
194.00	07950	FOUNDATION	0	3,942	0	3,942	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	0	99	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	0	5	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	0	62,553	0	62,553	249	194.05
194.06	07956	DME-HOME CARE	0	1,364	0	1,364	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	BLDG & FIXT-MAB			
			0	1.00	1.01	2A	4.00	
194.08	07958	CORPORATE COMMUNICATIONS	0	15,665	0	15,665	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	17,636	0	17,636	705	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,791,050	2,924,610	0	5,715,660	38,390	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,069,678					5.00
7.00	00700	OPERATION OF PLANT	141,527	487,096				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,299	10,499	75,589			8.00
9.00	00900	HOUSEKEEPING	67,688	13,308	0	142,842		9.00
10.00	01000	DIETARY	21,855	14,783	0	1,237	106,577	10.00
11.00	01100	CAFETERIA	42,049	22,346	0	816	0	11.00
13.00	01300	NURSING ADMINISTRATION	71,968	6,514	0	604	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,205	21,155	1,324	1,522	0	14.00
15.00	01500	PHARMACY	92,956	6,428	0	483	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	449	6,955	0	121	0	16.00
23.00	02300	ALLIED HEALTH-EMS	990	173	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	4,322	147	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	373,088	87,810	27,931	52,092	83,772	30.00
31.00	03100	INTENSIVE CARE UNIT	141,611	19,554	8,246	13,284	6,881	31.00
41.00	04100	SUBPROVIDER - IRF	33,232	13,338	2,893	6,038	9,544	41.00
43.00	04300	NURSERY	6,986	7,924	545	899	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	364,569	64,021	12,011	22,221	39	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,741	29,626	1,927	4,034	2,542	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,158	19,045	225	4,227	0	54.00
54.01	03440	MAMMOGRAPHY	13,497	0	449	362	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	24,724	1,503	40	362	0	54.02
54.03	03630	ULTRA SOUND	14,089	0	44	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55,979	0	1,022	362	0	55.00
57.00	05700	CT SCAN	21,748	735	3,695	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,108	1,338	619	362	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,647	11,420	0	725	171	59.00
60.00	06000	LABORATORY	190,830	16,732	0	3,019	0	60.00
65.00	06500	RESPIRATORY THERAPY	35,262	9,521	0	242	0	65.00
66.00	06600	PHYSICAL THERAPY	62,026	13,413	783	1,686	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,325	5,950	340	746	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,213	1,789	59	225	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,516	0	9	3,623	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,834	15,531	0	1,691	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	100,891	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	125,559	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	481,493	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	31,301	0	1,352	0	287	76.00
76.01	03020	WOUND CARE	20,244	4,135	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	25,330	4,668	0	1,449	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	123,231	30,018	10,982	17,028	3,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	176	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,940,716	460,379	74,496	139,460	106,577	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	305	2,510	0	0	0	190.00
191.00	19100	RESEARCH	2,921	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	83,105	2,440	0	0	0	192.00
194.00	07950	FOUNDATION	103	848	0	60	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	15	2,174	0	194.01
194.02	07952	PSS ADMINISTRATION	3,418	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	161	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	11	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	12,136	13,460	0	0	0	194.05
194.06	07956	DME-HOME CARE	429	293	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	409	3,371	0	121	0	194.08
194.09	07959	MOB	10	0	1,078	785	0	194.09
194.10	07960	ASC	0	0	0	242	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	25,954	3,795	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	3,069,678	487,096	75,589	142,842	106,577	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	169,061					11.00
13.00	01300	NURSING ADMINISTRATION	7,735	118,716				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,479	0	145,389			14.00
15.00	01500	PHARMACY	10,973	0	1,372	144,761		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	0	35,784	16.00
23.00	02300	ALLIED HEALTH-EMS	1,108	0	14	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	1,179	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,526	59,129	5,512	0	2,461	30.00
31.00	03100	INTENSIVE CARE UNIT	15,016	21,717	3,875	0	1,080	31.00
41.00	04100	SUBPROVIDER - IRF	4,842	6,019	326	0	231	41.00
43.00	04300	NURSERY	780	1,322	152	0	68	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	152	4,266	108,896	0	7,122	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,750	5,312	681	0	222	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,705	0	5,174	0	927	54.00
54.01	03440	MAMMOGRAPHY	1,121	0	555	0	206	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,046	0	2,494	0	781	54.02
54.03	03630	ULTRA SOUND	1,454	0	59	0	453	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,205	0	250	0	1,634	55.00
57.00	05700	CT SCAN	2,580	0	1	0	792	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,057	0	29	0	158	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,717	3,306	3,148	0	1,180	59.00
60.00	06000	LABORATORY	0	0	26	0	4,430	60.00
65.00	06500	RESPIRATORY THERAPY	4,645	0	1,863	0	827	65.00
66.00	06600	PHYSICAL THERAPY	5,590	0	804	0	473	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,572	0	357	0	191	67.00
68.00	06800	SPEECH PATHOLOGY	1,074	0	107	0	57	68.00
69.00	06900	ELECTROCARDIOLOGY	659	0	23	0	68	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	401	0	59	0	234	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	144,761	5,328	73.00
76.00	03190	CHEMOTHERAPY	4,903	0	1,752	0	490	76.00
76.01	03020	WOUND CARE	1,561	0	1,953	0	162	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,988	0	39	0	173	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	16,225	17,645	5,860	0	4,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	165,043	118,716	145,382	144,761	35,784	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	375	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	675	0	1	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	593	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	18	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	2,357	0	6	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	4,063	201.00
202.00		TOTAL (sum lines 118 through 201)	169,061	118,716	145,389	144,761	39,847	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
23.00	02300	ALLIED HEALTH-EMS	3,098					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		6,434				23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			0			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				1,159,927	0	30.00
31.00	03100	INTENSIVE CARE UNIT				325,494	0	31.00
41.00	04100	SUBPROVIDER - IRF				139,344	0	41.00
43.00	04300	NURSERY				55,664	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				881,394	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				217,247	0	52.00
53.00	05300	ANESTHESIOLOGY				0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				212,556	0	54.00
54.01	03440	MAMMOGRAPHY				16,409	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC				38,177	0	54.02
54.03	03630	ULTRA SOUND				16,445	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC				64,322	0	55.00
57.00	05700	CT SCAN				33,462	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				26,126	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				112,139	0	59.00
60.00	06000	LABORATORY				292,796	0	60.00
65.00	06500	RESPIRATORY THERAPY				97,488	0	65.00
66.00	06600	PHYSICAL THERAPY				148,670	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				66,814	0	67.00
68.00	06800	SPEECH PATHOLOGY				20,041	0	68.00
69.00	06900	ELECTROCARDIOLOGY				10,006	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				100,133	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				101,916	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				126,541	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				631,582	0	73.00
76.00	03190	CHEMOTHERAPY				40,848	0	76.00
76.01	03020	WOUND CARE				47,520	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER				56,097	0	90.01
90.02	04950	DIABETIC EDUCATION				0	0	90.02
90.03	09002	MS CLINIC				0	0	90.03
91.00	09100	EMERGENCY				371,007	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				206	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	5,410,371	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				14,481	0	190.00
191.00	19100	RESEARCH				3,374	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				99,774	0	192.00
194.00	07950	FOUNDATION				4,953	0	194.00
194.01	07951	CHILDRENS CLINIC				2,189	0	194.01
194.02	07952	PSS ADMINISTRATION				4,110	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM				184	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT				11	0	194.04
194.05	07955	HEALTHY FAMILIES				90,761	0	194.05
194.06	07956	DME-HOME CARE				2,086	0	194.06
194.07	07957	MARKETING				0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS				19,566	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.09	07959	MOB				1,873	0	194.09
194.10	07960	ASC				242	0	194.10
194.11	07961	MAB				0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES				48,090	0	194.12
194.13	07962	IDLE SPACE				0	0	194.13
200.00		Cross Foot Adjustments	3,098	6,434	0	9,532	0	200.00
201.00		Negative Cost Centers	0	0	0	4,063	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,098	6,434	0	5,715,660	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB			1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
23.00	02300	ALLIED HEALTH-EMS			23.00
23.01	02301	ALLIED HEALTH-RAD TECH			23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	1,159,927		30.00
31.00	03100	INTENSIVE CARE UNIT	325,494		31.00
41.00	04100	SUBPROVIDER - IRF	139,344		41.00
43.00	04300	NURSERY	55,664		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	881,394		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,247		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,556		54.00
54.01	03440	MAMMOGRAPHY	16,409		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	38,177		54.02
54.03	03630	ULTRA SOUND	16,445		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	64,322		55.00
57.00	05700	CT SCAN	33,462		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,126		58.00
59.00	05900	CARDIAC CATHETERIZATION	112,139		59.00
60.00	06000	LABORATORY	292,796		60.00
65.00	06500	RESPIRATORY THERAPY	97,488		65.00
66.00	06600	PHYSICAL THERAPY	148,670		66.00
67.00	06700	OCCUPATIONAL THERAPY	66,814		67.00
68.00	06800	SPEECH PATHOLOGY	20,041		68.00
69.00	06900	ELECTROCARDIOLOGY	10,006		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,133		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,916		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	126,541		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	631,582		73.00
76.00	03190	CHEMOTHERAPY	40,848		76.00
76.01	03020	WOUND CARE	47,520		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	56,097		90.01
90.02	04950	DIABETIC EDUCATION	0		90.02
90.03	09002	MS CLINIC	0		90.03
91.00	09100	EMERGENCY	371,007		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	206		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,410,371		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	14,481		190.00
191.00	19100	RESEARCH	3,374		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	99,774		192.00
194.00	07950	FOUNDATION	4,953		194.00
194.01	07951	CHILDRENS CLINIC	2,189		194.01
194.02	07952	PSS ADMINISTRATION	4,110		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	184		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	11		194.04
194.05	07955	HEALTHY FAMILIES	90,761		194.05
194.06	07956	DME-HOME CARE	2,086		194.06
194.07	07957	MARKETING	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	19,566		194.08
194.09	07959	MOB	1,873		194.09
194.10	07960	ASC	242		194.10
194.11	07961	MAB	0		194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	48,090		194.12

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	Total		
			26.00		
194.13	07962	IDLE SPACE	0		194.13
200.00		Cross Foot Adjustments	9,532		200.00
201.00		Negative Cost Centers	4,063		201.00
202.00		TOTAL (sum lines 118 through 201)	5,715,660		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	1.01	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	471,797					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0				1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,193	0	39,540,386			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,675	0	1,743,589	-44,026,945	117,590,894	5.00
7.00	00700	OPERATION OF PLANT	55,747	0	0	0	5,421,444	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	0	0	0	624,369	8.00
9.00	00900	HOUSEKEEPING	9,977	0	0	0	2,592,920	9.00
10.00	01000	DIETARY	11,083	0	0	0	837,177	10.00
11.00	01100	CAFETERIA	16,753	0	0	0	1,610,772	11.00
13.00	01300	NURSING ADMINISTRATION	4,884	0	1,668,619	0	2,756,860	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	0	401,719	0	735,685	14.00
15.00	01500	PHARMACY	4,819	0	2,757,048	0	3,560,832	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	0	0	17,195	16.00
23.00	02300	ALLIED HEALTH-EMS	130	0	6,770	0	37,931	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	110	0	107,099	0	165,572	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,832	0	9,815,807	0	14,291,809	30.00
31.00	03100	INTENSIVE CARE UNIT	14,660	0	3,455,119	0	5,424,666	31.00
41.00	04100	SUBPROVIDER - IRF	10,000	0	918,791	0	1,273,005	41.00
43.00	04300	NURSERY	5,941	0	164,609	0	267,624	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,997	0	586,939	0	13,965,497	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,211	0	750,315	0	1,177,578	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,278	0	1,634,539	0	3,185,536	54.00
54.01	03440	MAMMOGRAPHY	0	0	225,054	0	517,024	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	0	247,834	0	947,088	54.02
54.03	03630	ULTRA SOUND	0	0	356,630	0	539,721	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	895,924	0	2,144,366	55.00
57.00	05700	CT SCAN	551	0	510,130	0	833,089	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	244,908	0	617,064	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,562	0	772,728	0	1,327,225	59.00
60.00	06000	LABORATORY	12,544	0	0	0	7,310,085	60.00
65.00	06500	RESPIRATORY THERAPY	7,138	0	906,349	0	1,350,789	65.00
66.00	06600	PHYSICAL THERAPY	10,056	0	1,605,348	0	2,376,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,461	0	700,230	0	1,046,742	67.00
68.00	06800	SPEECH PATHOLOGY	1,341	0	210,451	0	314,596	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	110,768	0	211,283	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	209,550	0	376,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,864,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,809,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,445,709	73.00
76.00	03190	CHEMOTHERAPY	0	0	785,370	0	1,199,036	76.00
76.01	03020	WOUND CARE	3,100	0	255,058	0	775,480	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	3,500	0	776,292	0	970,315	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	22,505	0	3,235,528	0	4,720,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	31,154	0	6,733	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	451,767	0	36,090,269	-44,026,945	112,650,756	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	11,666	190.00
191.00	19100	RESEARCH	0	0	80,455	0	111,884	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	2,281,002	0	3,183,504	192.00
194.00	07950	FOUNDATION	636	0	0	0	3,947	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	101,575	0	130,948	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	4,779	0	6,158	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	440	194.04
194.05	07955	HEALTHY FAMILIES	10,091	0	256,116	0	464,883	194.05
194.06	07956	DME-HOME CARE	220	0	0	0	16,443	194.06

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	1.01	4.00	5A	5.00	
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	2,527	0	0	0	15,665	194.08
194.09	07959	MOB	0	0	0	0	395	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	2,845	0	726,190	0	994,205	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	2,924,610	0	8,545,073		44,026,945	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.198874	0.000000	0.216110		0.374408	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			38,390		3,069,678	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000971		0.026105	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	365,182					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	928,914				8.00
9.00	00900	HOUSEKEEPING	9,977	0	59,139			9.00
10.00	01000	DIETARY	11,083	0	512	98,125		10.00
11.00	01100	CAFETERIA	16,753	0	338	0	941,232	11.00
13.00	01300	NURSING ADMINISTRATION	4,884	0	250	0	43,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	16,266	630	0	19,370	14.00
15.00	01500	PHARMACY	4,819	0	200	0	61,093	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	50	0	0	16.00
23.00	02300	ALLIED HEALTH-EMS	130	0	0	0	6,170	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	110	0	0	0	6,565	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,832	343,288	21,567	77,130	281,300	30.00
31.00	03100	INTENSIVE CARE UNIT	14,660	101,335	5,500	6,335	83,600	31.00
41.00	04100	SUBPROVIDER - IRF	10,000	35,552	2,500	8,787	26,959	41.00
43.00	04300	NURSERY	5,941	6,693	372	0	4,341	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,997	147,597	9,200	36	846	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,211	23,676	1,670	2,340	20,877	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,278	2,771	1,750	0	54,032	54.00
54.01	03440	MAMMOGRAPHY	0	5,513	150	0	6,242	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	487	150	0	5,824	54.02
54.03	03630	ULTRA SOUND	0	535	0	0	8,095	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,558	150	0	23,412	55.00
57.00	05700	CT SCAN	551	45,404	0	0	14,364	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	7,603	150	0	5,882	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,562	0	300	157	20,696	59.00
60.00	06000	LABORATORY	12,544	0	1,250	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	7,138	0	100	0	25,860	65.00
66.00	06600	PHYSICAL THERAPY	10,056	9,622	698	0	31,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,461	4,173	309	0	19,887	67.00
68.00	06800	SPEECH PATHOLOGY	1,341	728	93	0	5,977	68.00
69.00	06900	ELECTROCARDIOLOGY	0	112	1,500	0	3,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	700	0	2,231	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	16,614	0	264	27,298	76.00
76.01	03020	WOUND CARE	3,100	0	0	0	8,689	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	3,500	0	600	0	11,069	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	22,505	134,957	7,050	3,076	90,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	345,152	915,484	57,739	98,125	918,866	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	2,086	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	0	0	3,756	192.00
194.00	07950	FOUNDATION	636	0	25	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	182	900	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	0	3,302	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	0	99	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	10,091	0	0	0	13,123	194.05
194.06	07956	DME-HOME CARE	220	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	2,527	0	50	0	0	194.08
194.09	07959	MOB	0	13,248	325	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
			7.00	8.00	9.00	10.00	11.00	
194.10	07960	ASC	0	0	100	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	2,845	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	7,451,276	1,018,740	3,767,304	1,409,380	2,577,222	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.404281	1.096700	63.702531	14.363108	2.738137	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	487,096	75,589	142,842	106,577	169,061	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.333844	0.081374	2.415360	1.086135	0.179617	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	389,826					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,238,485				14.00
15.00	01500	PHARMACY	0	106,052	18,441,257			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84	0	682,816,847		16.00
23.00	02300	ALLIED HEALTH-EMS	0	1,085	0	0	100	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	0	0	0	0		23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	194,156	426,061	0	47,330,420	0	30.00
31.00	03100	INTENSIVE CARE UNIT	71,313	299,537	0	20,767,672	0	31.00
41.00	04100	SUBPROVIDER - IRF	19,766	25,204	0	4,438,087	0	41.00
43.00	04300	NURSERY	4,341	11,728	0	1,306,888	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,009	8,417,704	0	131,646,949	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,443	52,633	0	4,271,447	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	399,953	0	17,821,308	0	54.00
54.01	03440	MAMMOGRAPHY	0	42,865	0	3,961,312	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	192,755	0	15,027,929	0	54.02
54.03	03630	ULTRA SOUND	0	4,522	0	8,704,352	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,315	0	31,418,986	0	55.00
57.00	05700	CT SCAN	0	65	0	15,237,610	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,203	0	3,047,621	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,857	243,362	0	22,699,907	0	59.00
60.00	06000	LABORATORY	0	2,025	0	85,196,849	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	143,977	0	15,895,746	0	65.00
66.00	06600	PHYSICAL THERAPY	0	62,177	0	9,090,613	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,585	0	3,663,848	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,291	0	1,101,151	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,785	0	1,299,082	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,574	0	4,494,236	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,703,947	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,893,465	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,441,257	102,463,440	0	73.00
76.00	03190	CHEMOTHERAPY	0	135,442	0	9,419,811	0	76.00
76.01	03020	WOUND CARE	0	150,957	0	3,112,040	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	3,001	0	3,318,750	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	57,941	452,991	0	77,483,381	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	389,826	11,237,933	18,441,257	682,816,847	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	78	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	0	474	0	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,022,549	1,445,753	5,186,029	133,217	71,820	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.318832	0.128643	0.281219	0.000195	718.200000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	118,716	145,389	144,761	39,847	3,098	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.304536	0.012937	0.007850	0.000052	30.980000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ALLIED HEALTH-RAD TECH (ASSIGNED TIME)	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME)		
			23.01	23.02		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB				1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
23.00	02300	ALLIED HEALTH-EMS				23.00
23.01	02301	ALLIED HEALTH-RAD TECH	95,219,118			23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS		0		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,821,308	0		54.00
54.01	03440	MAMMOGRAPHY	3,961,312	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15,027,929	0		54.02
54.03	03630	ULTRA SOUND	8,704,352	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	31,418,986	0		55.00
57.00	05700	CT SCAN	15,237,610	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,047,621	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03190	CHEMOTHERAPY	0	0		76.00
76.01	03020	WOUND CARE	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,219,118	0		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	FOUNDATION	0	0		194.00
194.01	07951	CHILDRENS CLINIC	0	0		194.01
194.02	07952	PSS ADMINISTRATION	0	0		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0		194.04
194.05	07955	HEALTHY FAMILIES	0	0		194.05
194.06	07956	DME-HOME CARE	0	0		194.06
194.07	07957	MARKETING	0	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0		194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/23/2021 1:22 pm

		Cost Center Description	ALLIED HEALTH-RAD TECH (ASSIGNED TIME)	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME)		
			23.01	23.02		
194.09	07959	MOB	0	0		194.09
194.10	07960	ASC	0	0		194.10
194.11	07961	MAB	0	0		194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0		194.12
194.13	07962	IDLE SPACE	0	0		194.13
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)	247,783	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002602	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,434	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000068	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,681,960		26,681,960	0	26,681,960	30.00
31.00	03100	INTENSIVE CARE UNIT	9,314,677		9,314,677	0	9,314,677	31.00
41.00	04100	SUBPROVIDER - IRF	2,560,012		2,560,012	0	2,560,012	41.00
43.00	04300	NURSERY	578,528		578,528	0	578,528	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,177,577		22,177,577	176,960	22,354,537	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,482,389		2,482,389	0	2,482,389	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,033,320		5,033,320	0	5,033,320	54.00
54.01	03440	MAMMOGRAPHY	759,887		759,887	0	759,887	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,417,547		1,417,547	0	1,417,547	54.02
54.03	03630	ULTRA SOUND	789,477		789,477	0	789,477	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,125,053		3,125,053	0	3,125,053	55.00
57.00	05700	CT SCAN	1,288,000		1,288,000	0	1,288,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	911,369		911,369	0	911,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,224,649		2,224,649	0	2,224,649	59.00
60.00	06000	LABORATORY	10,399,492		10,399,492	0	10,399,492	60.00
65.00	06500	RESPIRATORY THERAPY	2,100,981	0	2,100,981	0	2,100,981	65.00
66.00	06600	PHYSICAL THERAPY	3,620,788	0	3,620,788	0	3,620,788	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,612,651	0	1,612,651	0	1,612,651	67.00
68.00	06800	SPEECH PATHOLOGY	484,115	0	484,115	0	484,115	68.00
69.00	06900	ELECTROCARDIOLOGY	396,598		396,598	0	396,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	807,529		807,529	0	807,529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,315,697		5,315,697	0	5,315,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,614,269		6,614,269	0	6,614,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,557,911		30,557,911	0	30,557,911	73.00
76.00	03190	CHEMOTHERAPY	1,763,985		1,763,985	0	1,763,985	76.00
76.01	03020	WOUND CARE	1,172,898		1,172,898	0	1,172,898	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,474,587		1,474,587	0	1,474,587	90.01
90.02	04950	DIABETIC EDUCATION	0		0	0	0	90.02
90.03	09002	MS CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	8,578,952		8,578,952	0	8,578,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,305,820		1,305,820		1,305,820	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,254		9,254	0	9,254	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	155,559,972	0	155,559,972	176,960	155,736,932	200.00
201.00		Less Observation Beds	1,305,820		1,305,820		1,305,820	201.00
202.00		Total (see instructions)	154,254,152	0	154,254,152	176,960	154,431,112	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,564,402		44,564,402			30.00
31.00	03100	INTENSIVE CARE UNIT	20,767,672		20,767,672			31.00
41.00	04100	SUBPROVIDER - IRF	4,438,087		4,438,087			41.00
43.00	04300	NURSERY	1,306,888		1,306,888			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,585,766	106,061,183	131,646,949	0.168463	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,781,175	490,272	4,271,447	0.581159	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,362,450	11,458,858	17,821,308	0.282433	0.000000	54.00
54.01	03440	MAMMOGRAPHY	2,324	3,958,988	3,961,312	0.191827	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,259,619	13,768,310	15,027,929	0.094328	0.000000	54.02
54.03	03630	ULTRA SOUND	1,602,198	7,102,154	8,704,352	0.090699	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	377,943	31,041,043	31,418,986	0.099464	0.000000	55.00
57.00	05700	CT SCAN	3,699,452	11,538,158	15,237,610	0.084528	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	692,567	2,355,054	3,047,621	0.299043	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,725,295	16,974,612	22,699,907	0.098003	0.000000	59.00
60.00	06000	LABORATORY	31,651,133	53,545,716	85,196,849	0.122064	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	13,172,433	2,723,313	15,895,746	0.132173	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,906,202	6,184,411	9,090,613	0.398300	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,004,565	1,659,283	3,663,848	0.440152	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	462,342	638,809	1,101,151	0.439645	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,299,082	1,299,082	0.305291	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,814	4,249,422	4,494,236	0.179681	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,693,316	10,010,631	19,703,947	0.269778	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,153,339	12,740,126	18,893,465	0.350082	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,161,635	75,301,805	102,463,440	0.298232	0.000000	73.00
76.00	03190	CHEMOTHERAPY	84,823	9,334,988	9,419,811	0.187263	0.000000	76.00
76.01	03020	WOUND CARE	22,689	3,089,351	3,112,040	0.376890	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	2,253	3,316,497	3,318,750	0.444320	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	18,818,086	58,665,295	77,483,381	0.110720	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	740,426	2,025,592	2,766,018	0.472094	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	233,283,894	449,532,953	682,816,847			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	233,283,894	449,532,953	682,816,847			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/23/2021 1:22 pm

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.169807	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581159	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282433	54.00
54.01	03440	MAMMOGRAPHY	0.191827	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094328	54.02
54.03	03630	ULTRA SOUND	0.090699	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099464	55.00
57.00	05700	CT SCAN	0.084528	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.299043	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098003	59.00
60.00	06000	LABORATORY	0.122064	60.00
65.00	06500	RESPIRATORY THERAPY	0.132173	65.00
66.00	06600	PHYSICAL THERAPY	0.398300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440152	67.00
68.00	06800	SPEECH PATHOLOGY	0.439645	68.00
69.00	06900	ELECTROCARDIOLOGY	0.305291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.350082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298232	73.00
76.00	03190	CHEMOTHERAPY	0.187263	76.00
76.01	03020	WOUND CARE	0.376890	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.444320	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	90.02
90.03	09002	MS CLINIC	0.000000	90.03
91.00	09100	EMERGENCY	0.110720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472094	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,681,960		26,681,960	0	26,681,960	30.00
31.00	03100	INTENSIVE CARE UNIT	9,314,677		9,314,677	0	9,314,677	31.00
41.00	04100	SUBPROVIDER - IRF	2,560,012		2,560,012	0	2,560,012	41.00
43.00	04300	NURSERY	578,528		578,528	0	578,528	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,177,577		22,177,577	176,960	22,354,537	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,482,389		2,482,389	0	2,482,389	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,033,320		5,033,320	0	5,033,320	54.00
54.01	03440	MAMMOGRAPHY	759,887		759,887	0	759,887	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,417,547		1,417,547	0	1,417,547	54.02
54.03	03630	ULTRA SOUND	789,477		789,477	0	789,477	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,125,053		3,125,053	0	3,125,053	55.00
57.00	05700	CT SCAN	1,288,000		1,288,000	0	1,288,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	911,369		911,369	0	911,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,224,649		2,224,649	0	2,224,649	59.00
60.00	06000	LABORATORY	10,399,492		10,399,492	0	10,399,492	60.00
65.00	06500	RESPIRATORY THERAPY	2,100,981	0	2,100,981	0	2,100,981	65.00
66.00	06600	PHYSICAL THERAPY	3,620,788	0	3,620,788	0	3,620,788	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,612,651	0	1,612,651	0	1,612,651	67.00
68.00	06800	SPEECH PATHOLOGY	484,115	0	484,115	0	484,115	68.00
69.00	06900	ELECTROCARDIOLOGY	396,598		396,598	0	396,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	807,529		807,529	0	807,529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,315,697		5,315,697	0	5,315,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,614,269		6,614,269	0	6,614,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,557,911		30,557,911	0	30,557,911	73.00
76.00	03190	CHEMOTHERAPY	1,763,985		1,763,985	0	1,763,985	76.00
76.01	03020	WOUND CARE	1,172,898		1,172,898	0	1,172,898	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,474,587		1,474,587	0	1,474,587	90.01
90.02	04950	DIABETIC EDUCATION	0		0	0	0	90.02
90.03	09002	MS CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	8,578,952		8,578,952	0	8,578,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,305,820		1,305,820		1,305,820	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,254		9,254	0	9,254	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	155,559,972	0	155,559,972	176,960	155,736,932	200.00
201.00		Less Observation Beds	1,305,820		1,305,820		1,305,820	201.00
202.00		Total (see instructions)	154,254,152	0	154,254,152	176,960	154,431,112	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,564,402		44,564,402			30.00
31.00	03100	INTENSIVE CARE UNIT	20,767,672		20,767,672			31.00
41.00	04100	SUBPROVIDER - IRF	4,438,087		4,438,087			41.00
43.00	04300	NURSERY	1,306,888		1,306,888			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,585,766	106,061,183	131,646,949	0.168463	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,781,175	490,272	4,271,447	0.581159	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,362,450	11,458,858	17,821,308	0.282433	0.000000	54.00
54.01	03440	MAMMOGRAPHY	2,324	3,958,988	3,961,312	0.191827	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,259,619	13,768,310	15,027,929	0.094328	0.000000	54.02
54.03	03630	ULTRA SOUND	1,602,198	7,102,154	8,704,352	0.090699	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	377,943	31,041,043	31,418,986	0.099464	0.000000	55.00
57.00	05700	CT SCAN	3,699,452	11,538,158	15,237,610	0.084528	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	692,567	2,355,054	3,047,621	0.299043	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,725,295	16,974,612	22,699,907	0.098003	0.000000	59.00
60.00	06000	LABORATORY	31,651,133	53,545,716	85,196,849	0.122064	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	13,172,433	2,723,313	15,895,746	0.132173	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,906,202	6,184,411	9,090,613	0.398300	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,004,565	1,659,283	3,663,848	0.440152	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	462,342	638,809	1,101,151	0.439645	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,299,082	1,299,082	0.305291	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,814	4,249,422	4,494,236	0.179681	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,693,316	10,010,631	19,703,947	0.269778	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,153,339	12,740,126	18,893,465	0.350082	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,161,635	75,301,805	102,463,440	0.298232	0.000000	73.00
76.00	03190	CHEMOTHERAPY	84,823	9,334,988	9,419,811	0.187263	0.000000	76.00
76.01	03020	WOUND CARE	22,689	3,089,351	3,112,040	0.376890	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	2,253	3,316,497	3,318,750	0.444320	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	18,818,086	58,665,295	77,483,381	0.110720	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	740,426	2,025,592	2,766,018	0.472094	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	233,283,894	449,532,953	682,816,847			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	233,283,894	449,532,953	682,816,847			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03440	MAMMOGRAPHY	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.03	03630	ULTRA SOUND	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03190	CHEMOTHERAPY	0.000000		76.00
76.01	03020	WOUND CARE	0.000000		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.000000		90.01
90.02	04950	DIABETIC EDUCATION	0.000000		90.02
90.03	09002	MS CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part I Date/Time Prepared: 11/23/2021 1:22 pm

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,159,927	0	1,159,927	22,272	52.08	30.00
31.00	INTENSIVE CARE UNIT	325,494		325,494	4,579	71.08	31.00
41.00	SUBPROVIDER - IRF	139,344	0	139,344	2,604	53.51	41.00
43.00	NURSERY	55,664		55,664	643	86.57	43.00
200.00	Total (lines 30 through 199)	1,680,429		1,680,429	30,098		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,875	201,810				30.00
31.00	INTENSIVE CARE UNIT	3,495	248,425				31.00
41.00	SUBPROVIDER - IRF	1,125	60,199				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	8,495	510,434				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II Date/Time Prepared: 11/23/2021 1:22 pm

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	881,394	131,646,949	0.006695	8,702,200	58,261	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,247	4,271,447	0.050860	3,509	178	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,556	17,821,308	0.011927	1,177,287	14,042	54.00
54.01	03440	MAMMOGRAPHY	16,409	3,961,312	0.004142	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	38,177	15,027,929	0.002540	355,390	903	54.02
54.03	03630	ULTRA SOUND	16,445	8,704,352	0.001889	430,177	813	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	64,322	31,418,986	0.002047	40,743	83	55.00
57.00	05700	CT SCAN	33,462	15,237,610	0.002196	1,137,053	2,497	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,126	3,047,621	0.008573	159,600	1,368	58.00
59.00	05900	CARDIAC CATHETERIZATION	112,139	22,699,907	0.004940	1,611,406	7,960	59.00
60.00	06000	LABORATORY	292,796	85,196,849	0.003437	9,829,460	33,784	60.00
65.00	06500	RESPIRATORY THERAPY	97,488	15,895,746	0.006133	4,123,275	25,288	65.00
66.00	06600	PHYSICAL THERAPY	148,670	9,090,613	0.016354	651,654	10,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,814	3,663,848	0.018236	316,215	5,766	67.00
68.00	06800	SPEECH PATHOLOGY	20,041	1,101,151	0.018200	55,089	1,003	68.00
69.00	06900	ELECTROCARDIOLOGY	10,006	1,299,082	0.007702	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,133	4,494,236	0.022280	69,212	1,542	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,916	19,703,947	0.005172	2,538,146	13,127	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	126,541	18,893,465	0.006698	2,725,877	18,258	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	631,582	102,463,440	0.006164	7,713,890	47,548	73.00
76.00	03190	CHEMOTHERAPY	40,848	9,419,811	0.004336	19,053	83	76.00
76.01	03020	WOUND CARE	47,520	3,112,040	0.015270	5,048	77	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	56,097	3,318,750	0.016903	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	371,007	77,483,381	0.004788	5,352,844	25,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	56,767	2,766,018	0.020523	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	3,786,503	611,739,798		47,017,128	268,867	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part III Date/Time Prepared: 11/23/2021 1:22 pm

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		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	22,272	0.00	3,875	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,579	0.00	3,495	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,604	0.00	1,125	41.00
43.00	04300	NURSERY		0	643	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	30,098		8,495	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
200.00		Total (lines 30 through 199)	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:22 pm

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	46,371	54.00
54.01	03440	MAMMOGRAPHY	0	0	0	0	10,307	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	39,103	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	22,649	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	81,775	55.00
57.00	05700	CT SCAN	0	0	0	0	39,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	7,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	0	76.00
76.01	03020	WOUND CARE	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	71,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	319,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:22 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	131,646,949	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,271,447	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,371	46,371	17,821,308	0.002602	54.00
54.01	03440	MAMMOGRAPHY	0	10,307	10,307	3,961,312	0.002602	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	39,103	39,103	15,027,929	0.002602	54.02
54.03	03630	ULTRA SOUND	0	22,649	22,649	8,704,352	0.002602	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	81,775	81,775	31,418,986	0.002603	55.00
57.00	05700	CT SCAN	0	39,648	39,648	15,237,610	0.002602	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,930	7,930	3,047,621	0.002602	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,699,907	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	85,196,849	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,895,746	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,090,613	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,663,848	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,101,151	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,299,082	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,494,236	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,703,947	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,893,465	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,463,440	0.000000	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	9,419,811	0.000000	76.00
76.01	03020	WOUND CARE	0	0	0	3,112,040	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	3,318,750	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	71,820	71,820	77,483,381	0.000927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,766,018	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	319,603	319,603	611,739,798		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:22 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	8,702,200	0	22,986,818	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	3,509	0	958	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002602	1,177,287	3,063	2,427,259	6,316	54.00
54.01	03440	MAMMOGRAPHY	0.002602	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.002602	355,390	925	3,756,258	9,774	54.02
54.03	03630	ULTRA SOUND	0.002602	430,177	1,119	1,119,723	2,914	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002603	40,743	106	8,501,144	22,128	55.00
57.00	05700	CT SCAN	0.002602	1,137,053	2,959	2,507,549	6,525	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.002602	159,600	415	536,246	1,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,611,406	0	3,149,410	0	59.00
60.00	06000	LABORATORY	0.000000	9,829,460	0	6,008,743	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,123,275	0	741,625	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	651,654	0	41,712	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	316,215	0	10,101	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	55,089	0	118,247	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	392,458	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	69,212	0	767,740	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,538,146	0	2,189,474	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,725,877	0	2,574,631	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,713,890	0	29,214,043	0	73.00
76.00	03190	CHEMOTHERAPY	0.000000	19,053	0	1,501,538	0	76.00
76.01	03020	WOUND CARE	0.000000	5,048	0	406,365	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.000000	0	0	180,904	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000927	5,352,844	4,962	9,992,274	9,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	344,925	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		47,017,128	13,549	99,470,145	58,315	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/23/2021 1:22 pm

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.168463	22,986,818	0	0	3,872,428	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581159	958	0	0	557	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282433	2,427,259	0	0	685,538	54.00
54.01	03440	MAMMOGRAPHY	0.191827	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094328	3,756,258	0	0	354,320	54.02
54.03	03630	ULTRA SOUND	0.090699	1,119,723	0	0	101,558	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099464	8,501,144	0	0	845,558	55.00
57.00	05700	CT SCAN	0.084528	2,507,549	0	0	211,958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.299043	536,246	0	0	160,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098003	3,149,410	0	0	308,652	59.00
60.00	06000	LABORATORY	0.122064	6,008,743	0	0	733,451	60.00
65.00	06500	RESPIRATORY THERAPY	0.132173	741,625	0	0	98,023	65.00
66.00	06600	PHYSICAL THERAPY	0.398300	41,712	0	0	16,614	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440152	10,101	0	0	4,446	67.00
68.00	06800	SPEECH PATHOLOGY	0.439645	118,247	0	0	51,987	68.00
69.00	06900	ELECTROCARDIOLOGY	0.305291	392,458	0	0	119,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179681	767,740	0	0	137,948	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269778	2,189,474	0	0	590,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.350082	2,574,631	0	0	901,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298232	29,214,043	0	16,985	8,712,562	73.00
76.00	03190	CHEMOTHERAPY	0.187263	1,501,538	0	0	281,183	76.00
76.01	03020	WOUND CARE	0.376890	406,365	0	0	153,155	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.444320	180,904	0	0	80,379	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.110720	9,992,274	0	0	1,106,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472094	344,925	0	0	162,837	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		99,470,145	0	16,985	19,691,678	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		99,470,145	0	16,985	19,691,678	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03440	MAMMOGRAPHY	0	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.03	03630	ULTRA SOUND	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,065		73.00
76.00	03190	CHEMOTHERAPY	0	0		76.00
76.01	03020	WOUND CARE	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	5,065		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	5,065		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	881,394	131,646,949	0.006695	48,301	323	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,247	4,271,447	0.050860	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,556	17,821,308	0.011927	42,625	508	54.00
54.01	03440	MAMMOGRAPHY	16,409	3,961,312	0.004142	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	38,177	15,027,929	0.002540	7,110	18	54.02
54.03	03630	ULTRA SOUND	16,445	8,704,352	0.001889	34,201	65	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	64,322	31,418,986	0.002047	0	0	55.00
57.00	05700	CT SCAN	33,462	15,237,610	0.002196	27,200	60	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,126	3,047,621	0.008573	13,300	114	58.00
59.00	05900	CARDIAC CATHETERIZATION	112,139	22,699,907	0.004940	21,457	106	59.00
60.00	06000	LABORATORY	292,796	85,196,849	0.003437	455,036	1,564	60.00
65.00	06500	RESPIRATORY THERAPY	97,488	15,895,746	0.006133	115,993	711	65.00
66.00	06600	PHYSICAL THERAPY	148,670	9,090,613	0.016354	527,316	8,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,814	3,663,848	0.018236	547,011	9,975	67.00
68.00	06800	SPEECH PATHOLOGY	20,041	1,101,151	0.018200	135,461	2,465	68.00
69.00	06900	ELECTROCARDIOLOGY	10,006	1,299,082	0.007702	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,133	4,494,236	0.022280	15,300	341	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,916	19,703,947	0.005172	58,899	305	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	126,541	18,893,465	0.006698	9,882	66	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	631,582	102,463,440	0.006164	209,853	1,294	73.00
76.00	03190	CHEMOTHERAPY	40,848	9,419,811	0.004336	0	0	76.00
76.01	03020	WOUND CARE	47,520	3,112,040	0.015270	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	56,097	3,318,750	0.016903	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	371,007	77,483,381	0.004788	11,687	56	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,766,018	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	3,729,736	611,739,798		2,280,632	26,595	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	46,371	54.00
54.01	03440	MAMMOGRAPHY	0	0	0	0	10,307	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	39,103	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	22,649	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	81,775	55.00
57.00	05700	CT SCAN	0	0	0	0	39,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	7,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	0	76.00
76.01	03020	WOUND CARE	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	71,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	319,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Subprovider - IRF | PPS

		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	131,646,949	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,271,447	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,371	46,371	17,821,308	0.002602	54.00
54.01	03440	MAMMOGRAPHY	0	10,307	10,307	3,961,312	0.002602	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	39,103	39,103	15,027,929	0.002602	54.02
54.03	03630	ULTRA SOUND	0	22,649	22,649	8,704,352	0.002602	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	81,775	81,775	31,418,986	0.002603	55.00
57.00	05700	CT SCAN	0	39,648	39,648	15,237,610	0.002602	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,930	7,930	3,047,621	0.002602	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,699,907	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	85,196,849	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,895,746	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,090,613	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,663,848	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,101,151	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,299,082	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,494,236	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,703,947	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,893,465	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,463,440	0.000000	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	9,419,811	0.000000	76.00
76.01	03020	WOUND CARE	0	0	0	3,112,040	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	3,318,750	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	71,820	71,820	77,483,381	0.000927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,766,018	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	319,603	319,603	611,739,798		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	48,301	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002602	42,625	111	0	0	54.00
54.01	03440	MAMMOGRAPHY	0.002602	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.002602	7,110	19	0	0	54.02
54.03	03630	ULTRA SOUND	0.002602	34,201	89	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002603	0	0	0	0	55.00
57.00	05700	CT SCAN	0.002602	27,200	71	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.002602	13,300	35	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	21,457	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	455,036	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	115,993	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	527,316	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	547,011	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	135,461	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	15,300	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	58,899	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,882	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	209,853	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0.000000	0	0	0	0	76.00
76.01	03020	WOUND CARE	0.000000	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.000000	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000927	11,687	11	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		2,280,632	336	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.168463	0	1,483,767	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581159	0	28,366	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282433	0	331,514	0	0	54.00
54.01	03440	MAMMOGRAPHY	0.191827	0	10,826	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094328	0	167,592	0	0	54.02
54.03	03630	ULTRA SOUND	0.090699	0	180,494	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099464	0	457,386	0	0	55.00
57.00	05700	CT SCAN	0.084528	0	377,595	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.299043	0	47,487	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098003	0	329,990	0	0	59.00
60.00	06000	LABORATORY	0.122064	0	1,395,451	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.132173	0	40,562	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.398300	0	83,200	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440152	0	37,553	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.439645	0	11,287	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.305291	0	2,828	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179681	0	21,573	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269778	0	133,386	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.350082	0	169,756	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298232	0	1,246,940	0	0	73.00
76.00	03190	CHEMOTHERAPY	0.187263	0	146,043	0	0	76.00
76.01	03020	WOUND CARE	0.376890	0	80,148	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.444320	0	135,326	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.110720	0	3,108,811	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472094	0	88,221	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
200.00		Subtotal (see instructions)		0	10,116,102	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	10,116,102	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	249,960	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,485	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	93,630	0		54.00
54.01	03440	MAMMOGRAPHY	2,077	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15,809	0		54.02
54.03	03630	ULTRA SOUND	16,371	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	45,493	0		55.00
57.00	05700	CT SCAN	31,917	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,201	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	32,340	0		59.00
60.00	06000	LABORATORY	170,334	0		60.00
65.00	06500	RESPIRATORY THERAPY	5,361	0		65.00
66.00	06600	PHYSICAL THERAPY	33,139	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	16,529	0		67.00
68.00	06800	SPEECH PATHOLOGY	4,962	0		68.00
69.00	06900	ELECTROCARDIOLOGY	863	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,876	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,985	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,429	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	371,877	0		73.00
76.00	03190	CHEMOTHERAPY	27,348	0		76.00
76.01	03020	WOUND CARE	30,207	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	60,128	0		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	344,208	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	41,649	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,724,178	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,724,178	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,272	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,272	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)	21,182	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	3,875	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)	26,681,960	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)	26,681,960	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)	26,681,960	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)	1,198.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,642,250	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)	4,642,250	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,314,677	4,579	2,034.22	3,495	7,109,599	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	8,908,478	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	20,660,327	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)	450,235	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	282,416	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	732,651	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	19,927,676	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)	1,090	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,198.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,305,820	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,159,927	26,681,960	0.043472	1,305,820	56,767	90.00
91.00	Nursing School cost	0	26,681,960	0.000000	1,305,820	0	91.00
92.00	Allied health cost	0	26,681,960	0.000000	1,305,820	0	92.00
93.00	All other Medical Education	0	26,681,960	0.000000	1,305,820	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:22 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,604	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,604	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)	2,604	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)	1,125	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)	2,560,012	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)	2,560,012	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)	2,560,012	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)	983.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,105,999	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,105,999	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	699,599	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,805,598	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)	60,199	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	26,931	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	87,130	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,718,468	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:22 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	139,344	2,560,012	0.054431	0	0	90.00
91.00	Nursing School cost	0	2,560,012	0.000000	0	0	91.00
92.00	Allied health cost	0	2,560,012	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,560,012	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,272	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,272	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)	21,182	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)	1,229	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)	643	15.00
16.00	Nursery days (title V or XIX only)	513	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)	26,681,960	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)	26,681,960	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)	26,681,960	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)	1,198.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,472,342	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,472,342	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

	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)	578,528	643	899.73	513	461,561	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,314,677	4,579	2,034.22	138	280,722	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,995,167	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,209,792	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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)	1,090	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,198.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,305,820	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

	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	1,159,927	26,681,960	0.043472	1,305,820	56,767	90.00
91.00	Nursing School cost	0	26,681,960	0.000000	1,305,820	0	91.00
92.00	Allied health cost	0	26,681,960	0.000000	1,305,820	0	92.00
93.00	All other Medical Education	0	26,681,960	0.000000	1,305,820	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:22 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,604	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,604	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)	2,604	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)	38	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)	643	15.00
16.00	Nursery days (title V or XIX only)	513	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)	2,560,012	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)	2,560,012	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)	2,560,012	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)	983.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	37,358	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)	37,358	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	56,522	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	93,880	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:22 pm
	Title XIX	Subprovider - IRF	Cost

	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	139,344	2,560,012	0.054431	0	0	90.00
91.00	Nursing School cost	0	2,560,012	0.000000	0	0	91.00
92.00	Allied health cost	0	2,560,012	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,560,012	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/23/2021 1:22 pm

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		7,102,832		30.00
31.00	03100	INTENSIVE CARE UNIT		10,987,087		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.169807	8,702,200	1,477,694	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581159	3,509	2,039	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282433	1,177,287	332,505	54.00
54.01	03440	MAMMOGRAPHY	0.191827	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094328	355,390	33,523	54.02
54.03	03630	ULTRA SOUND	0.090699	430,177	39,017	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099464	40,743	4,052	55.00
57.00	05700	CT SCAN	0.084528	1,137,053	96,113	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.299043	159,600	47,727	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098003	1,611,406	157,923	59.00
60.00	06000	LABORATORY	0.122064	9,829,460	1,199,823	60.00
65.00	06500	RESPIRATORY THERAPY	0.132173	4,123,275	544,986	65.00
66.00	06600	PHYSICAL THERAPY	0.398300	651,654	259,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440152	316,215	139,183	67.00
68.00	06800	SPEECH PATHOLOGY	0.439645	55,089	24,220	68.00
69.00	06900	ELECTROCARDIOLOGY	0.305291	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179681	69,212	12,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269778	2,538,146	684,736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.350082	2,725,877	954,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298232	7,713,890	2,300,529	73.00
76.00	03190	CHEMOTHERAPY	0.187263	19,053	3,568	76.00
76.01	03020	WOUND CARE	0.376890	5,048	1,903	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.444320	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.110720	5,352,844	592,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472094	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		47,017,128	8,908,478	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)		47,017,128		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF		1,880,218		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.169807	48,301	8,202	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581159	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282433	42,625	12,039	54.00
54.01	03440	MAMMOGRAPHY	0.191827	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094328	7,110	671	54.02
54.03	03630	ULTRA SOUND	0.090699	34,201	3,102	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099464	0	0	55.00
57.00	05700	CT SCAN	0.084528	27,200	2,299	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.299043	13,300	3,977	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098003	21,457	2,103	59.00
60.00	06000	LABORATORY	0.122064	455,036	55,544	60.00
65.00	06500	RESPIRATORY THERAPY	0.132173	115,993	15,331	65.00
66.00	06600	PHYSICAL THERAPY	0.398300	527,316	210,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440152	547,011	240,768	67.00
68.00	06800	SPEECH PATHOLOGY	0.439645	135,461	59,555	68.00
69.00	06900	ELECTROCARDIOLOGY	0.305291	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179681	15,300	2,749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269778	58,899	15,890	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.350082	9,882	3,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298232	209,853	62,585	73.00
76.00	03190	CHEMOTHERAPY	0.187263	0	0	76.00
76.01	03020	WOUND CARE	0.376890	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.444320	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.110720	11,687	1,294	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472094	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,280,632	699,599	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)		2,280,632		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,247,622		30.00
31.00	03100	INTENSIVE CARE UNIT		1,271,741		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		190,069		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.168463	1,844,927	310,802	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581159	156,365	90,873	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282433	400,938	113,238	54.00
54.01	03440	MAMMOGRAPHY	0.191827	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094328	45,774	4,318	54.02
54.03	03630	ULTRA SOUND	0.090699	88,713	8,046	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099464	17,147	1,706	55.00
57.00	05700	CT SCAN	0.084528	268,660	22,709	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.299043	60,365	18,052	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098003	334,288	32,761	59.00
60.00	06000	LABORATORY	0.122064	2,147,353	262,114	60.00
65.00	06500	RESPIRATORY THERAPY	0.132173	742,530	98,142	65.00
66.00	06600	PHYSICAL THERAPY	0.398300	83,797	33,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440152	7,063	3,109	67.00
68.00	06800	SPEECH PATHOLOGY	0.439645	8,760	3,851	68.00
69.00	06900	ELECTROCARDIOLOGY	0.305291	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179681	32,179	5,782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269778	263,979	71,216	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.350082	546,554	191,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298232	1,757,765	524,222	73.00
76.00	03190	CHEMOTHERAPY	0.187263	4,568	855	76.00
76.01	03020	WOUND CARE	0.376890	355	134	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.444320	302	134	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.110720	1,791,798	198,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472094	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,604,180	1,995,167	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)		10,604,180		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF		191,688		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.168463	7,180	1,210	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581159	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282433	1,580	446	54.00
54.01	03440	MAMMOGRAPHY	0.191827	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094328	0	0	54.02
54.03	03630	ULTRA SOUND	0.090699	1,402	127	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099464	0	0	55.00
57.00	05700	CT SCAN	0.084528	850	72	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.299043	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098003	0	0	59.00
60.00	06000	LABORATORY	0.122064	29,185	3,562	60.00
65.00	06500	RESPIRATORY THERAPY	0.132173	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.398300	49,320	19,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440152	51,996	22,886	67.00
68.00	06800	SPEECH PATHOLOGY	0.439645	8,990	3,952	68.00
69.00	06900	ELECTROCARDIOLOGY	0.305291	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179681	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269778	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.350082	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298232	15,502	4,623	73.00
76.00	03190	CHEMOTHERAPY	0.187263	0	0	76.00
76.01	03020	WOUND CARE	0.376890	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.444320	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.110720	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472094	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		166,005	56,522	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)		166,005		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 1:22 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)	3,600,952	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,934,572	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)	84,691	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	547,745	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)	140.59	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)	5.75	30.00
31.00	Percentage of Medicaid patient days (see instructions)	31.54	31.00
32.00	Sum of lines 30 and 31	37.29	32.00
33.00	Allowable disproportionate share percentage (see instructions)	20.20	33.00
34.00	Disproportionate share adjustment (see instructions)	683,544	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 1:22 pm
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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000225025	0.000362241	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,879,094	3,002,985	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	472,340	2,246,068	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,718,408		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	17,569,912		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)		17,569,912	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,131,293	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		35,012	53.00
54.00	Special add-on payments for new technologies		173,098	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 intructions)		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)		13,549	58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,922,864	59.00
60.00	Primary payer payments		11,103	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,911,761	61.00
62.00	Deductibles billed to program beneficiaries		1,401,980	62.00
63.00	Coinsurance billed to program beneficiaries		41,077	63.00
64.00	Allowable bad debts (see instructions)		167,748	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		109,036	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		95,692	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,577,740	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)			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)		2,758	70.93
70.94	HRR adjustment amount (see instructions)		-19,331	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 1:22 pm
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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,561,167	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		16,920,881	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)		640,286	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		438,811	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	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	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	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
	Comparision 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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/23/2021 1:22 pm

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		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	3,600,952	0	3,600,952		3,600,952	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,934,572	0		9,934,572	9,934,572	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	84,691	0	84,691		84,691	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	547,745	0		547,745	547,745	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	0.2020	0.2020	0.2020	0.2020		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	683,544	0	181,848	501,696	683,544	11.00
11.01	Uncompensated care payments	36.00	2,718,408	0	321,525	870,488	1,192,013	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	17,569,912	0	4,189,016	13,380,896	17,569,912	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	17,569,912	0	4,189,016	13,380,896	17,569,912	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,131,293	0	307,956	823,337	1,131,293	16.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/23/2021 1:22 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	173,098	0	0	173,098	173,098	17.00
17.01	Net organ aquisition 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	4,496,972	14,377,331	18,874,303	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	1,041,664	0	283,950	757,714	1,041,664	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	7,963	0	1,744	6,219	7,963	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	0.0784	0.0784	0.0784	0.0784		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	81,666	0	22,262	59,404	81,666	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,131,293	0	307,956	823,337	1,131,293	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/23/2021 1:22 pm

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		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	3,600,952	3,600,952		3,600,952	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,934,572		9,934,572	9,934,572	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	84,691	84,691		84,691	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	547,745		547,745	547,745	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	0.2020	0.2020	0.2020		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	683,544	181,848	501,696	683,544	11.00
11.01	Uncompensated care payments	36.00	2,718,408	466,425	1,821,010	2,287,435	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	17,569,912	4,333,916	13,235,996	17,569,912	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	17,569,912	4,333,916	13,235,996	17,569,912	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,131,293	307,956	823,337	1,131,293	16.00
17.00	Special add-on payments for new technologies	54.00	173,098	0	173,098	173,098	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			4,641,872	14,232,431	18,874,303	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/23/2021 1:22 pm

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		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	1,041,664	283,950	757,714	1,041,664	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	7,963	1,744	6,219	7,963	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	0.0784	0.0784	0.0784		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	81,666	22,262	59,404	81,666	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,131,293	307,956	823,337	1,131,293	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	2,758	-11,507	14,265	2,758	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	-19,331	-7,202	-12,129	-19,331	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: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part B Date/Time Prepared: 11/23/2021 1:22 pm

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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	5,065	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	19,633,363	2.00
3.00	OPPS payments	16,391,407	3.00
4.00	Outlier payment (see instructions)	115,632	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	58,315	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	5,065	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	16,985	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)	16,985	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 chargebasis 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)	16,985	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	11,920	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	5,065	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)	16,565,354	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)	3,137,352	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)	13,433,067	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)	13,433,067	30.00
31.00	Primary payer payments	892	31.00
32.00	Subtotal (line 30 minus line 31)	13,432,175	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)	342,830	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	222,840	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	205,885	36.00
37.00	Subtotal (see instructions)	13,655,015	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	13,655,015	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	13,959,860	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-304,845	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part I Date/Time Prepared: 11/23/2021 1:22 pm
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		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		16,839,281		13,852,860	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	02/03/2021	81,600	02/03/2021	107,000	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)		81,600		107,000	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)		16,920,881		13,959,860	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		640,286		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		304,845	6.02
7.00	Total Medicare program liability (see instructions)		17,561,167		13,655,015	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0088 Component CCN: 15-T088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-1 Part I Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,987,320		0	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)		1,987,320		0	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		37,432		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,024,752		0	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: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/23/2021 1:22 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/23/2021 1:22 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,883,851	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0163	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	138,463	3.00
4.00	Outlier Payments	26,532	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	7.134247	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	2,048,846	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,048,846	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,048,846	19.00
20.00	Deductibles	17,124	20.00
21.00	Subtotal (line 19 minus line 20)	2,031,722	21.00
22.00	Coinsurance	7,306	22.00
23.00	Subtotal (line 21 minus line 22)	2,024,416	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,024,416	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	336	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,024,752	32.00
32.01	Sequestration adjustment (see instructions)	0	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	1,987,320	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	37,432	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	27,881	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	26,532	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/23/2021 1:22 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	4,209,792		1.00
2.00	Medical and other services		1,724,178	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,209,792	1,724,178	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	4,209,792	1,724,178	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	10,846,386		8.00
9.00	Ancillary service charges	10,604,180	10,116,102	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	21,450,566	10,116,102	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	21,450,566	10,116,102	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	17,240,774	8,391,924	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	4,209,792	1,724,178	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	4,209,792	1,724,178	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	4,209,792	1,724,178	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4,209,792	1,724,178	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	4,209,792	1,724,178	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	4,209,792	1,724,178	40.00
41.00	Interim payments	4,209,792	1,724,178	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/23/2021 1:22 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	93,880		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	93,880	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	93,880	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	702,264		8.00
9.00	Ancillary service charges	166,005	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	868,269	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	868,269	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	774,389	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	93,880	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	93,880	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	93,880	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	93,880	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	93,880	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	93,880	0	40.00
41.00	Interim payments	93,880	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-4 | Date/Time Prepared: 11/23/2021 1:22 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	8,495	6,625		26.00
27.00	Total Inpatient Days (see instructions)	28,510	28,510		27.00
28.00	Ratio of inpatient days to total inpatient days	0.297966	0.232375		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/23/2021 1:22 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	22,465,925	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	11,103	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	22,454,822	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	19,696,743	42.00
43.00	Primary payer payments (see instructions)	892	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	19,695,851	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	42,150,673	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.532727	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.467273	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G | Date/Time Prepared: 11/23/2021 1:22 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	10,670	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	61,145,878	0	0	0	4.00
5.00	Other receivable	60,622	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-37,538,711	0	0	0	6.00
7.00	Inventory	4,352,049	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,990,469	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)	35,020,977	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,754,357	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	110,278,777	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	63,824,210	0	0	0	23.00
24.00	Accumulated depreciation	-126,319,236	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)	54,830,710	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	2,463,743	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,463,743	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,315,430	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,556,085	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,465,079	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	223,165	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	48,576,830	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	57,821,159	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	14,497,463	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	614,054	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,111,517	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	72,932,676	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	19,382,754				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)	19,382,754	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,315,430	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G-1 | Date/Time Prepared: 11/23/2021 1:22 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		15,857,419		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		28,701,921				2.00
3.00	Total (sum of line 1 and line 2)		44,559,340		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)		44,559,340		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	MISCELLANEOUS	25,176,586		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		25,176,586		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		19,382,754		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	MISCELLANEOUS		0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/23/2021 1:22 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	44,302,837		44,302,837	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,448,849		4,448,849	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)	48,751,686		48,751,686	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	19,511,629		19,511,629	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,511,629		19,511,629	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	68,263,315		68,263,315	17.00
18.00	Ancillary services	148,404,432	392,057,645	540,462,077	18.00
19.00	Outpatient services	0	79,493,670	79,493,670	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	0	0	0	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
27.01	OTHER (SPECIFY)	0	0	0	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	216,667,747	471,551,315	688,219,062	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		173,727,573		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)		173,727,573		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet G-3 Date/Time Prepared: 11/23/2021 1:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	688,219,062	1.00
2.00	Less contractual allowances and discounts on patients' accounts	493,326,863	2.00
3.00	Net patient revenues (line 1 minus line 2)	194,892,199	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	173,727,573	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,164,626	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	294,587	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	6,944	17.00
18.00	Revenue from sale of medical records and abstracts	15,290	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	35,472	21.00
22.00	Rental of hospital space	602,920	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICE REVENUE	116	24.00
24.01	SHARED REVENUE	315,134	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.03	GRANTS REVENUE	388,002	24.03
24.04	MISC REVENUE	328,062	24.04
24.05	SCHOOL OF RAD TECH	28,657	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	CONTRACT SERVICE REVENUE	46,386	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	RESEARCH REVENUE	95,668	24.09
24.10	ASSETS RELEASED FROM RESTRICTED FUND	55,292	24.10
24.11	GAIN ON DISPOSAL OF ASSET	800	24.11
24.50	COVID-19 PHE Funding	5,330,416	24.50
25.00	Total other income (sum of lines 6-24)	7,543,746	25.00
26.00	Total (line 5 plus line 25)	28,708,372	26.00
27.00	EHR	0	27.00
27.01	RESTRUCTURING EXPENSE	0	27.01
27.02	FUND RAISING ACTIVITIES	0	27.02
27.03	OTHER EXPENSES	6,451	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	6,451	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,701,921	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/23/2021 1:22 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,041,664	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	7,963	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)	71.37	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)	5.75	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	31.54	8.00
9.00	Sum of lines 7 and 8	37.29	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.84	10.00
11.00	Disproportionate share adjustment (see instructions)	81,666	11.00
12.00	Total prospective capital payments (see instructions)	1,131,293	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