

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: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 12:13 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 11/29/2021 Time: 12:13 pm
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ASCENSION ST. VINCENT EVANSVILLE (15-0100) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) ZACH ZIRKELBACH
 Officer or Administrator of Provider(s)

VP OF FINANCE
 Title

11/29/2021 12:13:20 PM
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	999,705	-87,064	0	0	1.00
2.00 Subprovider - IPF	0	2,184	0		0	2.00
3.00 Subprovider - IRF	0	62,053	-14		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	1,063,942	-87,078	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: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 12:13 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 3700 WASHINGTON AVE	PO Box:								1.00
2.00	City: EVANSVILLE	State: IN	Zip Code: 47750	County: VANDERBURGH						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 EVANSVILLE	150100	21780	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ASCENSION SVE - STRESS CTR	15S100	21780	4	07/01/1987	N	P	0	4.00
5.00	Subprovider - IRF	ASCENSION SVE - REHAB UNIT	15T100	21780	5	07/01/1999	N	P	0	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			
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Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised 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.					2	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 12:13 pm	
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	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.	1,573	499	1,099	1,358	9,716	73	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.	102	2	64	63	526		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.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 12:13 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

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

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

66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	6.62	0.000000	66.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.69	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	12.63	0.000000	67.01

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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.	Y				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)	N	N	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.		N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 12:13 pm	
		V		XIX			
		1.00		2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	3,386,817		0		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		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	

11/29/2021 12:13 pm Y:\27100 - St. Vincent Evansville\300 - Medicare Cost Report\20210630\HFS\27100-21.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 12:13 pm
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		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	15H046			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: ASCENSION ST. VINCENT	Contractor's Name: WPS		Contractor's Number: 08001		141.00
142.00	Street: 250 WEST 96TH SREET, STE 215	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.			Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	146.00	
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00	
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	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		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00	
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			N	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: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 12:13 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 12:13 pm
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		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)	N		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.	N		7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00	
		Y/N			
		1.00			
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	10/08/2021	Y	10/08/2021
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	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 12:13 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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.	JILL	HILL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ASCENSION 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.	317-583-3519	JILL.HILL@ASCENSION.ORG		43.00

		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.	REIMBURSEMENT MANAGER	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: 15-0100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	233	85,045	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)		233	85,045	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	57	20,805	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	8	2,920	0.00	0	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					0	13.00
14.00 Total (see instructions)		338	123,370	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	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	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		376				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: 15-0100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	13,150	1,152	38,210			1.00
2.00 HMO and other (see instructions)	9,741	11,818				2.00
3.00 HMO IPF Subprovider	284	1,358				3.00
4.00 HMO IRF Subprovider	788	655				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)	13,150	1,152	38,210			7.00
8.00 INTENSIVE CARE UNIT	5,276	234	10,343			8.00
8.02 NICU	0	110	3,778			8.02
9.00 CORONARY CARE UNIT	444	0	1,405			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		931	2,181			13.00
14.00 Total (see instructions)	18,870	2,427	55,917	19.94	1,511.62	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	452	400	3,533	0.00	15.67	16.00
17.00 SUBPROVIDER - IRF	2,212	102	4,665	0.00	22.15	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				19.94	1,549.44	27.00
28.00 Observation Bed Days		0	1,238			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			874			30.00
31.00 Employee discount days - IRF			85			31.00
32.00 Labor & delivery days (see instructions)	0	73	1,201			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: 15-0100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,242	308	14,189	1.00
2.00 HMO and other (see instructions)				1,745	2,455		2.00
3.00 HMO IPF Subprovider					102		3.00
4.00 HMO IRF Subprovider					53		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
8.02 NICU							8.02
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	4,242		308	14,189	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		38	132	517	16.00
17.00 SUBPROVIDER - IRF	0.00	0		175	9	349	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						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	0.00						25.00
26.00 RURAL HEALTH CLINIC	0.00						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: 15-0100

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

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 12:13 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	108,565,638	-3,836,000	104,729,638	3,222,845.00	32.50
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		560,582	0	560,582	3,701.00	151.47
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		656,476	0	656,476	10,607.00	61.89
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,303,908	0	1,303,908	28,669.00	45.48
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		43,680	0	43,680	1,112.00	39.28
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,046,333	-2,899,259	7,147,074	355,584.00	20.10
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,470,622	0	3,470,622	29,967.00	115.81
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		36,459,647	0	36,459,647	714,166.00	51.05
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		32,456,612	0	32,456,612		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,054,440	0	4,054,440		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		94,750	0	94,750		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		157,975	0	157,975		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		370,753	0	370,753		
25.50	Home office wage-related (core)		11,821,268	0	11,821,268		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

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

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 12:13 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	1,733,667	0	1,733,667	28.00	61,916.68	26.00
27.00	Administrative & General	7,208,799	-566,999	6,641,800	226,852.00	29.28	27.00
28.00	Administrative & General under contract (see inst.)	2,885,637	0	2,885,637	21,630.00	133.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	768,066	-239	767,827	50,797.00	15.12	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	3,802,103	0	3,802,103	176,155.00	21.58	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	3,515,149	0	3,515,149	149,412.00	23.53	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,841,255	18,091	3,859,346	144,206.00	26.76	38.00
39.00	Central Services and Supply	1,341,398	-60	1,341,338	65,736.00	20.40	39.00
40.00	Pharmacy	5,169,335	-90	5,169,245	122,642.00	42.15	40.00
41.00	Medical Records & Medical Records Library	600,482	0	600,482	19,978.00	30.06	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

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

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 12:13 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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)	116,764,463	-3,836,000	112,928,463	3,529,654.00	31.99	1.00
2.00	Excluded area salaries (see instructions)	10,046,333	-2,899,259	7,147,074	355,584.00	20.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	106,718,130	-936,741	105,781,389	3,174,070.00	33.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,930,269	0	39,930,269	744,133.00	53.66	4.00
5.00	Subtotal wage-related costs (see inst.)	44,372,630	0	44,372,630	0.00	41.95	5.00
6.00	Total (sum of lines 3 thru 5)	191,021,029	-936,741	190,084,288	3,918,203.00	48.51	6.00
7.00	Total overhead cost (see instructions)	30,865,891	-549,297	30,316,594	977,436.00	31.02	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2021 12:13 pm
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,238,903	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)		39,919	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		50,821	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		891,787	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)		16,765,882	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		4,593,049	9.00
10.00	Dental, Hearing and Vision Plan		428,763	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		92,351	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		699,295	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		328,029	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		7,647,114	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		100,359	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		258,258	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		37,134,530	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: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part V Date/Time Prepared: 11/29/2021 12:13 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		3,470,622	37,134,530 1.00
2.00	Hospital		3,470,622	32,456,612 2.00
3.00	Subprovider - IPF		0	375,868 3.00
4.00	Subprovider - IRF		0	526,638 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		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	3,775,412 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 12:13 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.199567	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			42,707,126	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	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			342,958,461	6.00	
7.00	Medicaid cost (line 1 times line 6)			68,443,191	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)			25,736,065	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)			25,736,065	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	31,872,755	2,712,071	34,584,826	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,360,750	2,712,071	9,072,821	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)	6,360,750	2,712,071	9,072,821	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)			18,614,990	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			510,862	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			785,942	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			17,829,048	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,833,170	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,905,991	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			38,642,056	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A

Date/Time Prepared:
11/29/2021 12:13 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		19,119,641	19,119,641	0	19,119,641	1.00
2.00	00200		11,994,869	11,994,869	0	11,994,869	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,733,667	32,298,136	34,031,803	0	34,031,803	4.00
5.00	00500	7,208,799	146,688,306	153,897,105	-1,799,430	152,097,675	5.00
7.00	00700	0	12,167,979	12,167,979	76,381	12,244,360	7.00
8.00	00800	768,066	622,469	1,390,535	5,912	1,396,447	8.00
9.00	00900	0	4,800,513	4,800,513	90,915	4,891,428	9.00
10.00	01000	0	5,484,055	5,484,055	-3,046,582	2,437,473	10.00
11.00	01100	0	0	0	3,046,859	3,046,859	11.00
13.00	01300	3,841,255	828,173	4,669,428	49,554	4,718,982	13.00
14.00	01400	1,341,398	2,266,818	3,608,216	278,523	3,886,739	14.00
15.00	01500	5,169,335	40,326,380	45,495,715	3,067	45,498,782	15.00
16.00	01600	600,482	35,725	636,207	0	636,207	16.00
21.00	02100	1,303,908	1,816,878	3,120,786	0	3,120,786	21.00
23.00	02300	122,518	4,764	127,282	0	127,282	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,871,178	5,084,806	20,955,984	-786,290	20,169,694	30.00
31.00	03100	10,698,533	1,886,751	12,585,284	28,893	12,614,177	31.00
31.02	03102	2,306,858	214,667	2,521,525	4,296	2,525,821	31.02
32.00	03200	976,149	181,915	1,158,064	368	1,158,432	32.00
40.00	04000	1,077,372	899,910	1,977,282	769	1,978,051	40.00
41.00	04100	1,509,640	208,619	1,718,259	3,647	1,721,906	41.00
43.00	04300	0	0	0	838,273	838,273	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,724,510	30,745,647	40,470,157	30,139	40,500,296	50.00
51.00	05100	1,568,217	198,946	1,767,163	0	1,767,163	51.00
52.00	05200	2,266,108	218,754	2,484,862	0	2,484,862	52.00
53.00	05300	139,141	6,300,284	6,439,425	0	6,439,425	53.00
54.00	05400	4,291,980	2,898,488	7,190,468	-255,745	6,934,723	54.00
54.01	05401	2,212,385	2,680,667	4,893,052	9,193	4,902,245	54.01
54.02	05402	379,545	61,316	440,861	4,099	444,960	54.02
54.03	05403	523,248	1,521,115	2,044,363	0	2,044,363	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	842,221	259,920	1,102,141	1,956	1,104,097	57.00
58.00	05800	497,273	187,046	684,319	0	684,319	58.00
59.00	05900	1,145,816	2,937,287	4,083,103	7,143	4,090,246	59.00
60.00	06000	1,945,503	13,874,304	15,819,807	1,566	15,821,373	60.00
63.00	06300	0	1,710,455	1,710,455	0	1,710,455	63.00
64.00	06400	1,354,740	404,101	1,758,841	624	1,759,465	64.00
65.00	06500	2,947,694	628,563	3,576,257	0	3,576,257	65.00
66.00	06600	3,715,922	257,171	3,973,093	-117,516	3,855,577	66.00
67.00	06700	1,237,751	8,933	1,246,684	0	1,246,684	67.00
68.00	06800	464,442	9,385	473,827	0	473,827	68.00
69.00	06900	949,758	449,987	1,399,745	478	1,400,223	69.00
69.02	06902	379,078	133,635	512,713	112	512,825	69.02
69.03	06903	0	0	0	0	0	69.03
70.00	07000	355,272	95,604	450,876	552	451,428	70.00
71.00	07100	0	6,006,855	6,006,855	0	6,006,855	71.00
72.00	07200	0	27,808,396	27,808,396	0	27,808,396	72.00
73.00	07300	0	18,991,464	18,991,464	0	18,991,464	73.00
74.00	07400	801,674	198,686	1,000,360	3,015	1,003,375	74.00
76.00	03951	82,303	10,480	92,783	0	92,783	76.00
76.01	03950	321,049	45,798	366,847	1,058	367,905	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	960,997	555,213	1,516,210	3,149	1,519,359	90.00
90.01	09001	686,311	45,658	731,969	-21,745	710,224	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	5,299,216	5,815,754	11,114,970	198	11,115,168	91.00
91.01	09101	860,107	1,176,690	2,036,797	512	2,037,309	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	2,292,047	566,924	2,858,971	21,959	2,880,930	95.00
97.00	09700	747,416	1,852,202	2,599,618	22,367	2,621,985	97.00
98.00	09850	2,898,725	3,327,454	6,226,179	1,484,768	7,710,947	98.00
99.00	09900	0	0	0	0	0	99.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A

Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	106,419,607	418,914,556	525,334,163	-6,963	525,327,200	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,270,228	1,949,911	3,220,139	589	3,220,728	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	785,642	10,766,188	11,551,830	4,526	11,556,356	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	90,100	4,388	94,488	0	94,488	194.04
194.06	07956 MOB	0	112,979	112,979	0	112,979	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	1,945,886	1,945,886	0	1,945,886	194.08
194.09	07959 CONV CARE	61	55	116	1,848	1,964	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
200.00	TOTAL (SUM OF LINES 118 through 199)	108,565,638	433,693,963	542,259,601	0	542,259,601	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A
Date/Time Prepared:
11/29/2021 12:13 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	-601,969	18,517,672	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-265,388	11,729,481	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,159,651	32,872,152	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-22,037,718	130,059,957	5.00
7.00	00700	OPERATION OF PLANT	-861,956	11,382,404	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-191,598	1,204,849	8.00
9.00	00900	HOUSEKEEPING	-358,266	4,533,162	9.00
10.00	01000	DIETARY	0	2,437,473	10.00
11.00	01100	CAFETERIA	-1,331,409	1,715,450	11.00
13.00	01300	NURSING ADMINISTRATION	-5,608	4,713,374	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,886,739	14.00
15.00	01500	PHARMACY	-32,235	45,466,547	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	636,207	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-299,240	2,821,546	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,471	133,753	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,405,275	18,764,419	30.00
31.00	03100	INTENSIVE CARE UNIT	-514	12,613,663	31.00
31.02	03102	NICU	-974	2,524,847	31.02
32.00	03200	CORONARY CARE UNIT	0	1,158,432	32.00
40.00	04000	SUBPROVIDER - I PF	-794,200	1,183,851	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,721,906	41.00
43.00	04300	NURSERY	0	838,273	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-535,509	39,964,787	50.00
51.00	05100	RECOVERY ROOM	0	1,767,163	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,484,862	52.00
53.00	05300	ANESTHESIOLOGY	-3,930,690	2,508,735	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-205,953	6,728,770	54.00
54.01	05401	ONCOLOGY (OHA)	-12,292	4,889,953	54.01
54.02	05402	ULTRASOUND	-496	444,464	54.02
54.03	05403	NUCLEAR MEDICINE	0	2,044,363	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-12,090	1,092,007	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	684,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	-58,082	4,032,164	59.00
60.00	06000	LABORATORY	-427,773	15,393,600	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,710,455	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,759,465	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,576,257	65.00
66.00	06600	PHYSICAL THERAPY	-294,308	3,561,269	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,246,684	67.00
68.00	06800	SPEECH PATHOLOGY	0	473,827	68.00
69.00	06900	ELECTROCARDIOLOGY	-79,107	1,321,116	69.00
69.02	06902	CARDIAC REHAB	0	512,825	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	451,428	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,006,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,808,396	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,991,464	73.00
74.00	07400	RENAL DIALYSIS	-385,730	617,645	74.00
76.00	03951	ECT	0	92,783	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-209,178	158,727	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,519,359	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	710,224	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARITRICS	0	0	90.04
91.00	09100	EMERGENCY	-21,293	11,093,875	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	-281,039	1,756,270	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-485,593	2,395,337	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	2,621,985	97.00
98.00	09850	HOME OFFICE	-7,710,947	0	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-43,989,610	481,337,590	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,220,728	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	APOTHECARY	0	11,556,356	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954	MARKETING	0	94,488	194.04
194.06	07956	MOB	0	112,979	194.06
194.07	07957	SENIOR PARTNERS	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	1,945,886	194.08
194.09	07959	CONV CARE	0	1,964	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	-43,989,610	498,269,991	200.00

RECLASSIFICATIONS

Provider CCN: 15-0100

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 12:13 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - Cafeteria						
1.00	CAFETERIA	11.00	0	3,046,705	1.00	
	TOTALS		0	3,046,705		
C - Nursery						
1.00	NURSERY	43.00	779,693	58,580	1.00	
			779,693	58,580		
D - Recl ass Home Offi ce Expense						
1.00	HOME OFFICE	98.00		655,893	1.00	
			0	655,893		
E - Recl ass Home Offi ce Sal ari es						
1.00	HOME OFFICE	98.00		828,875	1.00	
2.00					2.00	
3.00			0	828,875	3.00	
H - Pandemic Other Expenses						
1.00	CENTRAL SERVICES & SUPPLY	14.00		277,192	1.00	
2.00	CAFETERIA	11.00		154	2.00	
3.00	DIETARY	10.00		123	3.00	
4.00	HOUSEKEEPING	9.00		90,915	4.00	
5.00	OPERATION OF PLANT	7.00		76,381	5.00	
			0	444,765		
I - Pandemic Sal ari es & Benefi ts						
1.00	LAUNDRY & LINEN SERVICE	8.00	2,442	2,843	1.00	
2.00	NURSING ADMINISTRATION	13.00	22,234	25,884	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	615	716	3.00	
4.00	PHARMACY	15.00	930	1,082	4.00	
5.00	ADULTS & PEDIATRICS	30.00	21,092	24,555	5.00	
6.00	INTENSIVE CARE UNIT	31.00	12,930	15,053	6.00	
7.00	NICU	31.02	1,985	2,311	7.00	
8.00	SUBPROVIDER - IPF	40.00	355	414	8.00	
9.00	SUBPROVIDER - IRF	41.00	1,599	1,862	9.00	
10.00	OPERATING ROOM	50.00	11,834	13,777	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	2,103	2,449	11.00	
12.00	ONCOLOGY (OHA)	54.01	3,821	4,449	12.00	
13.00	ULTRASOUND	54.02	1,894	2,205	13.00	
14.00	CT SCAN	57.00	711	828	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	3,169	3,689	15.00	
16.00	LABORATORY	60.00	568	662	16.00	
17.00	ELECTROCARDIOLOGY	69.00	221	257	17.00	
18.00	RENAL DIALYSIS	74.00	1,393	1,622	18.00	
19.00	MOBILE OUTREACH CLINIC	76.01	489	569	19.00	
20.00	CLINIC	90.00	1,198	1,395	20.00	
21.00	AMBULANCE SERVICES	95.00	10,147	11,812	21.00	
22.00	DURABLE MEDICAL EQUIP-SOLD	97.00	10,138	11,802	22.00	
23.00	APOTHECARY	194.01	2,091	2,435	23.00	
24.00	CONV CARE	194.09	854	994	24.00	
	TOTALS		114,813	133,665		
J - Pandemic Workers Comp						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,124	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	0	2,681	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	4,143	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	675	4.00	
5.00	PHARMACY	15.00	0	1,020	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	19,895	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	13,335	7.00	
8.00	SUBPROVIDER - IPF	40.00	0	390	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	1,756	9.00	
10.00	OPERATING ROOM	50.00	0	1,626	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,736	11.00	
12.00	ONCOLOGY (OHA)	54.01	0	3,664	12.00	
13.00	ULTRASOUND	54.02	0	2,079	13.00	
14.00	CT SCAN	57.00	0	781	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	3,478	15.00	
16.00	LABORATORY	60.00	0	624	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	242	17.00	
18.00	RENAL DIALYSIS	74.00	0	1,529	18.00	
19.00	CLINIC	90.00	0	1,315	19.00	
20.00	AMBULANCE SERVICES	95.00	0	11,138	20.00	
21.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	11,128	21.00	
22.00	APOTHECARY	194.01	0	2,296	22.00	
	TOTALS		0	86,655		

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
K - Vaccine Adverse Reaction						
1.00	ADMINISTRATIVE & GENERAL	5.00		768	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00		627	2.00	
3.00	NURSING ADMINISTRATION	13.00		1,436	3.00	
4.00	PHARMACY	15.00		1,055	4.00	
5.00	ADULTS & PEDIATRICS	30.00		6,336	5.00	
6.00	INTENSIVE CARE UNIT	31.00		910	6.00	
7.00	CORONARY CARE UNIT	32.00		368	7.00	
8.00	SUBPROVIDER - IRF	41.00		186	8.00	
9.00	OPERATING ROOM	50.00		4,528	9.00	
10.00	ONCOLOGY (OHA)	54.01		923	10.00	
11.00	CT SCAN	57.00		417	11.00	
12.00	CARDIAC CATHETERIZATION	59.00		285	12.00	
13.00	LABORATORY	60.00		336	13.00	
14.00	INTRAVENOUS THERAPY	64.00		624	14.00	
15.00	CARDIAC REHAB	69.02		112	15.00	
16.00	ELECTROENCEPHALOGRAPHY	70.00		552	16.00	
17.00	CLINIC	90.00		556	17.00	
18.00	EMERGENCY	91.00		198	18.00	
19.00	DIAGNOSTIC TREATMENT CENTER	91.01		512	19.00	
20.00	DURABLE MEDICAL EQUIP-SOLD	97.00		427	20.00	
21.00	PHYSICIANS' PRIVATE OFFICES	192.00		589	21.00	
			0	21,745		
L - Home Office Salaries						
1.00	HOME OFFICE	98.00	0	2,898,725	1.00	
	TOTALS		0	2,898,725		
500.00	Grand Total: Increases		894,506	8,175,608	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0100

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

Worksheet A-6
Date/Time Prepared:
11/29/2021 12:13 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
B - Cafeteria						
1.00	DIETARY	10.00	0	3,046,705	0	1.00
	TOTALS		0	3,046,705		
C - Nursery						
1.00	ADULTS & PEDIATRICS	30.00	779,693	58,580		1.00
			779,693	58,580		
D - Recl ass Home Offi ce Expense						
1.00	ADM NI STRATI VE & GENERAL	5.00		655,893		1.00
			0	655,893		
E - Recl ass Home Offi ce Sal ari es						
1.00	ADM NI STRATI VE & GENERAL	5.00	451,062			1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	260,297			2.00
3.00	PHYSI CAL THERAPY	66.00	117,516			3.00
			828,875	0		
H - Pandemic Other Expenses						
1.00	ADM NI STRATI VE & GENERAL	5.00		444,765		1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
			0	444,765		
I - Pandemic Sal ari es & Benefi ts						
1.00	ADM NI STRATI VE & GENERAL	5.00	114,813	133,665	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
	TOTALS		114,813	133,665		
J - Pandemic Workers Comp						
1.00	ADM NI STRATI VE & GENERAL	5.00	1,124	0	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	2,681	0	0	2.00
3.00	NURSING ADM NI STRATI ON	13.00	4,143	0	0	3.00
4.00	CENTRAL SERVI CES & SUPPLY	14.00	675	0	0	4.00
5.00	PHARMACY	15.00	1,020	0	0	5.00
6.00	ADULTS & PEDI ATRI CS	30.00	19,895	0	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	13,335	0	0	7.00
8.00	SUBPROVI DER - IPF	40.00	390	0	0	8.00
9.00	SUBPROVI DER - IRF	41.00	1,756	0	0	9.00
10.00	OPERATI NG ROOM	50.00	1,626	0	0	10.00
11.00	RADI OLOGY-DI AGNOSTI C	54.00	1,736	0	0	11.00
12.00	ONCOLOGY (OHA)	54.01	3,664	0	0	12.00
13.00	ULTRASOUND	54.02	2,079	0	0	13.00
14.00	CT SCAN	57.00	781	0	0	14.00
15.00	CARDI AC CATHETERI ZATI ON	59.00	3,478	0	0	15.00
16.00	LABORATORY	60.00	624	0	0	16.00
17.00	ELECTROCARDI OLOGY	69.00	242	0	0	17.00
18.00	RENAL DI ALYSI S	74.00	1,529	0	0	18.00
19.00	CLINI C	90.00	1,315	0	0	19.00
20.00	AMBULANCE SERVI CES	95.00	11,138	0	0	20.00
21.00	DURABLE MEDI CAL EQUI P-SOLD	97.00	11,128	0	0	21.00
22.00	APOTHECARY	194.01	2,296	0	0	22.00
	TOTALS		86,655	0		

Provider CCN: 15-0100

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 12:13 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
K - Vaccine Adverse Reaction						
1.00	COVID-19 VACCINE CLINIC	90.01	21,745			1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
			21,745	0		
L - Home Office Salaries						
1.00	HOME OFFICE	98.00	2,898,725	0	0	1.00
	TOTALS		2,898,725	0		
500.00	Grand Total: Decreases		4,730,506	4,339,608		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0	0	0	0	1.00
2.00	Land Improvements	9,264,668	249,345	0	249,345	0	2.00
3.00	Buildings and Fixtures	156,573,302	12,870,984	0	12,870,984	0	3.00
4.00	Building Improvements	12,225,545	0	0	0	0	4.00
5.00	Fixed Equipment	71,063,647	0	0	0	0	5.00
6.00	Movable Equipment	180,219,187	16,341,262	0	16,341,262	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	437,083,141	29,461,591	0	29,461,591	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	437,083,141	29,461,591	0	29,461,591	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0				1.00
2.00	Land Improvements	9,514,013	0				2.00
3.00	Buildings and Fixtures	169,444,286	0				3.00
4.00	Building Improvements	12,225,545	0				4.00
5.00	Fixed Equipment	71,063,647	0				5.00
6.00	Movable Equipment	196,560,449	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	466,544,732	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	466,544,732	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 12:13 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	8,311,408	10,048,772	0	0	759,461	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,591,889	1,402,980	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,903,297	11,451,752	0	0	759,461	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	19,119,641				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,994,869				2.00
3.00	Total (sum of lines 1-2)	0	31,114,510				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 12:13 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	269,984,283	0	269,984,283	0.578689	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	196,560,449	0	196,560,449	0.421311	0	2.00
3.00	Total (sum of lines 1-2)	466,544,732	0	466,544,732	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,709,439	10,048,772	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,326,501	1,402,980	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,035,940	11,451,752	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	759,461	0	18,517,672	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,729,481	2.00
3.00	Total (sum of lines 1-2)	0	0	759,461	0	30,247,153	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,051,106	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00	Investment income - other (chapter 2)	B	-203,544	ADMINISTRATIVE & GENERAL	5.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		7.00
8.00	Television and radio service (chapter 21)		0		0.00		8.00
9.00	Parking lot (chapter 21)		0		0.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-7,903,136				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	10,257,959				12.00
13.00	Laundry and linen service		0		0.00		13.00
14.00	Cafeteria-employees and guests	B	-1,221,110	CAFETERIA	11.00		14.00
15.00	Rental of quarters to employee and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00	Sale of drugs to other than patients	B	-32,235	PHARMACY	15.00		17.00
18.00	Sale of medical records and abstracts		0		0.00		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00	Vending machines		0		0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		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		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		32.00
33.00	Misc Income - A&G	B	-95,198	ADMINISTRATIVE & GENERAL	5.00		33.00

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
33.01 Misc Income - Plant Ops	B	-18,559	OPERATION OF PLANT	7.00	0 33.01
33.02 Misc Income - Laundry	B	-191,598	LAUNDRY & LINEN SERVICE	8.00	0 33.02
33.03 Misc Income - Dietary	B	-5,608	NURSING ADMINISTRATION	13.00	0 33.03
33.06 Misc Income - I&R Services	B	-299,240	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.06
33.07 Misc Income - Adults & Peds	B	-107,070	ADULTS & PEDIATRICS	30.00	0 33.07
33.08 Misc Income - ICU	B	-514	INTENSIVE CARE UNIT	31.00	0 33.08
33.09 Misc Income - NICU	B	-974	NICU	31.02	0 33.09
33.10 Misc Income - Psych	B	-10,751	SUBPROVIDER - I PF	40.00	0 33.10
33.11 Misc Income - Radiology	B	-26,240	RADIOLOGY-DIAGNOSTIC	54.00	0 33.11
33.12 Misc Income - Oncology	B	-843	ONCOLOGY (OHA)	54.01	0 33.12
33.13 Misc Income - Ultrasound	B	-496	ULTRASOUND	54.02	0 33.13
33.15 Misc Income - Lab	B	-86,801	LABORATORY	60.00	0 33.15
33.16 Misc Income - Physical Therapy	B	-294,308	PHYSICAL THERAPY	66.00	0 33.16
33.17 Misc Income - Dialysis	B	-385,730	RENAL DIALYSIS	74.00	0 33.17
33.18 Misc Income - Mobile Clinic	B	-12,147	MOBILE OUTREACH CLINIC	76.01	0 33.18
33.19 Misc Income - ER	B	-20,993	EMERGENCY	91.00	0 33.19
33.20 Misc Income - Ambulance	B	-485,593	AMBULANCE SERVICES	95.00	0 33.20
33.21 Advertising	A	-87,137	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22 Various N/A Expenses	A	-2,292	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.22
33.23 Various N/A Expenses	A	-59,990	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24 Provider Assessment	A	-24,186,351	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25 Patient Phones	A	-32,702	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26 Pharm Resident Startup Amort	A	6,471	PARAMED ED PRGM-(SPECIFY)	23.00	0 33.26
33.27 Physician Group Loss	A	-14,425,758	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28 Lobbying	A	-6,016	ADMINISTRATIVE & GENERAL	5.00	0 33.28
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,989,610			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: 15-0100

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

Worksheet A-8-1

Date/Time Prepared: 11/29/2021 12:13 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	9,668,808	0
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest - Cap	152,287	0
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest - A&G	2,829	0
3.01	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	109,433,802	98,115,304
3.02	16.00	MEDICAL RECORDS & LIBRARY	SVH Chargebacks	15,875	15,875
3.03	30.00	ADULTS & PEDIATRICS	SVH Chargebacks	43,680	43,680
3.04	54.00	RADIOLOGY-DIAGNOSTIC	SVH Chargebacks	152,468	152,468
3.05	54.01	ONCOLOGY (OHA)	SVH Chargebacks	951,323	951,323
3.06	192.00	PHYSICIANS' PRIVATE OFFICES	SVH Chargebacks	633,593	633,593
3.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	Health Insurance	21,369,874	21,175,953
3.08	1.00	CAP REL COSTS-BLDG & FIXT	Interest Expense	4,051,106	0
3.09	5.00	ADMINISTRATIVE & GENERAL	Interest Expense	51,257	4,102,363
3.10	1.00	CAP REL COSTS-BLDG & FIXT	HO	0	601,969
3.11	2.00	CAP REL COSTS-MVBLE EQUIP	HO	0	265,388
3.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO	0	1,188,118
3.13	7.00	OPERATION OF PLANT	HO	0	843,397
3.14	9.00	HOUSEKEEPING	HO	0	358,266
3.15	11.00	CAFETERIA	HO	0	110,299
4.00	98.00	HOME OFFICE	HO	0	7,710,947
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			146,526,902	136,268,943

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

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

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

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

6.00	B		100.00	ASCENSION SVH	100.00	6.00
7.00	B		100.00	Ascension	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:					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: 15-0100

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 12:13 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	9,668,808	0		1.00
2.00	152,287	0		2.00
3.00	2,829	0		3.00
3.01	11,318,498	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
3.06	0	0		3.06
3.07	193,921	0		3.07
3.08	4,051,106	11		3.08
3.09	-4,051,106	0		3.09
3.10	-601,969	9		3.10
3.11	-265,388	9		3.11
3.12	-1,188,118	0		3.12
3.13	-843,397	0		3.13
3.14	-358,266	0		3.14
3.15	-110,299	0		3.15
4.00	-7,710,947	0		4.00
5.00	10,257,959			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	Home 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: 15-0100

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 12:13 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	163,162	163,162	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	38,792	0	38,792	179,000	75	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,298,205	1,298,205	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	783,449	783,449	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	535,509	535,509	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	3,930,690	3,930,690	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	179,713	179,713	0	0	0	10.00
11.00	54.01	ONCOLOGY (OHA)	11,449	11,449	0	0	0	11.00
12.00	57.00	CT SCAN	12,090	12,090	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	58,082	58,082	0	0	0	13.00
14.00	60.00	LABORATORY	340,972	340,972	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	79,107	79,107	0	0	0	15.00
16.00	76.01	MOBILE OUTREACH CLINIC	197,031	197,031	0	0	0	16.00
17.00	90.01	COVID-19 VACCINE CLINIC	56	0	56	179,000	2	17.00
18.00	91.00	EMERGENCY	300	300	0	0	0	18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	281,039	281,039	0	0	0	19.00
200.00			7,909,646	7,870,798	38,848		77	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	6,454	323	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	54.01	ONCOLOGY (OHA)	0	0	0	0	0	11.00
12.00	57.00	CT SCAN	0	0	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	0	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	0	0	16.00
17.00	90.01	COVID-19 VACCINE CLINIC	172	9	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	19.00
200.00			6,626	332	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	163,162	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	6,454	32,338	32,338	2.00
3.00	0.00		0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,298,205	4.00
5.00	0.00		0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	783,449	6.00
7.00	0.00		0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	535,509	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	3,930,690	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	179,713	10.00
11.00	54.01	ONCOLOGY (OHA)	0	0	0	11,449	11.00
12.00	57.00	CT SCAN	0	0	0	12,090	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	58,082	13.00
14.00	60.00	LABORATORY	0	0	0	340,972	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	79,107	15.00
16.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	197,031	16.00
17.00	90.01	COVID-19 VACCINE CLINIC	0	172	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	300	18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	281,039	19.00
200.00			0	6,626	32,338	7,903,136	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 11/29/2021 12:13 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	18,517,672	18,517,672			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,729,481		11,729,481		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	32,872,152	13,652	0	32,885,804	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	130,059,957	1,590,845	709,137	2,120,674	134,480,613
7.00 00700	OPERATION OF PLANT	11,382,404	1,581,357	1,382,665	0	14,346,426
8.00 00800	LAUNDRY & LINEN SERVICE	1,204,849	151,002	23,862	245,161	1,624,874
9.00 00900	HOUSEKEEPING	4,533,162	353,627	7,676	0	4,894,465
10.00 01000	DIETARY	2,437,473	488,710	151,605	0	3,077,788
11.00 01100	CAFETERIA	1,715,450	0	0	0	1,715,450
13.00 01300	NURSING ADMINISTRATION	4,713,374	650,693	15,870	1,232,258	6,612,195
14.00 01400	CENTRAL SERVICES & SUPPLY	3,886,739	353,785	358,828	428,278	5,027,630
15.00 01500	PHARMACY	45,466,547	140,073	530,074	1,650,499	47,787,193
16.00 01600	MEDICAL RECORDS & LIBRARY	636,207	105,617	0	191,729	933,553
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,821,546	0	30,952	416,327	3,268,825
23.00 02300	PARAMED PRGM-(SPECIFY)	133,753	0	0	39,119	172,872
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,764,419	3,247,457	344,238	4,818,984	27,175,098
31.00 03100	INTENSIVE CARE UNIT	12,613,663	744,731	72,151	3,415,827	16,846,372
31.02 03102	NICU	2,524,847	223,042	88,720	737,195	3,573,804
32.00 03200	CORONARY CARE UNIT	1,158,432	99,169	35,851	311,677	1,605,129
40.00 04000	SUBPROVIDER - I PF	1,183,851	203,327	16,377	343,985	1,747,540
41.00 04100	SUBPROVIDER - I RF	1,721,906	620,489	5,551	481,966	2,829,912
43.00 04300	NURSERY	838,273	0	0	248,950	1,087,223
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	39,964,787	1,201,568	3,792,287	3,108,218	48,066,860
51.00 05100	RECOVERY ROOM	1,767,163	380,176	8,898	500,719	2,656,956
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,484,862	425,262	48,957	723,550	3,682,631
53.00 05300	ANESTHESIOLOGY	2,508,735	0	33,358	44,427	2,586,520
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,728,770	378,542	965,204	1,287,401	9,359,917
54.01 05401	ONCOLOGY (OHA)	4,889,953	612,284	186,714	706,447	6,395,398
54.02 05402	ULTRASOUND	444,464	32,857	40,739	121,127	639,187
54.03 05403	NUCLEAR MEDICINE	2,044,363	123,768	131,747	167,069	2,466,947
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	1,092,007	91,174	523,686	268,892	1,975,759
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	684,319	165,234	442,846	158,775	1,451,174
59.00 05900	CARDIAC CATHETERIZATION	4,032,164	225,378	718,602	365,751	5,341,895
60.00 06000	LABORATORY	15,393,600	292,358	34,768	621,166	16,341,892
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,710,455	10,894	0	0	1,721,349
64.00 06400	INTRAVENOUS THERAPY	1,759,465	191,063	6,754	432,558	2,389,840
65.00 06500	RESPIRATORY THERAPY	3,576,257	54,943	96,430	941,175	4,668,805
66.00 06600	PHYSICAL THERAPY	3,561,269	124,014	39,340	1,148,942	4,873,565
67.00 06700	OCCUPATIONAL THERAPY	1,246,684	0	0	395,204	1,641,888
68.00 06800	SPEECH PATHOLOGY	473,827	0	10,345	148,293	632,465
69.00 06900	ELECTROCARDIOLOGY	1,321,116	80,438	182,113	303,243	1,886,910
69.02 06902	CARDIAC REHAB	512,825	134,942	0	121,037	768,804
69.03 06903	DIABETIC EDUCATION	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	451,428	125,894	23,240	113,436	713,998
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,006,855	0	0	0	6,006,855
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	27,808,396	0	0	0	27,808,396
73.00 07300	DRUGS CHARGED TO PATIENTS	18,991,464	0	0	0	18,991,464
74.00 07400	RENAL DIALYSIS	617,645	5,148	35,073	255,925	913,791
76.00 03951	ECT	92,783	0	0	26,279	119,062
76.01 03950	MOBILE OUTREACH CLINIC	158,727	0	21,432	102,665	282,824
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	1,519,359	17,957	1,049	306,801	1,845,166
90.01 09001	COVID-19 VACCINE CLINIC	710,224	0	492	212,191	922,907
90.02 09002	PEDS CLINIC	0	0	0	0	0
90.04 09004	BARIATRICS	0	0	0	0	0
91.00 09100	EMERGENCY	11,093,875	422,644	111,071	1,691,997	13,319,587
91.01 09101	DIAGNOSTIC TREATMENT CENTER	1,756,270	207,527	273,037	274,625	2,511,459
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,395,337	0	220,363	731,516	3,347,216
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	2,621,985	0	0	238,328	2,860,313

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	481,337,590	15,871,641	11,722,102	32,200,386	477,998,762	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,220,728	597,735	7,379	405,574	4,231,416	192.00
192.01 19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	324,090	0	0	324,090	194.00
194.01 07951 APOTHECARY	11,556,356	3,198	0	250,784	11,810,338	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	94,488	0	0	28,768	123,256	194.04
194.06 07956 MOB	112,979	0	0	0	112,979	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	1,945,886	16,007	0	0	1,961,893	194.08
194.09 07959 CONV CARE	1,964	0	0	292	2,256	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	19,275	0	0	19,275	194.11
194.14 07964 FREE STANDING CATH LAB	0	18,203	0	0	18,203	194.14
194.15 07965 FAMILY PRACTICE	0	52,501	0	0	52,501	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	1,615,022	0	0	1,615,022	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	498,269,991	18,517,672	11,729,481	32,885,804	498,269,991	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part I Date/Time Prepared: 11/29/2021 12:13 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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	134,480,613					5.00
7.00	00700	OPERATION OF PLANT	5,303,386	19,649,812				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	600,661	145,913	2,371,448			8.00
9.00	00900	HOUSEKEEPING	1,809,317	341,708	0	7,045,490		9.00
10.00	01000	DIETARY	1,137,754	477,060	0	175,404	4,868,006	10.00
11.00	01100	CAFETERIA	634,144	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,444,304	628,762	0	231,181	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,858,544	341,861	0	125,694	0	14.00
15.00	01500	PHARMACY	17,665,300	135,352	0	49,766	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	345,103	102,057	0	37,524	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,208,373	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	63,905	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,045,710	3,194,561	905,699	1,174,566	3,346,006	30.00
31.00	03100	INTENSIVE CARE UNIT	6,227,531	719,631	217,795	264,591	651,745	31.00
31.02	03102	NICU	1,321,114	215,524	54,847	79,243	0	31.02
32.00	03200	CORONARY CARE UNIT	593,362	95,826	62,725	35,233	61,264	32.00
40.00	04000	SUBPROVIDER - I PF	646,006	196,474	0	72,239	305,976	40.00
41.00	04100	SUBPROVIDER - I RF	1,046,122	599,576	98,872	220,450	363,905	41.00
43.00	04300	NURSERY	401,909	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,768,734	1,210,409	288,472	445,039	1,576	50.00
51.00	05100	RECOVERY ROOM	982,186	568,183	87,178	208,908	1,850	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,361,343	410,929	78,642	151,089	58,842	52.00
53.00	05300	ANESTHESIOLOGY	956,149	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,460,043	988,399	50,842	363,411	27,274	54.00
54.01	05401	ONCOLOGY (OHA)	2,364,161	591,647	0	217,535	0	54.01
54.02	05402	ULTRASOUND	236,286	69,985	0	25,732	0	54.02
54.03	05403	NUCLEAR MEDICINE	911,946	560,950	7,846	206,248	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	730,371	175,404	39,650	64,492	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	536,450	243,708	17,035	89,606	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,974,717	217,782	44,223	80,073	0	59.00
60.00	06000	LABORATORY	6,041,042	833,199	0	306,348	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	636,324	10,527	0	3,870	0	63.00
64.00	06400	INTRAVENOUS THERAPY	883,443	350,129	0	128,734	45,845	64.00
65.00	06500	RESPIRATORY THERAPY	1,725,898	53,092	0	19,521	0	65.00
66.00	06600	PHYSICAL THERAPY	1,801,591	278,497	6,968	102,397	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	606,950	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	233,801	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	697,526	209,004	20,085	76,846	0	69.00
69.02	06902	CARDIAC REHAB	284,201	505,159	16,430	185,735	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	263,941	121,650	15,012	44,728	3,381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,220,530	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,279,819	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,020,499	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	337,797	4,975	2,751	1,829	0	74.00
76.00	03951	ECT	44,013	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	104,550	58,355	0	21,456	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	682,095	125,352	0	46,089	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	341,167	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,923,798	408,399	275,311	150,159	228	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	928,401	200,532	81,065	73,731	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,237,352	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,057,360	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	126,987,029	15,390,571	2,371,448	5,479,467	4,867,892	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,564,211	1,218,745	0	448,104	114	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	119,805	313,167	0	115,144	0	194.00
194.01	07951 APOTHECARY	4,365,880	51,988	0	19,115	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	45,564	0	0	0	0	194.04
194.06	07956 MOB	41,764	171,567	0	63,081	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	725,245	15,467	0	5,687	0	194.08
194.09	07959 CONV CARE	834	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	7,125	18,625	0	6,848	0	194.11
194.14	07964 FREE STANDING CATH LAB	6,729	17,590	0	6,467	0	194.14
194.15	07965 FAMILY PRACTICE	19,408	141,413	0	51,994	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	597,019	2,310,679	0	849,583	0	194.17
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)	134,480,613	19,649,812	2,371,448	7,045,490	4,868,006	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,349,594					11.00
13.00	01300	119,319	10,035,761				13.00
14.00	01400	54,391	0	7,408,120			14.00
15.00	01500	101,477	0	0	65,739,088		15.00
16.00	01600	16,530	0	0	0	1,434,767	16.00
21.00	02100	23,721	0	0	0	0	21.00
23.00	02300	3,766	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	352,594	3,149,198	0	0	31,981	30.00
31.00	03100	249,845	1,827,689	0	0	24,661	31.00
31.02	03102	48,552	674,041	0	0	2,383	31.02
32.00	03200	21,152	0	0	0	2,625	32.00
40.00	04000	26,976	0	0	0	4,442	40.00
41.00	04100	38,129	176,288	0	0	3,595	41.00
43.00	04300	18,209	0	0	0	3,892	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	249,344	349,983	0	0	328,260	50.00
51.00	05100	30,880	648,117	0	0	10,842	51.00
52.00	05200	49,539	674,041	0	0	17,532	52.00
53.00	05300	6,038	0	0	0	34,837	53.00
54.00	05400	110,077	0	0	0	58,124	54.00
54.01	05401	57,992	0	0	0	36,867	54.01
54.02	05402	9,471	0	0	0	11,044	54.02
54.03	05403	10,685	0	0	0	20,839	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	20,046	0	0	0	40,673	57.00
58.00	05800	10,543	0	0	0	15,108	58.00
59.00	05900	23,770	349,983	0	0	101,067	59.00
60.00	06000	75,180	0	0	0	108,281	60.00
63.00	06300	0	0	0	0	7,680	63.00
64.00	06400	30,364	327,947	0	0	3,638	64.00
65.00	06500	70,441	0	0	0	16,699	65.00
66.00	06600	86,618	0	0	0	10,986	66.00
67.00	06700	31,128	0	0	0	7,203	67.00
68.00	06800	10,362	0	0	0	2,827	68.00
69.00	06900	26,225	0	0	0	45,823	69.00
69.02	06902	9,848	0	0	0	1,003	69.02
69.03	06903	0	0	0	0	0	69.03
70.00	07000	9,344	0	517,232	0	4,921	70.00
71.00	07100	0	0	6,890,888	0	74,825	71.00
72.00	07200	0	0	0	0	78,687	72.00
73.00	07300	0	0	0	65,739,088	213,674	73.00
74.00	07400	16,577	65,784	0	0	3,175	74.00
76.00	03951	2,429	0	0	0	1,516	76.00
76.01	03950	5,786	0	0	0	285	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	25,638	0	0	0	3,624	90.00
90.01	09001	13,204	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	128,304	772,555	0	0	74,643	91.00
91.01	09101	17,056	346,094	0	0	17,522	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	89,319	674,041	0	0	3,650	95.00
97.00	09700	0	0	0	0	5,333	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,300,869	10,035,761	7,408,120	65,739,088	1,434,767
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,306	0	0	0	0
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	APOTHECARY	14,521	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	1,872	0	0	0	0
194.06	07956	MOB	0	0	0	0	0
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0
194.09	07959	CONV CARE	26	0	0	0	0
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	0	0	0	0	0
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0
194.15	07965	FAMILY PRACTICE	0	0	0	0	0
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	2,349,594	10,035,761	7,408,120	65,739,088	1,434,767

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	4,500,919					21.00
23.00 02300 PARAMED PRGM-(SPECIFY)		240,543				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,500,919	0	53,876,332	-4,500,919	49,375,413	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	27,029,860	0	27,029,860	31.00
31.02 03102 NICU	0	0	5,969,508	0	5,969,508	31.02
32.00 03200 CORONARY CARE UNIT	0	0	2,477,316	0	2,477,316	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	2,999,653	0	2,999,653	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	5,376,849	0	5,376,849	41.00
43.00 04300 NURSERY	0	0	1,511,233	0	1,511,233	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	68,708,677	0	68,708,677	50.00
51.00 05100 RECOVERY ROOM	0	0	5,195,100	0	5,195,100	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	6,484,588	0	6,484,588	52.00
53.00 05300 ANESTHESIOLOGY	0	0	3,583,544	0	3,583,544	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	14,418,087	0	14,418,087	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	9,663,600	0	9,663,600	54.01
54.02 05402 ULTRASOUND	0	0	991,705	0	991,705	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	4,185,461	0	4,185,461	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	3,046,395	0	3,046,395	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,363,624	0	2,363,624	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	8,133,510	0	8,133,510	59.00
60.00 06000 LABORATORY	0	0	23,705,942	0	23,705,942	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,379,750	0	2,379,750	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	4,159,940	0	4,159,940	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	6,554,456	0	6,554,456	65.00
66.00 06600 PHYSICAL THERAPY	0	0	7,160,622	0	7,160,622	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	2,287,169	0	2,287,169	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	879,455	0	879,455	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,962,419	0	2,962,419	69.00
69.02 06902 CARDIAC REHAB	0	0	1,771,180	0	1,771,180	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,694,207	0	1,694,207	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	15,193,098	0	15,193,098	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	38,166,902	0	38,166,902	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	240,543	92,205,268	0	92,205,268	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,346,679	0	1,346,679	74.00
76.00 03951 ECT	0	0	167,020	0	167,020	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	473,256	0	473,256	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	2,727,964	0	2,727,964	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	1,277,278	0	1,277,278	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	20,052,984	0	20,052,984	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	4,175,860	0	4,175,860	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	5,351,578	0	5,351,578	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	3,923,006	0	3,923,006	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,500,919	240,543	464,631,075	-4,500,919	460,130,156	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	7,494,896	0	7,494,896	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	872,206	0	872,206	194.00
194.01	07951	APOTHECARY	0	0	16,261,842	0	16,261,842	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	170,692	0	170,692	194.04
194.06	07956	MOB	0	0	389,391	0	389,391	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	2,708,292	0	2,708,292	194.08
194.09	07959	CONV CARE	0	0	3,116	0	3,116	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	51,873	0	51,873	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	48,989	0	48,989	194.14
194.15	07965	FAMILY PRACTICE	0	0	265,316	0	265,316	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	5,372,303	0	5,372,303	194.17
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)	4,500,919	240,543	498,269,991	-4,500,919	493,769,072	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,652	0	13,652	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,668,808	1,590,845	709,137	11,968,790	5.00
7.00 00700	OPERATION OF PLANT	0	1,581,357	1,382,665	2,964,022	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	151,002	23,862	174,864	8.00
9.00 00900	HOUSEKEEPING	0	353,627	7,676	361,303	9.00
10.00 01000	DIETARY	0	488,710	151,605	640,315	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	650,693	15,870	666,563	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	353,785	358,828	712,613	14.00
15.00 01500	PHARMACY	0	140,073	530,074	670,147	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	105,617	0	105,617	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	30,952	30,952	21.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,247,457	344,238	3,591,695	30.00
31.00 03100	INTENSIVE CARE UNIT	0	744,731	72,151	816,882	31.00
31.02 03102	NICU	0	223,042	88,720	311,762	31.02
32.00 03200	CORONARY CARE UNIT	0	99,169	35,851	135,020	32.00
40.00 04000	SUBPROVIDER - IPF	0	203,327	16,377	219,704	40.00
41.00 04100	SUBPROVIDER - IRF	0	620,489	5,551	626,040	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,201,568	3,792,287	4,993,855	50.00
51.00 05100	RECOVERY ROOM	0	380,176	8,898	389,074	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	425,262	48,957	474,219	52.00
53.00 05300	ANESTHESIOLOGY	0	0	33,358	33,358	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	378,542	965,204	1,343,746	54.00
54.01 05401	ONCOLOGY (OHA)	0	612,284	186,714	798,998	54.01
54.02 05402	ULTRASOUND	0	32,857	40,739	73,596	54.02
54.03 05403	NUCLEAR MEDICINE	0	123,768	131,747	255,515	54.03
56.00 05600	RADIOLOGY	0	0	0	0	56.00
57.00 05700	CT SCAN	0	91,174	523,686	614,860	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	165,234	442,846	608,080	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	225,378	718,602	943,980	59.00
60.00 06000	LABORATORY	0	292,358	34,768	327,126	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	10,894	0	10,894	63.00
64.00 06400	INTRAVENOUS THERAPY	0	191,063	6,754	197,817	64.00
65.00 06500	RESPIRATORY THERAPY	0	54,943	96,430	151,373	65.00
66.00 06600	PHYSICAL THERAPY	0	124,014	39,340	163,354	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	10,345	10,345	68.00
69.00 06900	ELECTROCARDIOLOGY	0	80,438	182,113	262,551	69.00
69.02 06902	CARDIAC REHAB	0	134,942	0	134,942	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	125,894	23,240	149,134	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	5,148	35,073	40,221	74.00
76.00 03951	ECT	0	0	0	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	21,432	21,432	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	17,957	1,049	19,006	90.00
90.01 09001	COVID-19 VACCINE CLINIC	0	0	492	492	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	422,644	111,071	533,715	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	207,527	273,037	480,564	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	220,363	220,363	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	9,668,808	15,871,641	11,722,102	37,262,551	13,367	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	597,735	7,379	605,114	169	192.00
192.01 19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	324,090	0	324,090	0	194.00
194.01 07951 APOTHECARY	0	3,198	0	3,198	104	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	0	0	0	0	12	194.04
194.06 07956 MOB	0	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	16,007	0	16,007	0	194.08
194.09 07959 CONV CARE	0	0	0	0	0	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	19,275	0	19,275	0	194.11
194.14 07964 FREE STANDING CATH LAB	0	18,203	0	18,203	0	194.14
194.15 07965 FAMILY PRACTICE	0	52,501	0	52,501	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	1,615,022	0	1,615,022	0	194.17
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	9,668,808	18,517,672	11,729,481	39,915,961	13,652	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/29/2021 12:13 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
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,969,673				5.00
7.00	00700	OPERATION OF PLANT	472,040	3,436,062			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,463	25,515	253,944		8.00
9.00	00900	HOUSEKEEPING	161,043	59,753	0	582,099	9.00
10.00	01000	DIETARY	101,268	83,421	0	14,492	839,496
11.00	01100	CAFETERIA	56,443	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	217,561	109,948	0	19,100	0
14.00	01400	CENTRAL SERVICES & SUPPLY	165,424	59,779	0	10,385	0
15.00	01500	PHARMACY	1,572,342	23,668	0	4,112	0
16.00	01600	MEDICAL RECORDS & LIBRARY	30,717	17,846	0	3,100	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	107,554	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	5,688	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	894,142	558,617	96,986	97,042	577,026
31.00	03100	INTENSIVE CARE UNIT	554,296	125,838	23,322	21,861	112,394
31.02	03102	NICU	117,589	37,688	5,873	6,547	0
32.00	03200	CORONARY CARE UNIT	52,814	16,757	6,717	2,911	10,565
40.00	04000	SUBPROVIDER - I PF	57,499	34,356	0	5,968	52,766
41.00	04100	SUBPROVIDER - I RF	93,113	104,845	10,588	18,214	62,756
43.00	04300	NURSERY	35,773	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,581,458	211,658	30,891	36,769	272
51.00	05100	RECOVERY ROOM	87,422	99,355	9,335	17,260	319
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,170	71,857	8,421	12,483	10,147
53.00	05300	ANESTHESIOLOGY	85,104	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	307,969	172,836	5,444	30,025	4,703
54.01	05401	ONCOLOGY (OHA)	210,428	103,458	0	17,973	0
54.02	05402	ULTRASOUND	21,031	12,238	0	2,126	0
54.03	05403	NUCLEAR MEDICINE	81,170	98,090	840	17,040	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	65,008	30,672	4,246	5,328	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,748	42,616	1,824	7,403	0
59.00	05900	CARDIAC CATHETERIZATION	175,764	38,082	4,736	6,616	0
60.00	06000	LABORATORY	537,697	145,697	0	25,311	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	56,638	1,841	0	320	0
64.00	06400	INTRAVENOUS THERAPY	78,633	61,225	0	10,636	7,906
65.00	06500	RESPIRATORY THERAPY	153,618	9,284	0	1,613	0
66.00	06600	PHYSICAL THERAPY	160,355	48,699	746	8,460	0
67.00	06700	OCCUPATIONAL THERAPY	54,023	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	20,810	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	62,085	36,548	2,151	6,349	0
69.02	06902	CARDIAC REHAB	25,296	88,335	1,759	15,345	0
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	23,493	21,272	1,608	3,695	583
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	197,644	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	914,980	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	624,876	0	0	0	0
74.00	07400	RENAL DIALYSIS	30,066	870	295	151	0
76.00	03951	ECT	3,917	0	0	0	0
76.01	03950	MOBILE OUTREACH CLINIC	9,306	10,204	0	1,773	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	60,711	21,920	0	3,808	0
90.01	09001	COVID-19 VACCINE CLINIC	30,366	0	0	0	0
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARITRICS	0	0	0	0	0
91.00	09100	EMERGENCY	438,254	71,415	29,481	12,406	39
91.01	09101	DIAGNOSTIC TREATMENT CENTER	82,635	35,066	8,681	6,092	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	110,133	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	94,113	0	0	0	0
98.00	09850	HOME OFFICE	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	11,302,690	2,691,269	253,944	452,714	839,476	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	139,226	213,116	0	37,022	20	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	10,664	54,762	0	9,513	0	194.00
194.01	07951 APOTHECARY	388,596	9,091	0	1,579	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	4,055	0	0	0	0	194.04
194.06	07956 MOB	3,717	30,001	0	5,212	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	64,552	2,705	0	470	0	194.08
194.09	07959 CONV CARE	74	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	634	3,257	0	566	0	194.11
194.14	07964 FREE STANDING CATH LAB	599	3,076	0	534	0	194.14
194.15	07965 FAMILY PRACTICE	1,727	24,728	0	4,296	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	53,139	404,057	0	70,193	0	194.17
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)	11,969,673	3,436,062	253,944	582,099	839,496	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/29/2021 12:13 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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
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	56,443					11.00
13.00	01300	NURSING ADMINISTRATION	2,866	1,016,551				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,307	0	949,686			14.00
15.00	01500	PHARMACY	2,438	0	0	2,273,395		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	397	0	0	0	157,757	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	570	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	90	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,470	318,989	0	0	3,496	30.00
31.00	03100	INTENSIVE CARE UNIT	6,002	185,132	0	0	2,696	31.00
31.02	03102	NICU	1,166	68,276	0	0	260	31.02
32.00	03200	CORONARY CARE UNIT	508	0	0	0	287	32.00
40.00	04000	SUBPROVIDER - I PF	648	0	0	0	486	40.00
41.00	04100	SUBPROVIDER - I RF	916	17,857	0	0	393	41.00
43.00	04300	NURSERY	437	0	0	0	426	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,990	35,451	0	0	36,787	50.00
51.00	05100	RECOVERY ROOM	742	65,650	0	0	1,185	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,190	68,276	0	0	1,917	52.00
53.00	05300	ANESTHESIOLOGY	145	0	0	0	3,809	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,644	0	0	0	6,354	54.00
54.01	05401	ONCOLOGY (OHA)	1,393	0	0	0	4,030	54.01
54.02	05402	ULTRASOUND	228	0	0	0	1,207	54.02
54.03	05403	NUCLEAR MEDICINE	257	0	0	0	2,278	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	482	0	0	0	4,447	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	253	0	0	0	1,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	571	35,451	0	0	11,049	59.00
60.00	06000	LABORATORY	1,806	0	0	0	11,838	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	840	63.00
64.00	06400	INTRAVENOUS THERAPY	729	33,219	0	0	398	64.00
65.00	06500	RESPIRATORY THERAPY	1,692	0	0	0	1,826	65.00
66.00	06600	PHYSICAL THERAPY	2,081	0	0	0	1,201	66.00
67.00	06700	OCCUPATIONAL THERAPY	748	0	0	0	788	67.00
68.00	06800	SPEECH PATHOLOGY	249	0	0	0	309	68.00
69.00	06900	ELECTROCARDIOLOGY	630	0	0	0	5,010	69.00
69.02	06902	CARDIAC REHAB	237	0	0	0	110	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	224	0	66,307	0	538	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	883,379	0	8,180	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,273,395	23,360	73.00
74.00	07400	RENAL DIALYSIS	398	6,663	0	0	347	74.00
76.00	03951	ECT	58	0	0	0	166	76.00
76.01	03950	MOBILE OUTREACH CLINIC	139	0	0	0	31	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	616	0	0	0	396	90.00
90.01	09001	COVID-19 VACCINE CLINIC	317	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,082	78,254	0	0	8,160	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	410	35,057	0	0	1,916	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,146	68,276	0	0	399	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	583	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,272	1,016,551	949,686	2,273,395	157,757 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	776	0	0	0	0 192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	APOTHECARY	349	0	0	0	0 194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04	07954	MARKETING	45	0	0	0	0 194.04
194.06	07956	MOB	0	0	0	0	0 194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0 194.08
194.09	07959	CONV CARE	1	0	0	0	0 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0 194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0 194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0 194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0 194.17
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)	56,443	1,016,551	949,686	2,273,395	157,757 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/29/2021 12:13 pm
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	139,249				21.00
23.00 02300	PARAMED PRGM-(SPECIFY)		5,794			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		6,148,425	0	6,148,425	30.00
31.00 03100	INTENSIVE CARE UNIT		1,849,846	0	1,849,846	31.00
31.02 03102	NICU		549,468	0	549,468	31.02
32.00 03200	CORONARY CARE UNIT		225,709	0	225,709	32.00
40.00 04000	SUBPROVIDER - I PF		371,570	0	371,570	40.00
41.00 04100	SUBPROVIDER - I RF		934,923	0	934,923	41.00
43.00 04300	NURSERY		36,740	0	36,740	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		6,934,426	0	6,934,426	50.00
51.00 05100	RECOVERY ROOM		670,551	0	670,551	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		769,981	0	769,981	52.00
53.00 05300	ANESTHESIOLOGY		122,435	0	122,435	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,874,257	0	1,874,257	54.00
54.01 05401	ONCOLOGY (OHA)		1,136,574	0	1,136,574	54.01
54.02 05402	ULTRASOUND		110,476	0	110,476	54.02
54.03 05403	NUCLEAR MEDICINE		455,260	0	455,260	54.03
56.00 05600	RADIOISOTOPE		0	0	0	56.00
57.00 05700	CT SCAN		725,155	0	725,155	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		709,642	0	709,642	58.00
59.00 05900	CARDIAC CATHETERIZATION		1,216,401	0	1,216,401	59.00
60.00 06000	LABORATORY		1,049,734	0	1,049,734	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		70,533	0	70,533	63.00
64.00 06400	INTRAVENOUS THERAPY		390,743	0	390,743	64.00
65.00 06500	RESPIRATORY THERAPY		319,798	0	319,798	65.00
66.00 06600	PHYSICAL THERAPY		385,375	0	385,375	66.00
67.00 06700	OCCUPATIONAL THERAPY		55,724	0	55,724	67.00
68.00 06800	SPEECH PATHOLOGY		31,775	0	31,775	68.00
69.00 06900	ELECTROCARDIOLOGY		375,450	0	375,450	69.00
69.02 06902	CARDIAC REHAB		266,074	0	266,074	69.02
69.03 06903	DIABETIC EDUCATION		0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		266,901	0	266,901	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,089,203	0	1,089,203	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		923,582	0	923,582	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		2,921,631	0	2,921,631	73.00
74.00 07400	RENAL DIALYSIS		79,118	0	79,118	74.00
76.00 03951	ECT		4,152	0	4,152	76.00
76.01 03950	MOBILE OUTREACH CLINIC		42,928	0	42,928	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 09000	CLINIC		106,585	0	106,585	90.00
90.01 09001	COVID-19 VACCINE CLINIC		31,263	0	31,263	90.01
90.02 09002	PEDS CLINIC		0	0	0	90.02
90.04 09004	BARITRICS		0	0	0	90.04
91.00 09100	EMERGENCY		1,175,511	0	1,175,511	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		650,535	0	650,535	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES		401,622	0	401,622	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		94,795	0	94,795	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION			0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	35,574,871	0	35,574,871	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			995,443	0	995,443	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES			0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			399,029	0	399,029	194.00
194.01	07951	APOTHECARY			402,917	0	402,917	194.01
194.02	07952	OCCUPATIONAL MEDICINE			0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT			0	0	0	194.03
194.04	07954	MARKETING			4,112	0	4,112	194.04
194.06	07956	MOB			38,930	0	38,930	194.06
194.07	07957	SENIOR PARTNERS			0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT			83,734	0	83,734	194.08
194.09	07959	CONV CARE			75	0	75	194.09
194.10	07960	EMPLOYEE FITNESS CENTER			0	0	0	194.10
194.11	07961	ST ELIZABETH			23,732	0	23,732	194.11
194.14	07964	FREE STANDING CATH LAB			22,412	0	22,412	194.14
194.15	07965	FAMILY PRACTICE			83,252	0	83,252	194.15
194.17	07967	FOUNDATION/UNUSED SPACE			2,142,411	0	2,142,411	194.17
200.00		Cross Foot Adjustments	139,249	5,794	145,043	0	145,043	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	139,249	5,794	39,915,961	0	39,915,961	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,053,899				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,872,208			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	102,995,971		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	90,540	717,766	6,641,800	-134,480,613	5.00
7.00 00700	OPERATION OF PLANT	90,000	1,399,490	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	24,152	767,827	0	8.00
9.00 00900	HOUSEKEEPING	20,126	7,769	0	0	9.00
10.00 01000	DIETARY	27,814	153,450	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	16,063	3,859,346	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	20,135	363,194	1,341,338	0	14.00
15.00 01500	PHARMACY	7,972	536,524	5,169,245	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	0	600,482	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	31,329	1,303,908	0	21.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	122,518	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	184,823	348,427	15,092,682	0	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	73,029	10,698,128	0	31.00
31.02 03102	NICU	12,694	89,800	2,308,843	0	31.02
32.00 03200	CORONARY CARE UNIT	5,644	36,287	976,149	0	32.00
40.00 04000	SUBPROVIDER - I PF	11,572	16,576	1,077,337	0	40.00
41.00 04100	SUBPROVIDER - I RF	35,314	5,619	1,509,483	0	41.00
43.00 04300	NURSERY	0	0	779,693	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	68,385	3,838,431	9,734,718	0	50.00
51.00 05100	RECOVERY ROOM	21,637	9,006	1,568,217	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	49,553	2,266,108	0	52.00
53.00 05300	ANESTHESIOLOGY	0	33,764	139,141	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	976,949	4,032,050	0	54.00
54.01 05401	ONCOLOGY (OHA)	34,847	188,986	2,212,542	0	54.01
54.02 05402	ULTRASOUND	1,870	41,235	379,360	0	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	133,350	523,248	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	530,058	842,151	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	9,404	448,235	497,273	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	727,346	1,145,507	0	59.00
60.00 06000	LABORATORY	16,639	35,191	1,945,447	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	10,874	6,836	1,354,740	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,127	97,603	2,947,694	0	65.00
66.00 06600	PHYSICAL THERAPY	7,058	39,819	3,598,406	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,237,751	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	10,471	464,442	0	68.00
69.00 06900	ELECTROCARDIOLOGY	4,578	184,329	949,737	0	69.00
69.02 06902	CARDIAC REHAB	7,680	0	379,078	0	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	23,523	355,272	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	293	35,500	801,538	0	74.00
76.00 03951	ECT	0	0	82,303	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	21,693	321,538	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,022	1,062	960,880	0	90.00
90.01 09001	COVID-19 VACCINE CLINIC	0	498	664,566	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	24,054	112,423	5,299,216	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	276,359	860,107	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	223,044	2,291,056	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	746,426	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
98.00 09850 HOME OFFICE	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	903,305	11,864,739	100,849,291	-134,480,613	343,518,149		118.00
NONREIMBURSABLE COST CENTERS							
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	34,019	7,469	1,270,228	0	4,231,416	0	192.00
192.01 19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	18,445	0	0	0	324,090	0	194.00
194.01 07951 APOTHECARY	182	0	785,437	0	11,810,338	0	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	0	194.03
194.04 07954 MARKETING	0	0	90,100	0	123,256	0	194.04
194.06 07956 MOB	0	0	0	0	112,979	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	911	0	0	0	1,961,893	0	194.08
194.09 07959 CONV CARE	0	0	915	0	2,256	0	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	1,097	0	0	0	19,275	0	194.11
194.14 07964 FREE STANDING CATH LAB	1,036	0	0	0	18,203	0	194.14
194.15 07965 FAMILY PRACTICE	2,988	0	0	0	52,501	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	91,916	0	0	0	1,615,022	0	194.17
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)	18,517,672	11,729,481	32,885,804		134,480,613		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17.570632	0.987978	0.319292		0.369666		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			13,652		11,969,673		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000133		0.032903		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: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,157,340				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	4,684,520			8.00
9.00	00900	HOUSEKEEPING	20,126	0	1,128,620		9.00
10.00	01000	DIETARY	28,098	0	28,098	213,111	10.00
11.00	01100	CAFETERIA	0	0	0	2,839,654	11.00
13.00	01300	NURSING ADMINISTRATION	37,033	0	37,033	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,135	0	20,135	0	14.00
15.00	01500	PHARMACY	7,972	0	7,972	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	6,011	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	4,552	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,154	1,789,107	188,154	146,481	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	430,228	42,385	28,532	31.00
31.02	03102	NICU	12,694	108,343	12,694	0	31.02
32.00	03200	CORONARY CARE UNIT	5,644	123,906	5,644	2,682	32.00
40.00	04000	SUBPROVIDER - I PF	11,572	0	11,572	13,395	40.00
41.00	04100	SUBPROVIDER - I RF	35,314	195,310	35,314	15,931	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,291	569,843	71,291	69	50.00
51.00	05100	RECOVERY ROOM	33,465	172,210	33,465	81	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	155,349	24,203	2,576	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,215	100,432	58,215	1,194	54.00
54.01	05401	ONCOLOGY (OHA)	34,847	0	34,847	0	54.01
54.02	05402	ULTRASOUND	4,122	0	4,122	0	54.02
54.03	05403	NUCLEAR MEDICINE	33,039	15,498	33,039	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	10,331	78,324	10,331	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,354	33,651	14,354	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	87,358	12,827	0	59.00
60.00	06000	LABORATORY	49,074	0	49,074	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	63.00
64.00	06400	INTRAVENOUS THERAPY	20,622	0	20,622	2,007	64.00
65.00	06500	RESPIRATORY THERAPY	3,127	0	3,127	0	65.00
66.00	06600	PHYSICAL THERAPY	16,403	13,765	16,403	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,310	39,675	12,310	0	69.00
69.02	06902	CARDIAC REHAB	29,753	32,455	29,753	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	29,654	7,165	148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	5,434	293	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	3,437	0	3,437	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	7,383	0	7,383	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARiatricS	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	543,844	24,054	10	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	160,134	11,811	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	107,949	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	906,478	4,684,520	877,758	2,780,767	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,782	0	71,782	5	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	18,445	0	18,445	0	194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	2,262	194.04
194.06	07956	MOB	10,105	0	10,105	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	194.08
194.09	07959	CONV CARE	0	0	0	31	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	194.14
194.15	07965	FAMILY PRACTICE	8,329	0	8,329	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	136,095	0	136,095	0	194.17
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)	19,649,812	2,371,448	7,045,490	4,868,006	2,349,594
203.00		Unit cost multiplier (Wkst. B, Part I)	16.978426	0.506231	6.242571	22.842584	0.827423
204.00		Cost to be allocated (per Wkst. B, Part II)	3,436,062	253,944	582,099	839,496	56,443
205.00		Unit cost multiplier (Wkst. B, Part II)	2.968930	0.054209	0.515762	3.939243	0.019877
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: 15-0100

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

Worksheet B-1

Date/Time Prepared:

11/29/2021 12:13 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 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	30,969					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	6,457,731				14.00
15.00 01500 PHARMACY	0	0	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	2,305,642,460		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,718	0	0	51,415,634	100	30.00
31.00 03100 INTENSIVE CARE UNIT	5,640	0	0	39,648,037	0	31.00
31.02 03102 NICU	2,080	0	0	3,830,639	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	4,219,822	0	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	7,142,053	0	40.00
41.00 04100 SUBPROVIDER - I/RF	544	0	0	5,780,032	0	41.00
43.00 04300 NURSERY	0	0	0	6,258,010	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,080	0	0	526,686,537	0	50.00
51.00 05100 RECOVERY ROOM	2,000	0	0	17,430,905	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,080	0	0	28,186,839	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	56,008,764	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	93,446,467	0	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	59,271,715	0	54.01
54.02 05402 ULTRASOUND	0	0	0	17,756,394	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	33,503,742	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	65,389,881	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,288,813	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,080	0	0	162,487,219	0	59.00
60.00 06000 LABORATORY	0	0	0	174,085,690	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,347,992	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,012	0	0	5,848,917	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,847,902	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,661,944	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,580,955	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,545,736	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	73,670,843	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,613,092	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	450,876	0	7,911,822	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,006,855	0	120,297,783	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,506,743	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	343,527,020	0	73.00
74.00 07400 RENAL DIALYSIS	203	0	0	5,104,705	0	74.00
76.00 03951 ECT	0	0	0	2,437,151	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	458,426	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	5,826,203	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	2,384	0	0	120,005,416	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	1,068	0	0	28,170,152	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,080	0	0	5,868,059	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,574,406	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
			(DIRECT NRSNG HRS)	(COSTED REQUIS.)		(GROSS CHAR GES)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,969	6,457,731	1,000	2,305,642,460	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	10,035,761	7,408,120	65,739,088	1,434,767	4,500,919	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	324.058284	1.147171	65,739.088000	0.000622	45,009.190000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,016,551	949,686	2,273,395	157,757	139,249	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	32.824793	0.147062	2,273.395000	0.000068	1,392.490000	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: 15-0100

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

Worksheet B-1
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.02	03102	NICU	31.02
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY (OHA)	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05403	NUCLEAR MEDICINE	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.02	06902	CARDIAC REHAB	69.02
69.03	06903	DIABETIC EDUCATION	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	ECT	76.00
76.01	03950	MOBILE OUTREACH CLINIC	76.01
76.01		100	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	COVID-19 VACCINE CLINIC	90.01
90.02	09002	PEDS CLINIC	90.02
90.04	09004	BARITRICS	90.04
91.00	09100	EMERGENCY	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
98.00	09850	HOME OFFICE	98.00
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS			
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 APOTHECARY	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	194.03
194.04	07954 MARKETING	0	194.04
194.06	07956 MOB	0	194.06
194.07	07957 SENIOR PARTNERS	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	194.08
194.09	07959 CONV CARE	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	194.10
194.11	07961 ST ELIZABETH	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	194.14
194.15	07965 FAMILY PRACTICE	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	194.17
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)	240,543	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,405.430000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,794	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	57.940000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		49,375,413	0	49,375,413	30.00	
31.00	03100 INTENSIVE CARE UNIT		27,029,860	0	27,029,860	31.00	
31.02	03102 NICU		5,969,508	0	5,969,508	31.02	
32.00	03200 CORONARY CARE UNIT		2,477,316	0	2,477,316	32.00	
40.00	04000 SUBPROVIDER - IPF		2,999,653	0	2,999,653	40.00	
41.00	04100 SUBPROVIDER - IRF		5,376,849	0	5,376,849	41.00	
43.00	04300 NURSERY		1,511,233	0	1,511,233	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		68,708,677	0	68,708,677	50.00	
51.00	05100 RECOVERY ROOM		5,195,100	0	5,195,100	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,484,588	0	6,484,588	52.00	
53.00	05300 ANESTHESIOLOGY		3,583,544	0	3,583,544	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,418,087	0	14,418,087	54.00	
54.01	05401 ONCOLOGY (OHA)		9,663,600	0	9,663,600	54.01	
54.02	05402 ULTRASOUND		991,705	0	991,705	54.02	
54.03	05403 NUCLEAR MEDICINE		4,185,461	0	4,185,461	54.03	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
57.00	05700 CT SCAN		3,046,395	0	3,046,395	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,363,624	0	2,363,624	58.00	
59.00	05900 CARDIAC CATHETERIZATION		8,133,510	0	8,133,510	59.00	
60.00	06000 LABORATORY		23,705,942	0	23,705,942	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,379,750	0	2,379,750	63.00	
64.00	06400 INTRAVENOUS THERAPY		4,159,940	0	4,159,940	64.00	
65.00	06500 RESPIRATORY THERAPY	0	6,554,456	0	6,554,456	65.00	
66.00	06600 PHYSICAL THERAPY	0	7,160,622	0	7,160,622	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,287,169	0	2,287,169	67.00	
68.00	06800 SPEECH PATHOLOGY	0	879,455	0	879,455	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,962,419	0	2,962,419	69.00	
69.02	06902 CARDIAC REHAB		1,771,180	0	1,771,180	69.02	
69.03	06903 DIABETIC EDUCATION		0	0	0	69.03	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,694,207	0	1,694,207	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		15,193,098	0	15,193,098	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		38,166,902	0	38,166,902	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		92,205,268	0	92,205,268	73.00	
74.00	07400 RENAL DIALYSIS		1,346,679	0	1,346,679	74.00	
76.00	03951 ECT		167,020	0	167,020	76.00	
76.01	03950 MOBILE OUTREACH CLINIC		473,256	0	473,256	76.01	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		2,727,964	0	2,727,964	90.00	
90.01	09001 COVID-19 VACCINE CLINIC		1,277,278	0	1,277,278	90.01	
90.02	09002 PEDS CLINIC		0	0	0	90.02	
90.04	09004 BARIATRICS		0	0	0	90.04	
91.00	09100 EMERGENCY		20,052,984	0	20,052,984	91.00	
91.01	09101 DIAGNOSTIC TREATMENT CENTER		4,175,860	0	4,175,860	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,549,555	0	1,549,555	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		5,351,578	0	5,351,578	95.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		3,923,006	0	3,923,006	97.00	
98.00	09850 HOME OFFICE		0	0	0	98.00	
99.00	09900 CMHC		0	0	0	99.00	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION		0	0	0	106.00	
200.00	Subtotal (see instructions)		461,679,711	0	461,679,711	200.00	
201.00	Less Observation Beds		1,549,555	0	1,549,555	201.00	
202.00	Total (see instructions)		460,130,156	0	460,130,156	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/29/2021 12:13 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	41,508,830		41,508,830				30.00
31.00	03100	INTENSIVE CARE UNIT	39,648,037		39,648,037				31.00
31.02	03102	NICU	3,830,639		3,830,639				31.02
32.00	03200	CORONARY CARE UNIT	4,219,822		4,219,822				32.00
40.00	04000	SUBPROVIDER - I/PF	7,142,053		7,142,053				40.00
41.00	04100	SUBPROVIDER - I/RF	5,780,032		5,780,032				41.00
43.00	04300	NURSERY	6,258,010		6,258,010				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	156,553,491	370,133,046	526,686,537	0.130455	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,853,867	10,577,038	17,430,905	0.298040	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,649,752	537,087	28,186,839	0.230057	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	21,011,842	34,996,922	56,008,764	0.063982	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,609,229	72,837,238	93,446,467	0.154292	0.000000		54.00
54.01	05401	ONCOLOGY (OHA)	197,378	59,074,337	59,271,715	0.163039	0.000000		54.01
54.02	05402	ULTRASOUND	6,266,068	11,490,326	17,756,394	0.055851	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	4,793,458	28,710,284	33,503,742	0.124925	0.000000		54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	22,531,238	42,858,643	65,389,881	0.046588	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,245,056	19,043,757	24,288,813	0.097313	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	66,481,700	96,005,519	162,487,219	0.050056	0.000000		59.00
60.00	06000	LABORATORY	62,426,652	111,659,038	174,085,690	0.136174	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,138,291	3,209,701	12,347,992	0.192724	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	2,689,392	3,159,525	5,848,917	0.711233	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	21,074,916	5,772,986	26,847,902	0.244133	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,553,123	6,108,821	17,661,944	0.405427	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	10,965,686	615,269	11,580,955	0.197494	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,234,950	310,786	4,545,736	0.193468	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	24,462,940	49,207,903	73,670,843	0.040212	0.000000		69.00
69.02	06902	CARDIAC REHAB	3,369	1,609,723	1,613,092	1.098003	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,477,100	5,434,722	7,911,822	0.214136	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,844,328	71,453,455	120,297,783	0.126296	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,169,290	63,337,453	126,506,743	0.301699	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,717,849	267,809,171	343,527,020	0.268408	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,633,298	471,407	5,104,705	0.263811	0.000000		74.00
76.00	03951	ECT	573,249	1,863,902	2,437,151	0.068531	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	458,426	458,426	1.032350	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	59,490	5,766,713	5,826,203	0.468223	0.000000		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000		90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	36,106,244	83,899,172	120,005,416	0.167101	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,616,246	20,553,906	28,170,152	0.148237	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,669,423	7,237,381	9,906,804	0.156413	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	5,868,059	5,868,059	0.911984	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	8,574,406	8,574,406	0.457525	0.000000		97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
106.00	10600	HEART ACQUISITION	0	0	0				106.00
200.00		Subtotal (see instructions)	834,996,338	1,470,646,122	2,305,642,460				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	834,996,338	1,470,646,122	2,305,642,460				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 12:13 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130455		50.00
51.00	05100	RECOVERY ROOM	0.298040		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230057		52.00
53.00	05300	ANESTHESIOLOGY	0.063982		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154292		54.00
54.01	05401	ONCOLOGY (OHA)	0.163039		54.01
54.02	05402	ULTRASOUND	0.055851		54.02
54.03	05403	NUCLEAR MEDICINE	0.124925		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.046588		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097313		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050056		59.00
60.00	06000	LABORATORY	0.136174		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.192724		63.00
64.00	06400	INTRAVENOUS THERAPY	0.711233		64.00
65.00	06500	RESPIRATORY THERAPY	0.244133		65.00
66.00	06600	PHYSICAL THERAPY	0.405427		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197494		67.00
68.00	06800	SPEECH PATHOLOGY	0.193468		68.00
69.00	06900	ELECTROCARDIOLOGY	0.040212		69.00
69.02	06902	CARDIAC REHAB	1.098003		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214136		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.301699		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268408		73.00
74.00	07400	RENAL DIALYSIS	0.263811		74.00
76.00	03951	ECT	0.068531		76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.032350		76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.468223		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.167101		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.148237		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.156413		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.911984		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.457525		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION			106.00
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: 15-0100

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2021 12:13 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	49,375,413		49,375,413	0	49,375,413	30.00
31.00	03100 INTENSIVE CARE UNIT	27,029,860		27,029,860	0	27,029,860	31.00
31.02	03102 NICU	5,969,508		5,969,508	0	5,969,508	31.02
32.00	03200 CORONARY CARE UNIT	2,477,316		2,477,316	0	2,477,316	32.00
40.00	04000 SUBPROVIDER - IPF	2,999,653		2,999,653	0	2,999,653	40.00
41.00	04100 SUBPROVIDER - IRF	5,376,849		5,376,849	0	5,376,849	41.00
43.00	04300 NURSERY	1,511,233		1,511,233	0	1,511,233	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	68,708,677		68,708,677	0	68,708,677	50.00
51.00	05100 RECOVERY ROOM	5,195,100		5,195,100	0	5,195,100	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,484,588		6,484,588	0	6,484,588	52.00
53.00	05300 ANESTHESIOLOGY	3,583,544		3,583,544	0	3,583,544	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,418,087		14,418,087	0	14,418,087	54.00
54.01	05401 ONCOLOGY (OHA)	9,663,600		9,663,600	0	9,663,600	54.01
54.02	05402 ULTRASOUND	991,705		991,705	0	991,705	54.02
54.03	05403 NUCLEAR MEDICINE	4,185,461		4,185,461	0	4,185,461	54.03
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,046,395		3,046,395	0	3,046,395	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,363,624		2,363,624	0	2,363,624	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,133,510		8,133,510	0	8,133,510	59.00
60.00	06000 LABORATORY	23,705,942		23,705,942	0	23,705,942	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,379,750		2,379,750	0	2,379,750	63.00
64.00	06400 INTRAVENOUS THERAPY	4,159,940		4,159,940	0	4,159,940	64.00
65.00	06500 RESPIRATORY THERAPY	6,554,456	0	6,554,456	0	6,554,456	65.00
66.00	06600 PHYSICAL THERAPY	7,160,622	0	7,160,622	0	7,160,622	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,287,169	0	2,287,169	0	2,287,169	67.00
68.00	06800 SPEECH PATHOLOGY	879,455	0	879,455	0	879,455	68.00
69.00	06900 ELECTROCARDIOLOGY	2,962,419		2,962,419	0	2,962,419	69.00
69.02	06902 CARDIAC REHAB	1,771,180		1,771,180	0	1,771,180	69.02
69.03	06903 DIABETIC EDUCATION	0		0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	1,694,207		1,694,207	0	1,694,207	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	15,193,098		15,193,098	0	15,193,098	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,166,902		38,166,902	0	38,166,902	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,205,268		92,205,268	0	92,205,268	73.00
74.00	07400 RENAL DIALYSIS	1,346,679		1,346,679	0	1,346,679	74.00
76.00	03951 ECT	167,020		167,020	0	167,020	76.00
76.01	03950 MOBILE OUTREACH CLINIC	473,256		473,256	0	473,256	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,727,964		2,727,964	0	2,727,964	90.00
90.01	09001 COVID-19 VACCINE CLINIC	1,277,278		1,277,278	0	1,277,278	90.01
90.02	09002 PEDS CLINIC	0		0	0	0	90.02
90.04	09004 BARIATRICS	0		0	0	0	90.04
91.00	09100 EMERGENCY	20,052,984		20,052,984	0	20,052,984	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	4,175,860		4,175,860	0	4,175,860	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,549,555		1,549,555	0	1,549,555	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,351,578		5,351,578	0	5,351,578	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	3,923,006		3,923,006	0	3,923,006	97.00
98.00	09850 HOME OFFICE	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
200.00	Subtotal (see instructions)	461,679,711	0	461,679,711	0	461,679,711	200.00
201.00	Less Observation Beds	1,549,555		1,549,555	0	1,549,555	201.00
202.00	Total (see instructions)	460,130,156	0	460,130,156	0	460,130,156	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/29/2021 12:13 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	41,508,830		41,508,830				30.00
31.00	03100	INTENSIVE CARE UNIT	39,648,037		39,648,037				31.00
31.02	03102	NICU	3,830,639		3,830,639				31.02
32.00	03200	CORONARY CARE UNIT	4,219,822		4,219,822				32.00
40.00	04000	SUBPROVIDER - I/PF	7,142,053		7,142,053				40.00
41.00	04100	SUBPROVIDER - I/RF	5,780,032		5,780,032				41.00
43.00	04300	NURSERY	6,258,010		6,258,010				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	156,553,491	370,133,046	526,686,537	0.130455	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,853,867	10,577,038	17,430,905	0.298040	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,649,752	537,087	28,186,839	0.230057	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	21,011,842	34,996,922	56,008,764	0.063982	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,609,229	72,837,238	93,446,467	0.154292	0.000000		54.00
54.01	05401	ONCOLOGY (OHA)	197,378	59,074,337	59,271,715	0.163039	0.000000		54.01
54.02	05402	ULTRASOUND	6,266,068	11,490,326	17,756,394	0.055851	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	4,793,458	28,710,284	33,503,742	0.124925	0.000000		54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	22,531,238	42,858,643	65,389,881	0.046588	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,245,056	19,043,757	24,288,813	0.097313	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	66,481,700	96,005,519	162,487,219	0.050056	0.000000		59.00
60.00	06000	LABORATORY	62,426,652	111,659,038	174,085,690	0.136174	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,138,291	3,209,701	12,347,992	0.192724	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	2,689,392	3,159,525	5,848,917	0.711233	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	21,074,916	5,772,986	26,847,902	0.244133	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,553,123	6,108,821	17,661,944	0.405427	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	10,965,686	615,269	11,580,955	0.197494	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,234,950	310,786	4,545,736	0.193468	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	24,462,940	49,207,903	73,670,843	0.040212	0.000000		69.00
69.02	06902	CARDIAC REHAB	3,369	1,609,723	1,613,092	1.098003	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,477,100	5,434,722	7,911,822	0.214136	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,844,328	71,453,455	120,297,783	0.126296	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,169,290	63,337,453	126,506,743	0.301699	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,717,849	267,809,171	343,527,020	0.268408	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,633,298	471,407	5,104,705	0.263811	0.000000		74.00
76.00	03951	ECT	573,249	1,863,902	2,437,151	0.068531	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	458,426	458,426	1.032350	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	59,490	5,766,713	5,826,203	0.468223	0.000000		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000		90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	36,106,244	83,899,172	120,005,416	0.167101	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,616,246	20,553,906	28,170,152	0.148237	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,669,423	7,237,381	9,906,804	0.156413	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	5,868,059	5,868,059	0.911984	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	8,574,406	8,574,406	0.457525	0.000000		97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
106.00	10600	HEART ACQUISITION	0	0	0				106.00
200.00		Subtotal (see instructions)	834,996,338	1,470,646,122	2,305,642,460				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	834,996,338	1,470,646,122	2,305,642,460				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 12:13 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
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	05401	ONCOLOGY (OHA)	0.000000		54.01
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
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
69.02	06902	CARDIAC REHAB	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	ECT	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION			106.00
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: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/29/2021 12:13 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)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,148,425	0	6,148,425	39,448	155.86	30.00
31.00	INTENSIVE CARE UNIT	1,849,846		1,849,846	10,343	178.85	31.00
31.02	NICU	549,468		549,468	3,778	145.44	31.02
32.00	CORONARY CARE UNIT	225,709		225,709	1,405	160.65	32.00
40.00	SUBPROVIDER - IPF	371,570	0	371,570	3,533	105.17	40.00
41.00	SUBPROVIDER - IRF	934,923	0	934,923	4,665	200.41	41.00
43.00	NURSERY	36,740		36,740	2,181	16.85	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	10,116,681		10,116,681	65,353		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	13,150	2,049,559	30.00
31.00	INTENSIVE CARE UNIT	5,276	943,613	31.00
31.02	NICU	0	0	31.02
32.00	CORONARY CARE UNIT	444	71,329	32.00
40.00	SUBPROVIDER - IPF	452	47,537	40.00
41.00	SUBPROVIDER - IRF	2,212	443,307	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	21,534	3,555,345	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 12:13 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,934,426	526,686,537	0.013166	85,215,962	1,121,953	50.00
51.00	05100 RECOVERY ROOM	670,551	17,430,905	0.038469	3,409,897	131,175	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	769,981	28,186,839	0.027317	71,459	1,952	52.00
53.00	05300 ANESTHESIOLOGY	122,435	56,008,764	0.002186	9,703,076	21,211	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,874,257	93,446,467	0.020057	4,383,093	87,912	54.00
54.01	05401 ONCOLOGY (OHA)	1,136,574	59,271,715	0.019176	127,624	2,447	54.01
54.02	05402 ULTRASOUND	110,476	17,756,394	0.006222	2,061,403	12,826	54.02
54.03	05403 NUCLEAR MEDICINE	455,260	33,503,742	0.013588	2,175,814	29,565	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	725,155	65,389,881	0.011090	7,697,477	85,365	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	709,642	24,288,813	0.029217	1,694,088	49,496	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,216,401	162,487,219	0.007486	8,537,502	63,912	59.00
60.00	06000 LABORATORY	1,049,734	174,085,690	0.006030	22,892,325	138,041	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	70,533	12,347,992	0.005712	2,731,845	15,604	63.00
64.00	06400 INTRAVENOUS THERAPY	390,743	5,848,917	0.066806	5,440	363	64.00
65.00	06500 RESPIRATORY THERAPY	319,798	26,847,902	0.011911	6,208,770	73,953	65.00
66.00	06600 PHYSICAL THERAPY	385,375	17,661,944	0.021820	3,054,790	66,656	66.00
67.00	06700 OCCUPATIONAL THERAPY	55,724	11,580,955	0.004812	2,601,505	12,518	67.00
68.00	06800 SPEECH PATHOLOGY	31,775	4,545,736	0.006990	869,009	6,074	68.00
69.00	06900 ELECTROCARDIOLOGY	375,450	73,670,843	0.005096	9,760,392	49,739	69.00
69.02	06902 CARDIAC REHAB	266,074	1,613,092	0.164947	999	165	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	266,901	7,911,822	0.033734	959,464	32,367	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,089,203	120,297,783	0.009054	16,660,281	150,842	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	923,582	126,506,743	0.007301	32,008,491	233,694	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,921,631	343,527,020	0.008505	25,741,409	218,931	73.00
74.00	07400 RENAL DIALYSIS	79,118	5,104,705	0.015499	1,167,281	18,092	74.00
76.00	03951 ECT	4,152	2,437,151	0.001704	4,065	7	76.00
76.01	03950 MOBILE OUTREACH CLINIC	42,928	458,426	0.093642	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	106,585	5,826,203	0.018294	4,644	85	90.00
90.01	09001 COVID-19 VACCINE CLINIC	31,263	0	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	1,175,511	120,005,416	0.009795	11,571,941	113,347	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	650,535	28,170,152	0.023093	2,466,112	56,950	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	192,957	9,906,804	0.019477	2,171,944	42,303	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	94,795	8,574,406	0.011056	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	25,249,525	2,191,386,978		265,958,102	2,837,545	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/29/2021 12:13 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	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1A	1.00	2A	2.00	3.00		
30.00	03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.02	03102 NICU	0	0	0	0	0	31.02	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300 NURSERY	0	0	0	0	0	43.00	
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00	
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		
INPATIENT ROUTINE SERVICE COST CENTERS		4.00	5.00	6.00	7.00	8.00		
30.00	03000 ADULTS & PEDIATRICS	0	0	39,448	0.00	13,150	30.00	
31.00	03100 INTENSIVE CARE UNIT	0	0	10,343	0.00	5,276	31.00	
31.02	03102 NICU	0	0	3,778	0.00	0	31.02	
32.00	03200 CORONARY CARE UNIT	0	0	1,405	0.00	444	32.00	
40.00	04000 SUBPROVIDER - IPF	0	0	3,533	0.00	452	40.00	
41.00	04100 SUBPROVIDER - IRF	0	0	4,665	0.00	2,212	41.00	
43.00	04300 NURSERY	0	0	2,181	0.00	0	43.00	
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500 NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00	Total (lines 30 through 199)	0	0	65,353	0.00	21,534	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS		9.00						
30.00	03000 ADULTS & PEDIATRICS	0						30.00
31.00	03100 INTENSIVE CARE UNIT	0						31.00
31.02	03102 NICU	0						31.02
32.00	03200 CORONARY CARE UNIT	0						32.00
40.00	04000 SUBPROVIDER - IPF	0						40.00
41.00	04100 SUBPROVIDER - IRF	0						41.00
43.00	04300 NURSERY	0						43.00
44.00	04400 SKILLED NURSING FACILITY	0						44.00
45.00	04500 NURSING FACILITY	0						45.00
200.00	Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
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Cost Center Description	Title XVIII				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	240,543	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	240,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 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	526,686,537	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	17,430,905	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,186,839	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	56,008,764	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	93,446,467	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	59,271,715	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	17,756,394	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	33,503,742	0.000000	54.03
56.00 05600 RADIO SOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	65,389,881	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,288,813	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	162,487,219	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	174,085,690	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,347,992	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	5,848,917	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,847,902	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,661,944	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,580,955	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,545,736	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	73,670,843	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,613,092	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,911,822	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	120,297,783	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,506,743	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	240,543	240,543	343,527,020	0.000700	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,104,705	0.000000	74.00
76.00 03951 ECT	0	0	0	2,437,151	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	458,426	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	5,826,203	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	120,005,416	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,170,152	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,906,804	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,574,406	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	240,543	240,543	2,191,386,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	85,215,962	0	104,582,919	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,409,897	0	8,301,278	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	71,459	0	68,310	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	9,703,076	0	14,606,194	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,383,093	0	6,642,724	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	127,624	0	29,650,683	0	54.01
54.02	05402 ULTRASOUND	0.000000	2,061,403	0	2,694,406	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	2,175,814	0	10,360,303	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	7,697,477	0	15,993,762	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,694,088	0	4,839,973	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,537,502	0	19,499,587	0	59.00
60.00	06000 LABORATORY	0.000000	22,892,325	0	10,215,615	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,731,845	0	786,032	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	5,440	0	2,142,291	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,208,770	0	1,340,929	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,054,790	0	178,150	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,601,505	0	113,935	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	869,009	0	27,238	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,760,392	0	13,811,750	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	999	0	740,296	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	959,464	0	1,492,470	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,660,281	0	18,577,578	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,008,491	0	24,321,082	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000700	25,741,409	18,019	112,478,165	78,735	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,167,281	0	155,184	0	74.00
76.00	03951 ECT	0.000000	4,065	0	338,381	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	4,644	0	137,569	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	11,571,941	0	11,272,564	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	2,466,112	0	7,463,148	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,171,944	0	4,654,354	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		265,958,102	18,019	427,486,870	78,735	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.130455	104,582,919	0	0	13,643,365	50.00
51.00	05100 RECOVERY ROOM	0.298040	8,301,278	0	0	2,474,113	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.230057	68,310	0	0	15,715	52.00
53.00	05300 ANESTHESIOLOGY	0.063982	14,606,194	0	0	934,534	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154292	6,642,724	0	0	1,024,919	54.00
54.01	05401 ONCOLOGY (OHA)	0.163039	29,650,683	0	0	4,834,218	54.01
54.02	05402 ULTRASOUND	0.055851	2,694,406	0	0	150,485	54.02
54.03	05403 NUCLEAR MEDICINE	0.124925	10,360,303	0	0	1,294,261	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.046588	15,993,762	0	0	745,117	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097313	4,839,973	0	0	470,992	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050056	19,499,587	0	0	976,071	59.00
60.00	06000 LABORATORY	0.136174	10,215,615	960	0	1,391,101	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.192724	786,032	0	0	151,487	63.00
64.00	06400 INTRAVENOUS THERAPY	0.711233	2,142,291	0	0	1,523,668	64.00
65.00	06500 RESPIRATORY THERAPY	0.244133	1,340,929	0	0	327,365	65.00
66.00	06600 PHYSICAL THERAPY	0.405427	178,150	0	0	72,227	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.197494	113,935	0	0	22,501	67.00
68.00	06800 SPEECH PATHOLOGY	0.193468	27,238	0	0	5,270	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040212	13,811,750	0	0	555,398	69.00
69.02	06902 CARDIAC REHAB	1.098003	740,296	0	0	812,847	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214136	1,492,470	0	0	319,592	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	18,577,578	0	0	2,346,274	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301699	24,321,082	0	0	7,337,646	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268408	112,478,165	217	74,986	30,190,039	73.00
74.00	07400 RENAL DIALYSIS	0.263811	155,184	0	0	40,939	74.00
76.00	03951 ECT	0.068531	338,381	0	0	23,190	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.032350	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	0.468223	137,569	0	1,113	64,413	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.167101	11,272,564	0	0	1,883,657	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.148237	7,463,148	1,496	0	1,106,315	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.156413	4,654,354	0	0	728,001	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.911984		0			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		427,486,870	2,673	76,099	75,465,720	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		427,486,870	2,673	76,099	75,465,720	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ONCOLOGY (OHA)	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
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	131	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	58	20,127		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	521		90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	222	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00	Subtotal (see instructions)	411	20,648	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	411	20,648	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part II Date/Time Prepared: 11/29/2021 12:13 pm	
			Title XVIII		Subprovider - IPF		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	6,934,426	526,686,537	0.013166	0	0	50.00
51.00	05100	RECOVERY ROOM	670,551	17,430,905	0.038469	17,686	680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	769,981	28,186,839	0.027317	0	0	52.00
53.00	05300	ANESTHESIOLOGY	122,435	56,008,764	0.002186	67,144	147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,874,257	93,446,467	0.020057	5,508	110	54.00
54.01	05401	ONCOLOGY (OHA)	1,136,574	59,271,715	0.019176	4,238	81	54.01
54.02	05402	ULTRASOUND	110,476	17,756,394	0.006222	2,206	14	54.02
54.03	05403	NUCLEAR MEDICINE	455,260	33,503,742	0.013588	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	725,155	65,389,881	0.011090	14,822	164	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	709,642	24,288,813	0.029217	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,216,401	162,487,219	0.007486	0	0	59.00
60.00	06000	LABORATORY	1,049,734	174,085,690	0.006030	121,762	734	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	70,533	12,347,992	0.005712	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	390,743	5,848,917	0.066806	1,315	88	64.00
65.00	06500	RESPIRATORY THERAPY	319,798	26,847,902	0.011911	1,210	14	65.00
66.00	06600	PHYSICAL THERAPY	385,375	17,661,944	0.021820	4,700	103	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,724	11,580,955	0.004812	3,498	17	67.00
68.00	06800	SPEECH PATHOLOGY	31,775	4,545,736	0.006990	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	375,450	73,670,843	0.005096	6,460	33	69.00
69.02	06902	CARDIAC REHAB	266,074	1,613,092	0.164947	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	266,901	7,911,822	0.033734	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,089,203	120,297,783	0.009054	623	6	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	923,582	126,506,743	0.007301	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,921,631	343,527,020	0.008505	117,309	998	73.00
74.00	07400	RENAL DIALYSIS	79,118	5,104,705	0.015499	0	0	74.00
76.00	03951	ECT	4,152	2,437,151	0.001704	50,135	85	76.00
76.01	03950	MOBILE OUTREACH CLINIC	42,928	458,426	0.093642	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	106,585	5,826,203	0.018294	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	31,263	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,175,511	120,005,416	0.009795	90,662	888	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	650,535	28,170,152	0.023093	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,906,804	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	94,795	8,574,406	0.011056	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	25,056,568	2,191,386,978		509,278	4,162	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XVIII		Subprovider - IPF	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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	240,543	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDI CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICALS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	240,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	526,686,537	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	17,430,905	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,186,839	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	56,008,764	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	93,446,467	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	59,271,715	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	17,756,394	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	33,503,742	0.000000	54.03
56.00 05600 RADIO SOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	65,389,881	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,288,813	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	162,487,219	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	174,085,690	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,347,992	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	5,848,917	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,847,902	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,661,944	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,580,955	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,545,736	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	73,670,843	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,613,092	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,911,822	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	120,297,783	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,506,743	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	240,543	240,543	343,527,020	0.000700	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,104,705	0.000000	74.00
76.00 03951 ECT	0	0	0	2,437,151	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	458,426	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	5,826,203	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	120,005,416	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,170,152	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,906,804	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	8,574,406	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	240,543	240,543	2,191,386,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XVIII		Subprovider - IPF	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	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	17,686	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	67,144	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,508	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	4,238	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	2,206	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	14,822	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	121,762	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,315	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,210	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,700	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,498	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,460	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	623	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000700	117,309	82	137	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 ECT	0.000000	50,135	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	90,662	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		509,278	82	137	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm	
		Component CCN: 15-S100		PPS	
		Title XVIII	Subprovider - IPF		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130455	0	0	0
51.00	05100 RECOVERY ROOM	0.298040	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.230057	0	0	0
53.00	05300 ANESTHESIOLOGY	0.063982	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154292	0	0	0
54.01	05401 ONCOLOGY (OHA)	0.163039	0	0	0
54.02	05402 ULTRASOUND	0.055851	0	0	0
54.03	05403 NUCLEAR MEDICINE	0.124925	0	0	0
56.00	05600 RADIOISOTOPE	0.000000	0	0	0
57.00	05700 CT SCAN	0.046588	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097313	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.050056	0	0	0
60.00	06000 LABORATORY	0.136174	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.192724	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.711233	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.244133	0	0	0
66.00	06600 PHYSICAL THERAPY	0.405427	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.197494	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.193468	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.040212	0	0	0
69.02	06902 CARDIAC REHAB	1.098003	0	0	0
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214136	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301699	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268408	137	0	79
74.00	07400 RENAL DIALYSIS	0.263811	0	0	0
76.00	03951 ECT	0.068531	0	0	0
76.01	03950 MOBILE OUTREACH CLINIC	1.032350	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				
90.00	09000 CLINIC	0.468223	0	0	0
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0
90.02	09002 PEDS CLINIC	0.000000	0	0	0
90.04	09004 BARIATRICS	0.000000	0	0	0
91.00	09100 EMERGENCY	0.167101	0	0	0
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.148237	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.156413	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.911984		0	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0	0
98.00	09850 HOME OFFICE	0.000000	0	0	0
200.00	Subtotal (see instructions)		137	0	79
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)		137	0	79

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	54.01
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	56.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
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
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	21	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	21	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	21	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part II Date/Time Prepared: 11/29/2021 12:13 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	6,934,426	526,686,537	0.013166	83,307	1,097	50.00
51.00	05100	RECOVERY ROOM	670,551	17,430,905	0.038469	5,713	220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	769,981	28,186,839	0.027317	0	0	52.00
53.00	05300	ANESTHESIOLOGY	122,435	56,008,764	0.002186	12,036	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,874,257	93,446,467	0.020057	62,445	1,252	54.00
54.01	05401	ONCOLOGY (OHA)	1,136,574	59,271,715	0.019176	0	0	54.01
54.02	05402	ULTRASOUND	110,476	17,756,394	0.006222	3,147	20	54.02
54.03	05403	NUCLEAR MEDICINE	455,260	33,503,742	0.013588	7,345	100	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	725,155	65,389,881	0.011090	100,003	1,109	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	709,642	24,288,813	0.029217	27,428	801	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,216,401	162,487,219	0.007486	0	0	59.00
60.00	06000	LABORATORY	1,049,734	174,085,690	0.006030	614,531	3,706	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	70,533	12,347,992	0.005712	31,432	180	63.00
64.00	06400	INTRAVENOUS THERAPY	390,743	5,848,917	0.066806	33,278	2,223	64.00
65.00	06500	RESPIRATORY THERAPY	319,798	26,847,902	0.011911	37,286	444	65.00
66.00	06600	PHYSICAL THERAPY	385,375	17,661,944	0.021820	1,745,899	38,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,724	11,580,955	0.004812	1,875,683	9,026	67.00
68.00	06800	SPEECH PATHOLOGY	31,775	4,545,736	0.006990	699,664	4,891	68.00
69.00	06900	ELECTROCARDIOLOGY	375,450	73,670,843	0.005096	28,527	145	69.00
69.02	06902	CARDIAC REHAB	266,074	1,613,092	0.164947	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	266,901	7,911,822	0.033734	280	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,089,203	120,297,783	0.009054	109,565	992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	923,582	126,506,743	0.007301	4,067	30	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,921,631	343,527,020	0.008505	617,292	5,250	73.00
74.00	07400	RENAL DIALYSIS	79,118	5,104,705	0.015499	55,132	854	74.00
76.00	03951	ECT	4,152	2,437,151	0.001704	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	42,928	458,426	0.093642	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	106,585	5,826,203	0.018294	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	31,263	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,175,511	120,005,416	0.009795	131,446	1,288	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	650,535	28,170,152	0.023093	13,652	315	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,906,804	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	94,795	8,574,406	0.011056	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	25,056,568	2,191,386,978		6,299,158	72,074	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm PPS
Title XVIII		Subprovider - IRF	

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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	240,543	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDI CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICALS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	240,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	526,686,537	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	17,430,905	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,186,839	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	56,008,764	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	93,446,467	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	59,271,715	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	17,756,394	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	33,503,742	0.000000	54.03
56.00 05600 RADIO SOTOP	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	65,389,881	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,288,813	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	162,487,219	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	174,085,690	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,347,992	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	5,848,917	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,847,902	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,661,944	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,580,955	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,545,736	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	73,670,843	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,613,092	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,911,822	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	120,297,783	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,506,743	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	240,543	240,543	343,527,020	0.000700	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,104,705	0.000000	74.00
76.00 03951 ECT	0	0	0	2,437,151	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	458,426	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	5,826,203	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	120,005,416	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,170,152	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,906,804	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	8,574,406	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	240,543	240,543	2,191,386,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 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	83,307	0	3,027	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	5,713	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	12,036	0	899	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	62,445	0	418	0 54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	0 54.01
54.02	05402	ULTRASOUND	0.000000	3,147	0	0	0 54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	7,345	0	0	0 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	100,003	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	27,428	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	25,209	0 59.00
60.00	06000	LABORATORY	0.000000	614,531	0	457	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	31,432	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	33,278	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	37,286	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,745,899	0	180	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,875,683	0	180	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	699,664	0	180	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	28,527	0	0	0 69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0 69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	280	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	109,565	0	1,338	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,067	0	202	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000700	617,292	432	1,573	1 73.00
74.00	07400	RENAL DIALYSIS	0.000000	55,132	0	0	0 74.00
76.00	03951	ECT	0.000000	0	0	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0	0	0 90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0 90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0 90.04
91.00	09100	EMERGENCY	0.000000	131,446	0	0	0 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	13,652	0	0	0 91.01
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0 98.00
200.00		Total (lines 50 through 199)		6,299,158	432	33,663	1 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm		
				Title XVIII		Subprovider - IRF		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.130455	3,027	0	0	395	50.00
51.00	05100	RECOVERY ROOM	0.298040	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230057	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063982	899	0	0	58	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154292	418	0	0	64	54.00
54.01	05401	ONCOLOGY (OHA)	0.163039	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.055851	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.124925	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.046588	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097313	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050056	25,209	0	0	1,262	59.00
60.00	06000	LABORATORY	0.136174	457	0	0	62	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.192724	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.711233	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.244133	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.405427	180	0	0	73	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197494	180	0	0	36	67.00
68.00	06800	SPEECH PATHOLOGY	0.193468	180	0	0	35	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040212	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	1.098003	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214136	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	1,338	0	0	169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.301699	202	0	0	61	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268408	1,573	0	1,267	422	73.00
74.00	07400	RENAL DIALYSIS	0.263811	0	0	0	0	74.00
76.00	03951	ECT	0.068531	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.032350	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.468223	0	0	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.167101	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.148237	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.156413	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.911984		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		33,663	0	1,267	2,637	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		33,663	0	1,267	2,637	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	54.01
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	56.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
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
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	340	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	340	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	340	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/29/2021 12:13 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.02	03102	NICU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	39,448	0.00	1,152 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	10,343	0.00	234 31.00
31.02	03102	NICU	0	0	3,778	0.00	110 31.02
32.00	03200	CORONARY CARE UNIT	0	0	1,405	0.00	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	3,533	0.00	400 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,665	0.00	102 41.00
43.00	04300	NURSERY	0	0	2,181	0.00	931 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0 45.00
200.00		Total (lines 30 through 199)	0	0	65,353	0.00	2,929 200.00
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
31.02	03102	NICU	0				31.02
32.00	03200	CORONARY CARE UNIT	0				32.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
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Cost Center Description	Title XIX				Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	240,543	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	240,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		Title XIX			Hospital	Cost	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	8.00		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	526,686,537	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	17,430,905	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,186,839	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	56,008,764	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	93,446,467	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	59,271,715	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	17,756,394	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	33,503,742	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	65,389,881	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,288,813	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	162,487,219	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	174,085,690	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,347,992	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,848,917	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	26,847,902	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,661,944	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,580,955	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,545,736	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	73,670,843	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,613,092	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,911,822	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	120,297,783	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,506,743	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	240,543	240,543	343,527,020	0.000700	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,104,705	0.000000	74.00
76.00	03951	ECT	0	0	0	2,437,151	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	458,426	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	5,826,203	0.000000	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	120,005,416	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	28,170,152	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,906,804	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,574,406	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	240,543	240,543	2,191,386,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		Title XIX			Hospital		Cost
		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	8,350,270	0	10,771,047	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	307,797	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,474,786	0	15,629	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,120,732	0	1,018,427	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,099,258	0	2,119,598	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	10,528	0	1,719,091	0	54.01
54.02	05402 ULTRASOUND	0.000000	334,220	0	334,374	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	255,674	0	835,483	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,201,774	0	1,247,207	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	279,761	0	554,182	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,546,009	0	2,793,806	0	59.00
60.00	06000 LABORATORY	0.000000	3,329,721	0	3,249,331	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	487,419	0	93,404	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	143,447	0	91,944	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,124,097	0	167,997	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	616,222	0	177,770	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	584,889	0	17,905	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	225,884	0	9,044	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,304,807	0	1,431,973	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	180	0	46,844	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	132,124	0	158,153	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,605,265	0	2,079,329	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,369,332	0	1,843,150	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000700	4,038,648	2,827	7,793,374	5,455	73.00
74.00	07400 RENAL DIALYSIS	0.000000	247,131	0	13,718	0	74.00
76.00	03951 ECT	0.000000	30,576	0	54,240	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	13,340	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	3,173	0	167,814	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	1,925,839	0	2,441,506	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	406,236	0	598,128	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	142,382	0	210,611	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	249,519	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		38,390,384	2,827	42,625,735	5,455	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm				
		Title XIX	Hospital	Cost				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.130455	10,771,047	0	0	1,405,137	50.00
51.00	05100	RECOVERY ROOM	0.298040	307,797	0	0	91,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230057	15,629	0	0	3,596	52.00
53.00	05300	ANESTHESIOLOGY	0.063982	1,018,427	0	0	65,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154292	2,119,598	0	0	327,037	54.00
54.01	05401	ONCOLOGY (OHA)	0.163039	1,719,091	0	0	280,279	54.01
54.02	05402	ULTRASOUND	0.055851	334,374	0	0	18,675	54.02
54.03	05403	NUCLEAR MEDICINE	0.124925	835,483	0	0	104,373	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.046588	1,247,207	0	0	58,105	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097313	554,182	0	0	53,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050056	2,793,806	0	0	139,847	59.00
60.00	06000	LABORATORY	0.136174	3,249,331	0	0	442,474	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.192724	93,404	0	0	18,001	63.00
64.00	06400	INTRAVENOUS THERAPY	0.711233	91,944	0	0	65,394	64.00
65.00	06500	RESPIRATORY THERAPY	0.244133	167,997	0	0	41,014	65.00
66.00	06600	PHYSICAL THERAPY	0.405427	177,770	0	0	72,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197494	17,905	0	0	3,536	67.00
68.00	06800	SPEECH PATHOLOGY	0.193468	9,044	0	0	1,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040212	1,431,973	0	0	57,582	69.00
69.02	06902	CARDIAC REHAB	1.098003	46,844	0	0	51,435	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214136	158,153	0	0	33,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	2,079,329	0	0	262,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.301699	1,843,150	0	0	556,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268408	7,793,374	0	0	2,091,804	73.00
74.00	07400	RENAL DIALYSIS	0.263811	13,718	0	0	3,619	74.00
76.00	03951	ECT	0.068531	54,240	0	0	3,717	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.032350	13,340	0	0	13,772	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.468223	167,814	0	0	78,574	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.167101	2,441,506	0	0	407,978	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.148237	598,128	0	0	88,665	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.156413	210,611	0	0	32,942	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.911984	170,763	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.457525	249,519	0	0	114,161	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		42,625,735	0	0	7,144,653	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		42,625,735	0	0	7,144,653	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 12:13 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ONCOLOGY (OHA)	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00	Subtotal (see instructions)	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	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XIX		Subprovider - IPF	Cost

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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	240,543	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDI CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICALS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	240,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XIX		Subprovider - IPF	Cost

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	526,686,537	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	17,430,905	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,186,839	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	56,008,764	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	93,446,467	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	59,271,715	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	17,756,394	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	33,503,742	0.000000	54.03
56.00 05600 RADIO SOTOP	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	65,389,881	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,288,813	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	162,487,219	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	174,085,690	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,347,992	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	5,848,917	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,847,902	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,661,944	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,580,955	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,545,736	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	73,670,843	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,613,092	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,911,822	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	120,297,783	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,506,743	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	240,543	240,543	343,527,020	0.000700	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,104,705	0.000000	74.00
76.00 03951 ECT	0	0	0	2,437,151	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	458,426	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	5,826,203	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	120,005,416	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,170,152	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,906,804	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	8,574,406	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	240,543	240,543	2,191,386,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 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	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	38,262	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,139	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	2,415	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	1,257	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	8,446	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	69,386	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	749	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	690	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,678	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,993	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,681	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	355	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000700	66,848	47	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 ECT	0.000000	28,569	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	51,664	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		280,132	47	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XIX		Subprovider - IRF	Cost

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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	240,543	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDI CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICALS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	240,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 pm
Title XIX		Subprovider - IRF	Cost

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	526,686,537	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	17,430,905	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,186,839	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	56,008,764	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	93,446,467	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	59,271,715	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	17,756,394	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	33,503,742	0.000000	54.03
56.00 05600 RADIO SOTOP	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	65,389,881	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,288,813	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	162,487,219	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	174,085,690	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,347,992	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	5,848,917	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,847,902	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,661,944	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,580,955	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,545,736	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	73,670,843	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,613,092	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,911,822	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	120,297,783	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,506,743	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	240,543	240,543	343,527,020	0.000700	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,104,705	0.000000	74.00
76.00 03951 ECT	0	0	0	2,437,151	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	458,426	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	5,826,203	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	120,005,416	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,170,152	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,906,804	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	8,574,406	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	240,543	240,543	2,191,386,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 12:13 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	1,697	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	245	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,272	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	64	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	150	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	2,037	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	559	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	12,515	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	640	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	678	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	759	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	35,556	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	38,199	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	14,249	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	581	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,231	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	83	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000700	12,571	9	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,123	0	0	0	74.00
76.00	03951 ECT	0.000000	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	2,677	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		127,892	9	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,448	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,448	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)		38,210	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)		13,150	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)		49,375,413	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)		49,375,413	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)		49,375,413	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)		1,251.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,459,329	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)		16,459,329	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 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	27,029,860	10,343	2,613.35	5,276	13,788,035	43.00
43.02 NICU	5,969,508	3,778	1,580.07	0	0	43.02
44.00 CORONARY CARE UNIT	2,477,316	1,405	1,763.21	444	782,865	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)					44,107,774	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,138,003	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,064,501	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,855,564	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,920,065	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					69,217,938	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)					1,238	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,251.66	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,549,555	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,148,425	49,375,413	0.124524	1,549,555	192,957	90.00
91.00	Nursing School cost	0	49,375,413	0.000000	1,549,555	0	91.00
92.00	Allied health cost	0	49,375,413	0.000000	1,549,555	0	92.00
93.00	All other Medical Education	0	49,375,413	0.000000	1,549,555	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Subprovider - IPF	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)		3,533	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,533	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)		3,533	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)		452	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)		2,999,653	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)		2,999,653	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)		2,999,653	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)		849.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		383,766	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)		383,766	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 15-S100		Date/Time Prepared: 11/29/2021 12:13 pm	
				Title XVIII	Subprovider - IPF	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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					82,742	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					466,508	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)					47,537	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,244	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					51,781	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					414,727	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: 15-0100 Component CCN: 15-S100		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XVIII		Subprovider - IPF		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	371,570	2,999,653	0.123871	0	0	90.00
91.00	Nursing School cost	0	2,999,653	0.000000	0	0	91.00
92.00	Allied health cost	0	2,999,653	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,999,653	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 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)		4,665	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,665	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)		4,665	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)		2,212	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)		5,376,849	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)		5,376,849	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)		5,376,849	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)		1,152.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,549,529	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)		2,549,529	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 15-T100		Date/Time Prepared: 11/29/2021 12:13 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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					1,588,035	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,137,564	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)					443,307	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					72,506	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					515,813	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,621,751	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: 15-0100 Component CCN: 15-T100		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 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	934,923	5,376,849	0.173879	0	0	90.00
91.00	Nursing School cost	0	5,376,849	0.000000	0	0	91.00
92.00	Allied health cost	0	5,376,849	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,376,849	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,448	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,448	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)		38,210	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)		1,152	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,181	15.00
16.00	Nursery days (title V or XIX only)		931	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)		49,375,413	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)		49,375,413	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)		49,375,413	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)		1,251.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,441,912	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)		1,441,912	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX			1.00	2.00	3.00	4.00	5.00	
Hospital			1,511,233	2,181	692.91	931	645,099	
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		27,029,860	10,343	2,613.35	234	611,524	43.00
43.02	NICU		5,969,508	3,778	1,580.07	110	173,808	43.02
44.00	CORONARY CARE UNIT		2,477,316	1,405	1,763.21	0	0	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)						6,299,424	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						9,171,767	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)						1,238	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,251.66	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,549,555	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,148,425	49,375,413	0.124524	1,549,555	192,957	90.00
91.00	Nursing School cost	0	49,375,413	0.000000	1,549,555	0	91.00
92.00	Allied health cost	0	49,375,413	0.000000	1,549,555	0	92.00
93.00	All other Medical Education	0	49,375,413	0.000000	1,549,555	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm
		Title XIX	Subprovider - IPF	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)		3,533	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,533	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)		3,533	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)		400	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,181	15.00
16.00	Nursery days (title V or XIX only)		931	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)		2,999,653	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)		2,999,653	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)		2,999,653	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)		849.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		339,616	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)		339,616	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 15-S100	Date/Time Prepared: 11/29/2021 12:13 pm		
				Title XIX	Subprovider - IPF	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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					44,146	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					383,762	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: 15-0100 Component CCN: 15-S100		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XIX		Subprovider - IPF		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	371,570	2,999,653	0.123871	0	0	90.00
91.00	Nursing School cost	0	2,999,653	0.000000	0	0	91.00
92.00	Allied health cost	0	2,999,653	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,999,653	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 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)			4,665 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,665 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)			4,665 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)			102 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,181 15.00
16.00	Nursery days (title V or XIX only)			931 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)			5,376,849 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)			5,376,849 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)			5,376,849 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)			1,152.59 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			117,564 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)			117,564 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 15-T100		Date/Time Prepared: 11/29/2021 12:13 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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,263		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					149,827		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 15-0100 Component CCN: 15-T100		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 12:13 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	934,923	5,376,849	0.173879	0	0	90.00
91.00	Nursing School cost	0	5,376,849	0.000000	0	0	91.00
92.00	Allied health cost	0	5,376,849	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,376,849	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 12:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		15,494,556		30.00
31.00	03100 INTENSIVE CARE UNIT		13,988,488		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		1,500,218		32.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130455	85,215,962	11,116,848	50.00
51.00	05100 RECOVERY ROOM	0.298040	3,409,897	1,016,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.230057	71,459	16,440	52.00
53.00	05300 ANESTHESIOLOGY	0.063982	9,703,076	620,822	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154292	4,383,093	676,276	54.00
54.01	05401 ONCOLOGY (OHA)	0.163039	127,624	20,808	54.01
54.02	05402 ULTRASOUND	0.055851	2,061,403	115,131	54.02
54.03	05403 NUCLEAR MEDICINE	0.124925	2,175,814	271,814	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.046588	7,697,477	358,610	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097313	1,694,088	164,857	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050056	8,537,502	427,353	59.00
60.00	06000 LABORATORY	0.136174	22,892,325	3,117,339	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.192724	2,731,845	526,492	63.00
64.00	06400 INTRAVENOUS THERAPY	0.711233	5,440	3,869	64.00
65.00	06500 RESPIRATORY THERAPY	0.244133	6,208,770	1,515,766	65.00
66.00	06600 PHYSICAL THERAPY	0.405427	3,054,790	1,238,494	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.197494	2,601,505	513,782	67.00
68.00	06800 SPEECH PATHOLOGY	0.193468	869,009	168,125	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040212	9,760,392	392,485	69.00
69.02	06902 CARDIAC REHAB	1.098003	999	1,097	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214136	959,464	205,456	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	16,660,281	2,104,127	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301699	32,008,491	9,656,930	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268408	25,741,409	6,909,200	73.00
74.00	07400 RENAL DIALYSIS	0.263811	1,167,281	307,942	74.00
76.00	03951 ECT	0.068531	4,065	279	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.032350	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.468223	4,644	2,174	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.167101	11,571,941	1,933,683	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.148237	2,466,112	365,569	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.156413	2,171,944	339,720	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		265,958,102	44,107,774	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		265,958,102		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Subprovider - IPF	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
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF		907,837	40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.130455	0	50.00
51.00	05100 RECOVERY ROOM	0.298040	17,686	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.230057	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063982	67,144	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154292	5,508	54.00
54.01	05401 ONCOLOGY (OHA)	0.163039	4,238	54.01
54.02	05402 ULTRASOUND	0.055851	2,206	54.02
54.03	05403 NUCLEAR MEDICINE	0.124925	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.046588	14,822	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097313	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050056	0	59.00
60.00	06000 LABORATORY	0.136174	121,762	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.192724	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.711233	1,315	64.00
65.00	06500 RESPIRATORY THERAPY	0.244133	1,210	65.00
66.00	06600 PHYSICAL THERAPY	0.405427	4,700	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.197494	3,498	67.00
68.00	06800 SPEECH PATHOLOGY	0.193468	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040212	6,460	69.00
69.02	06902 CARDIAC REHAB	1.098003	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214136	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	623	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301699	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268408	117,309	73.00
74.00	07400 RENAL DIALYSIS	0.263811	0	74.00
76.00	03951 ECT	0.068531	50,135	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.032350	0	76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.468223	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	90.02
90.04	09004 BARIATRICS	0.000000	0	90.04
91.00	09100 EMERGENCY	0.167101	90,662	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.148237	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.156413	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.457525	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		509,278	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)		509,278	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 12:13 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
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		2,696,162	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130455	83,307	10,868 50.00
51.00	05100	RECOVERY ROOM	0.298040	5,713	1,703 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230057	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.063982	12,036	770 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154292	62,445	9,635 54.00
54.01	05401	ONCOLOGY (OHA)	0.163039	0	0 54.01
54.02	05402	ULTRASOUND	0.055851	3,147	176 54.02
54.03	05403	NUCLEAR MEDICINE	0.124925	7,345	918 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.046588	100,003	4,659 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097313	27,428	2,669 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050056	0	0 59.00
60.00	06000	LABORATORY	0.136174	614,531	83,683 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.192724	31,432	6,058 63.00
64.00	06400	INTRAVENOUS THERAPY	0.711233	33,278	23,668 64.00
65.00	06500	RESPIRATORY THERAPY	0.244133	37,286	9,103 65.00
66.00	06600	PHYSICAL THERAPY	0.405427	1,745,899	707,835 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197494	1,875,683	370,436 67.00
68.00	06800	SPEECH PATHOLOGY	0.193468	699,664	135,363 68.00
69.00	06900	ELECTROCARDIOLOGY	0.040212	28,527	1,147 69.00
69.02	06902	CARDIAC REHAB	1.098003	0	0 69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214136	280	60 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	109,565	13,838 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.301699	4,067	1,227 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268408	617,292	165,686 73.00
74.00	07400	RENAL DIALYSIS	0.263811	55,132	14,544 74.00
76.00	03951	ECT	0.068531	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.032350	0	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.468223	0	0 90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARITRICS	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.167101	131,446	21,965 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.148237	13,652	2,024 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.156413	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,299,158	1,588,035 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		6,299,158	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 12:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,224,451		30.00
31.00	03100 INTENSIVE CARE UNIT		2,480,324		31.00
31.02	03102 NICU		204,319		31.02
32.00	03200 CORONARY CARE UNIT		225,077		32.00
40.00	04000 SUBPROVIDER - I/PF		380,944		40.00
41.00	04100 SUBPROVIDER - I/RF		308,296		41.00
43.00	04300 NURSERY		1,323,343		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130455	8,350,270	1,089,334	50.00
51.00	05100 RECOVERY ROOM	0.298040	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.230057	1,474,786	339,285	52.00
53.00	05300 ANESTHESIOLOGY	0.063982	1,120,732	71,707	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154292	1,099,258	169,607	54.00
54.01	05401 ONCOLOGY (OHA)	0.163039	10,528	1,716	54.01
54.02	05402 ULTRASOUND	0.055851	334,220	18,667	54.02
54.03	05403 NUCLEAR MEDICINE	0.124925	255,674	31,940	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.046588	1,201,774	55,988	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097313	279,761	27,224	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050056	3,546,009	177,499	59.00
60.00	06000 LABORATORY	0.136174	3,329,721	453,421	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.192724	487,419	93,937	63.00
64.00	06400 INTRAVENOUS THERAPY	0.711233	143,447	102,024	64.00
65.00	06500 RESPIRATORY THERAPY	0.244133	1,124,097	274,429	65.00
66.00	06600 PHYSICAL THERAPY	0.405427	616,222	249,833	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.197494	584,889	115,512	67.00
68.00	06800 SPEECH PATHOLOGY	0.193468	225,884	43,701	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040212	1,304,807	52,469	69.00
69.02	06902 CARDIAC REHAB	1.098003	180	198	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214136	132,124	28,293	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	2,605,265	329,035	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301699	3,369,332	1,016,524	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268408	4,038,648	1,084,005	73.00
74.00	07400 RENAL DIALYSIS	0.263811	247,131	65,196	74.00
76.00	03951 ECT	0.068531	30,576	2,095	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.032350	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.468223	3,173	1,486	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.167101	1,925,839	321,810	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.148237	406,236	60,219	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.156413	142,382	22,270	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		38,390,384	6,299,424	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		38,390,384		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 12:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.02	03102 NICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF		527,408		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130455	0	0	50.00
51.00	05100 RECOVERY ROOM	0.298040	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.230057	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063982	38,262	2,448	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154292	3,139	484	54.00
54.01	05401 ONCOLOGY (OHA)	0.163039	2,415	394	54.01
54.02	05402 ULTRASOUND	0.055851	1,257	70	54.02
54.03	05403 NUCLEAR MEDICINE	0.124925	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.046588	8,446	393	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097313	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050056	0	0	59.00
60.00	06000 LABORATORY	0.136174	69,386	9,449	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.192724	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.711233	749	533	64.00
65.00	06500 RESPIRATORY THERAPY	0.244133	690	168	65.00
66.00	06600 PHYSICAL THERAPY	0.405427	2,678	1,086	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.197494	1,993	394	67.00
68.00	06800 SPEECH PATHOLOGY	0.193468	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040212	3,681	148	69.00
69.02	06902 CARDIAC REHAB	1.098003	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214136	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	355	45	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301699	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268408	66,848	17,943	73.00
74.00	07400 RENAL DIALYSIS	0.263811	0	0	74.00
76.00	03951 ECT	0.068531	28,569	1,958	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.032350	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.468223	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.167101	51,664	8,633	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.148237	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.156413	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		280,132	44,146	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		280,132		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 12:13 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		55,303	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.130455	1,697	221 50.00
51.00	05100 RECOVERY ROOM	0.298040	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.230057	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.063982	245	16 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154292	1,272	196 54.00
54.01	05401 ONCOLOGY (OHA)	0.163039	0	0 54.01
54.02	05402 ULTRASOUND	0.055851	64	4 54.02
54.03	05403 NUCLEAR MEDICINE	0.124925	150	19 54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700 CT SCAN	0.046588	2,037	95 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097313	559	54 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050056	0	0 59.00
60.00	06000 LABORATORY	0.136174	12,515	1,704 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.192724	640	123 63.00
64.00	06400 INTRAVENOUS THERAPY	0.711233	678	482 64.00
65.00	06500 RESPIRATORY THERAPY	0.244133	759	185 65.00
66.00	06600 PHYSICAL THERAPY	0.405427	35,556	14,415 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.197494	38,199	7,544 67.00
68.00	06800 SPEECH PATHOLOGY	0.193468	14,249	2,757 68.00
69.00	06900 ELECTROCARDIOLOGY	0.040212	581	23 69.00
69.02	06902 CARDIAC REHAB	1.098003	0	0 69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214136	6	1 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.126296	2,231	282 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301699	83	25 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268408	12,571	3,374 73.00
74.00	07400 RENAL DIALYSIS	0.263811	1,123	296 74.00
76.00	03951 ECT	0.068531	0	0 76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.032350	0	0 76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000 CLINIC	0.468223	0	0 90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0 90.01
90.02	09002 PEDS CLINIC	0.000000	0	0 90.02
90.04	09004 BARIATRICS	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.167101	2,677	447 91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.148237	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.156413	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.457525	0	0 97.00
98.00	09850 HOME OFFICE	0.000000	0	0 98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		127,892	32,263 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		127,892	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 12:13 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)		12,628,549	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		37,154,283	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)		416,909	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,094,184	2.04
3.00	Managed Care Simulated Payments		20,616,237	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		334.61	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)		16.42	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)		5.20	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.		6.56	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)		4.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.94	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		10.66	12.00
13.00	Total allowable FTE count for the prior year.		6.60	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.		6.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		7.75	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		7.75	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.023161	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019900	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019900	21.00
22.00	IME payment adjustment (see instructions)		538,451	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		222,985	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)		9.28	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)		538,451	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		222,985	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.69	31.00
32.00	Sum of lines 30 and 31		29.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.41	33.00
34.00	Disproportionate share adjustment (see instructions)		1,668,969	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000560981	0.000581141	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,684,532	4,817,664	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,177,532	3,603,348	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,780,880		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		58,282,225		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)			58,505,210	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,222,805	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).			281,035	52.00
53.00	Nursing and Allied Health Managed Care payment			18,218	53.00
54.00	Special add-on payments for new technologies			251,492	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			18,019	58.00
59.00	Total (sum of amounts on lines 49 through 58)			63,296,779	59.00
60.00	Primary payer payments			24,423	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			63,272,356	61.00
62.00	Deductibles billed to program beneficiaries			4,460,320	62.00
63.00	Coinurance billed to program beneficiaries			102,161	63.00
64.00	Allowable bad debts (see instructions)			230,796	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			150,017	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			96,312	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			58,859,892	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			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-90,388	70.93
70.94	HRR adjustment amount (see instructions)			-148,344	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		1.00	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)			58,621,160	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			57,621,455	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			999,705	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,212,468	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 12:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,628,549	0	12,628,549		12,628,549	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	37,154,283	0		37,154,283	37,154,283	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	416,909	0	416,909		416,909	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,094,184	0		1,094,184	1,094,184	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	20,616,237	0	4,126,663	16,489,574	20,616,237	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.019900	0.019900	0.019900	0.019900		5.00
6.00	IME payment adjustment (see instructions)	22.00	538,451	0	136,590	401,861	538,451	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	222,985	0	44,634	178,351	222,985	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	538,451	0	136,590	401,861	538,451	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	222,985	0	44,634	178,351	222,985	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1341	0.1341	0.1341	0.1341		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,668,969	0	423,372	1,245,597	1,668,969	11.00
11.01	Uncompensated care payments	36.00	4,780,880	0	788,412	2,055,705	2,844,117	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	58,282,225	0	14,393,832	43,888,393	58,282,225	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	58,505,210	0	14,438,466	44,066,744	58,505,210	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,222,805	0	1,083,928	3,138,877	4,222,805	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 12:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	251,492	0	0	251,492	251,492	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	15,522,394	47,457,113	62,979,507	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	3,824,489	0	992,498	2,831,991	3,824,489	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	109,184	0	16,397	92,787	109,184	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	0.0144	0.0144	0.0144	0.0144		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	55,073	0	14,292	40,781	55,073	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0612	0.0612	0.0612	0.0612		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	234,059	0	60,741	173,318	234,059	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,222,805	0	1,083,928	3,138,877	4,222,805	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: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2021 12:13 pm
Title XVIII			Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,628,549	12,628,549		12,628,549 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	37,154,283		37,154,283	37,154,283 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				
2.01	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	416,909	416,909		416,909 2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,094,184		1,094,184	1,094,184 2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0 3.00
4.00	Managed care simulated payments	3.00	20,616,237	4,126,663	16,489,574	20,616,237 4.00
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.019900	0.019900	0.019900	
6.00	IME payment adjustment (see instructions)	22.00	538,451	136,590	401,861	538,451 6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	222,985	44,634	178,351	222,985 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	
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	538,451	136,590	401,861	538,451 9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	222,985	44,634	178,351	222,985 9.01
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1341	0.1341	0.1341	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,668,969	423,372	1,245,597	1,668,969 11.00
11.01	Uncompensated care payments	36.00	4,780,880	1,211,396	3,507,000	4,718,396 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	58,282,225	14,816,816	43,465,409	58,282,225 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	58,505,210	14,861,450	43,643,760	58,505,210 15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,222,805	1,083,928	3,138,877	4,222,805 16.00
17.00	Special add-on payments for new technologies	54.00	251,492	0	251,492	251,492 17.00
17.01	Net organ acquisition cost					
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			15,945,378	47,034,129	62,979,507 19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0100

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 12:13 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,824,489	992,498	2,831,991	3,824,489	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	109,184	16,397	92,787	109,184	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	0.0144	0.0144	0.0144		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	55,073	14,292	40,781	55,073	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0612	0.0612	0.0612		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	234,059	60,741	173,318	234,059	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	4,222,805	1,083,928	3,138,877	4,222,805	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	-90,388	15,802	-106,190	-90,388	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	-148,344	-95,977	-52,367	-148,344	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.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,059	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		75,386,985	2.00
3.00	OPPS payments		64,786,517	3.00
4.00	Outlier payment (see instructions)		697,993	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		78,735	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,059	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		78,772	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)		78,772	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		78,772	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		57,713	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)		21,059	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)		65,563,245	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		299	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11,104,427	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)		54,479,578	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		266,118	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)		54,745,696	30.00
31.00	Primary payer payments		3,505	31.00
32.00	Subtotal (line 30 minus line 31)		54,742,191	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)		547,660	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		355,979	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		364,804	36.00
37.00	Subtotal (see instructions)		55,098,170	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		55,098,170	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		55,185,234	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-87,064	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,390,000	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37	2.00
3.00	OPPS payments		36	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		79	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)		79	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		79	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58	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)		21	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)		36	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		57	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)		57	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		57	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		57	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)		57	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		57	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		340	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,636	2.00
3.00	OPPS payments		2,985	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		340	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,267	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)		1,267	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,267	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		927	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)		340	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)		2,986	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)		826	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)		2,500	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)		2,500	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,500	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,500	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	39.50
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)		2,500	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		2,514	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-14	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet E-1 Part I Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		57,442,055		55,044,634	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	01/14/2021	179,400	01/14/2021	140,600	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)		179,400		140,600	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)		57,621,455		55,185,234	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		999,705		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		87,064	6.02	
7.00	Total Medicare program liability (see instructions)		58,621,160		55,098,170	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: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part I Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XVIII	Subprovider - IPF	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		363,415		57
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		363,415		57
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		2,184		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		365,599		57
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0100
Component CCN: 15-T100

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 12:13 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,727,914		2,514	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)		3,727,914		2,514	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		62,053		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		14	6.02
7.00	Total Medicare program liability (see instructions)		3,789,967		2,500	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: 15-0100

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

Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 12:13 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: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Subprovider - IPF	PPS

				1.00
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PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		392,187	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		12,239	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	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	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	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	6.00
7.00	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	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		9.679452	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		404,426	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		404,426	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		404,426	18.00
19.00	Deductibles		34,704	19.00
20.00	Subtotal (line 18 minus line 19)		369,722	20.00
21.00	Coinsurance		6,307	21.00
22.00	Subtotal (line 20 minus line 21)		363,415	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		3,234	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		2,102	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,894	25.00
26.00	Subtotal (sum of lines 22 and 24)		365,517	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		82	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		365,599	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		363,415	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		2,184	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	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: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,495,041 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0303 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			198,169 3.00
4.00	Outlier Payments			144,228 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)			12.780822 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)			3,837,438 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,837,438 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,837,438 19.00
20.00	Deductibles			42,048 20.00
21.00	Subtotal (line 19 minus line 20)			3,795,390 21.00
22.00	Coinsurance			8,619 22.00
23.00	Subtotal (line 21 minus line 22)			3,786,771 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,252 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,764 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,524 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,789,535 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)			432 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)			3,789,967 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			3,727,914 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)			62,053 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			46,484 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			144,228 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: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 12:13 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	9,171,767			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)	9,171,767		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)	9,171,767		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	6,146,755			8.00
9.00	Ancillary service charges	38,390,384		42,625,735	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)	44,537,139		42,625,735	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)	44,537,139		42,625,735	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	35,365,372		42,625,735	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)	9,171,767		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)	9,171,767		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)	9,171,767		0	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	9,171,767		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0			37.00
38.00	Subtotal (line 36 ± line 37)	9,171,767		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)	9,171,767		0	40.00
41.00	Interim payments	9,171,767		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0			42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		383,762		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)		383,762	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)		383,762	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		527,408		8.00
9.00	Ancillary service charges		280,132	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)		807,540	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)		807,540	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		423,778	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)		383,762	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		383,762	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)		383,762	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		383,762	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		383,762	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		383,762	0	40.00
41.00	Interim payments		383,762	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 12:13 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		149,827		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)		149,827	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)		149,827	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		55,303		8.00
9.00	Ancillary service charges		127,892	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)		183,195	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)		183,195	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		33,368	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)		149,827	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		149,827	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)		149,827	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		149,827	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		149,827	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		149,827	0	40.00
41.00	Interim payments		149,827	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: 15-0100		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 11/29/2021 12:13 pm	
						PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					18.00	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)					7.29	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)					10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					13.94	6.00
7.00	Enter the lesser of line 5 or line 6					10.71	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.	13.32	0.62	13.94		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.	10.23	0.48	10.71		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00			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	10.23	6.48			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.00			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.00			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.41	6.16			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	3.41	6.16			17.00	
18.00	Per resident amount	117,133.58	110,915.18			18.00	
19.00	Approved amount for resident costs	399,426	683,238	1,082,664		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)			3.23		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			1,082,664		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	21,534	4,629	6,184			26.00
27.00	Total Inpatient Days (see instructions)	63,135	63,135	63,135			27.00
28.00	Ratio of inpatient days to total inpatient days	0.341079	0.073319	0.097949			28.00
29.00	Program direct GME amount	369,274	79,380	106,046	554,700		29.00
29.01	Percent reduction for MA DGME		4.07	4.07			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		3,231	4,316	7,547		30.00
31.00	Net Program direct GME amount				547,153		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 12:13 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)		5,104,705	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)		79,742,075	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)		24,423	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		79,717,652	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		75,489,814	42.00
43.00	Primary payer payments (see instructions)		3,505	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		75,486,309	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		155,203,961	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.513632	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.486368	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		547,153	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		281,035	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		266,118	50.00

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

Provider CCN: 15-0100

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

Worksheet G

Date/Time Prepared:
11/29/2021 12:13 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	2,723,766	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	218,264,044	0	0	0	4.00
5.00	Other receivable	30,515,602	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-122,599,395	0	0	0	6.00
7.00	Inventory	12,806,535	0	0	0	7.00
8.00	Prepaid expenses	357,808	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	828,317	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	142,896,677	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	9,514,013	0	0	0	13.00
14.00	Accumulated depreciation	-7,510,457	0	0	0	14.00
15.00	Buildings	169,444,286	0	0	0	15.00
16.00	Accumulated depreciation	-166,593,469	0	0	0	16.00
17.00	Leasehold improvements	12,225,545	0	0	0	17.00
18.00	Accumulated depreciation	-9,513,569	0	0	0	18.00
19.00	Fixed equipment	71,063,647	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	3,206,530	0	0	0	21.00
22.00	Accumulated depreciation	-2,702,889	0	0	0	22.00
23.00	Major movable equipment	193,353,919	0	0	0	23.00
24.00	Accumulated depreciation	-145,268,837	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)	134,955,511	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	104,689,088	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	104,689,088	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	382,541,276	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,142,076	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,415,995	0	0	0	38.00
39.00	Payroll taxes payable	1,333,904	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,960,869	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	76,502,526	0	0	0	43.00
44.00	Other current liabilities	65,801,788	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	178,157,158	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	120,068,572	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	79,864,329	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	199,932,901	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	378,090,059	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,451,217	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	4,451,217	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	382,541,276	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0100

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

Worksheet G-1

Date/Time Prepared:
11/29/2021 12:13 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		2,879,263		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		130,814,985			2.00
3.00	Total (sum of line 1 and line 2)		133,694,248		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00	Contributions/Donations/Grant Revenue	566,684		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00	Rounding	0		0		9.00
10.00	Total additions (sum of line 4-9)		566,684		0	10.00
11.00	Subtotal (line 3 plus line 10)		134,260,932		0	11.00
12.00	Transfer to/from affiliates	129,809,712		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00	ROUNDING	3		0		17.00
18.00	Total deductions (sum of lines 12-17)		129,809,715		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,451,217		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	Contributions/Donations/Grant Revenue		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00	Rounding		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	Transfer to/from affiliates		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00	ROUNDING		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: 15-0100

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 12:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	58,466,988		58,466,988	1.00
2.00	SUBPROVIDER - IPF	7,142,053		7,142,053	2.00
3.00	SUBPROVIDER - IRF	5,829,264		5,829,264	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	71,438,305		71,438,305	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	46,772,401		46,772,401	11.00
11.02	NICU	8,410,784		8,410,784	11.02
12.00	CORONARY CARE UNIT	5,129,381		5,129,381	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)	60,312,566		60,312,566	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	131,750,871		131,750,871	17.00
18.00	Ancillary services	668,872,763	1,336,727,918	2,005,600,681	18.00
19.00	Outpatient services	43,737,854	112,933,341	156,671,195	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	5,868,059	5,868,059	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	625,655	683,810	1,309,465	27.00
27.01	Other Patient Service Revenue - Private Physician Offices	264,044	3,922,048	4,186,092	27.01
27.02	DME	0	8,574,406	8,574,406	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	845,251,187	1,468,709,582	2,313,960,769	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		542,259,601		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)		542,259,601		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0100

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

Worksheet G-3

Date/Time Prepared:
11/29/2021 12:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,313,960,769	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,674,560,765	2.00
3.00	Net patient revenues (line 1 minus line 2)	639,400,004	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	542,259,601	4.00
5.00	Net income from service to patients (line 3 minus line 4)	97,140,403	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	119,360	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	191,598	13.00
14.00	Revenue from meals sold to employees and guests	1,161,545	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	12,102,735	17.00
18.00	Revenue from sale of medical records and abstracts	13,121	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	4,757	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	943	21.00
22.00	Rental of hospital space	309,213	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Operating Income	2,425,666	24.00
24.05	Grant Income	2,362,477	24.05
24.50	COVID-19 PHE Funding	15,373,726	24.50
25.00	Total other income (sum of lines 6-24)	34,065,141	25.00
26.00	Total (line 5 plus line 25)	131,205,544	26.00
27.00	Non-oper expense	390,559	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	390,559	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	130,814,985	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet I-5 Date/Time Prepared: 11/29/2021 12:13 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0100	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 12:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,824,489	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		109,184	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)		152.91	3.00
4.00	Number of interns & residents (see instructions)		7.75	4.00
5.00	Indirect medical education percentage (see instructions)		1.44	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		55,073	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.69	8.00
9.00	Sum of lines 7 and 8		29.33	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.12	10.00
11.00	Disproportionate share adjustment (see instructions)		234,059	11.00
12.00	Total prospective capital payments (see instructions)		4,222,805	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