

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: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/23/2021 10:28 am
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PART I - COST REPORT STATUS

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

Date: 11/23/2021 Time: 10:28 am

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 COMMUNITY HOSPITAL (15-0125) 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) DANIEL O' BRIEN
 Officer or Administrator of Provider(s)

CFO
 Title

(Dated when report is electronically signed.)
 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	1,280,045	-151,865	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	18,221	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	1,298,266	-151,865	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:28 am
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 901 MACARTHUR BOULEVARD		PO Box:			
City: MUNSTER		State: IN		Zip Code: 46321	
				County: LAKE	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HOSPITAL	150125	23844	1	10/03/1973	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	THE REHAB CENTER AT COMMUNITY	15T125	23844	5	06/30/1996	N	P	P	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	COMMUNITY HOME HEALTH SERVICES	157487	23844		01/07/1997	N	P	N	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)					2			21.00	
						1.00	2.00	3.00		

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125			Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:28 am		
		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.	2,249	693	1,178	692	10,048	231	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.	6	0	0	3	150		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<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		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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	N		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	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:28 am
			V 1.00	XIX 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
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	Respiratory 4.00 109.00
				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
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.	1		118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00
118.01	List amounts of malpractice premiums and paid losses:	1	0	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.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:28 am	
		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		15H054		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: COMMUNITY FOUNDATION OF NW IN, INC.	Contractor's Name: WPS		Contractor's Number: 08001		141.00	
142.00	Street: 10100 DON POWERS DRIVE	PO Box:				142.00	
143.00	City: MUNSTER	State: IN		Zip Code: 46321		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.			Y		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:28 am
			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: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 10:28 am		
		Y/N	Date					
		1.00	2.00					
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.								
COMPLETED BY ALL HOSPITALS								
Provider Organization and Operation								
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00	
		Y/N	Date					
		1.00	2.00					
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00	
		Y/N	Type					
		1.00	2.00					
Financial Data and Reports								
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00	
		Y/N	Legal Oper.					
		1.00	2.00					
Approved Educational Activities								
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00	
		Y/N						
		1.00						
Bad Debts								
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00	
Bed Complement								
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00	
		Part A		Part B				
		Y/N	Date	Y/N	Date			
		1.00	2.00	3.00	4.00			
PS&R Data								
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/28/2021	Y	09/28/2021		17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	Y		Y			19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 10:28 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	CATHERINE		WOERNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	12197031267		CATHERINE.R.WOERNER@COMHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0125

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

Worksheet S-2
Part II
Date/Time Prepared:
11/23/2021 10:28 am

		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: 15-0125

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

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 10:28 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	314	114,610	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)		314	114,610	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	39	14,235	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE	31.01	32	11,680	0.00	0	8.01
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					0	13.00
14.00 Total (see instructions)		385	140,525	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	14	5,110		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		399				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: 15-0125

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

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 10:28 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	26,597	1,436	62,605			1.00
2.00 HMO and other (see instructions)	18,146	12,611				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	712	153				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)	26,597	1,436	62,605			7.00
8.00 INTENSIVE CARE UNIT	4,143	55	11,468			8.00
8.01 NEONATAL INTENSIVE CARE	0	619	4,432			8.01
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		139	2,752			13.00
14.00 Total (see instructions)	30,740	2,249	81,257	0.00	2,447.75	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,612	6	4,924	0.00	26.54	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	25,743	0	46,335	0.00	44.99	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			11			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	2,519.28	27.00
28.00 Observation Bed Days		0	15,826			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	231	540			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: 15-0125

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

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 10:28 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,847	333	15,249	1.00
2.00 HMO and other (see instructions)			2,774	2,287		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				18		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
8.01 NEONATAL INTENSIVE CARE						8.01
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	5,847	333	15,249	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	337	2	459	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

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

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 10:28 am

	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	185,726,520	0	185,726,520	5,240,099.01	35.44
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		4,310,428	0	4,310,428	40,639.31	106.07
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		9,433,496	0	9,433,496	65,898.04	143.15
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,239,310	448,483	9,687,793	264,812.48	36.58
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,337,547	0	2,337,547	24,386.89	95.85
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		602,916	0	602,916	3,538.14	170.40
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		23,021,399	0	23,021,399	626,576.00	36.74
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)		42,530,857	0	42,530,857		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,410,064	0	2,410,064		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		628,756	0	628,756		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,116,148	0	1,116,148		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,745,347	0	5,745,347		
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: 15-0125

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

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 10:28 am

	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	1,001,843	0	1,001,843	32,931.00	30.42	26.00
27.00	Administrative & General	20,238,647	0	20,238,647	579,354.00	34.93	27.00
28.00	Administrative & General under contract (see inst.)	2,809,351	0	2,809,351	23,175.34	121.22	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,851,685	0	3,851,685	112,054.00	34.37	30.00
31.00	Laundry & Linen Service	96,188	0	96,188	6,909.00	13.92	31.00
32.00	Housekeeping	3,604,401	0	3,604,401	217,138.00	16.60	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	3,409,226	-1,157,061	2,252,165	117,168.00	19.22	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,157,061	1,157,061	60,196.00	19.22	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,960,243	-293,389	5,666,854	154,037.00	36.79	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	849,850	0	849,850	29,142.00	29.16	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

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

Worksheet S-3
Part III
Date/Time Prepared:
11/23/2021 10:28 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	174,791,947	0	174,791,947	5,156,737.00	33.90	1.00
2.00	Excluded area salaries (see instructions)	9,239,310	448,483	9,687,793	264,812.48	36.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	165,552,637	-448,483	165,104,154	4,891,924.52	33.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,961,862	0	25,961,862	654,501.03	39.67	4.00
5.00	Subtotal wage-related costs (see inst.)	48,276,204	0	48,276,204	0.00	29.24	5.00
6.00	Total (sum of lines 3 thru 5)	239,790,703	-448,483	239,342,220	5,546,425.55	43.15	6.00
7.00	Total overhead cost (see instructions)	41,821,434	-293,389	41,528,045	1,332,104.34	31.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/23/2021 10:28 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		5,976,300	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		23,800,326	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,428,085	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		120,172	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)		111,700	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,583,272	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		10,576,793	17.00
18.00	Medicare Taxes - Employers Portion Only		2,591,056	18.00
19.00	Unemployment Insurance		498,121	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		46,685,825	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: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part V Date/Time Prepared: 11/23/2021 10:28 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,337,547	46,685,825	1.00
2.00	Hospital	2,337,547	46,685,825	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0125 Component CCN: 15-7487		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 11/23/2021 10:28 am PPS	
				Home Health Agency I			
				1.00			
0.00	County			LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,535	0	864	2,399	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,166.00	0.00	1,432.00	2,598.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.19	0.00	1.19	4.00
5.00	Other Administrative Personnel			17.22	0.00	17.22	5.00
6.00	Direct Nursing Service			12.62	0.00	12.62	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			7.50	0.00	7.50	8.00
9.00	Physical Therapy Supervisor			1.40	0.00	1.40	9.00
10.00	Occupational Therapy Service			2.57	0.00	2.57	10.00
11.00	Occupational Therapy Supervisor			0.42	0.00	0.42	11.00
12.00	Speech Pathology Service			0.04	0.12	0.16	12.00
13.00	Speech Pathology Supervisor			0.69	0.00	0.69	13.00
14.00	Medical Social Service			0.02	0.00	0.02	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.32	0.00	1.32	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,252	2,873	304	77	13,506	21.00
22.00	Skilled Nursing Visit Charges	2,058,747	576,935	60,936	14,070	2,710,688	22.00
23.00	Physical Therapy Visits	5,070	1,959	64	63	7,156	23.00
24.00	Physical Therapy Visit Charges	1,188,350	459,760	15,020	14,830	1,677,960	24.00
25.00	Occupational Therapy Visits	1,681	1,508	18	11	3,218	25.00
26.00	Occupational Therapy Visit Charges	393,550	353,940	4,210	2,570	754,270	26.00
27.00	Speech Pathology Visits	138	169	2	2	311	27.00
28.00	Speech Pathology Visit Charges	32,520	39,670	470	460	73,120	28.00
29.00	Medical Social Service Visits	6	10	1	0	17	29.00
30.00	Medical Social Service Visit Charges	1,598	2,620	275	0	4,493	30.00
31.00	Home Health Aide Visits	1,056	471	2	6	1,535	31.00
32.00	Home Health Aide Visit Charges	159,723	71,448	310	930	232,411	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	18,203	6,990	391	159	25,743	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,834,488	1,504,373	81,221	32,860	5,452,942	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,722		228	20	1,970	36.00
37.00	Total Number of Outlier Episodes		297		3	300	37.00
38.00	Total Non-Routine Medical Supply Charges	452,091	95,592	9,887	657	558,227	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/23/2021 10:28 am
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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)		0.217038	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		29,221,185	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		260,572,036	6.00	
7.00	Medicaid cost (line 1 times line 6)		56,554,034	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)		27,332,849	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)		337	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,577	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		342	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)		5	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)		27,332,854	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)	11,362,492	732,795	12,095,287	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,466,093	732,795	3,198,888	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)	2,466,093	732,795	3,198,888	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)			14,432,257	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			986,306	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,517,393	27.01
28.00	Non-Medicare bad debt expense (see instructions)			12,914,864	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,334,103	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,532,991	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			33,865,845	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0125

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

Worksheet A

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,001,112	14,001,112	-55,223	13,945,889	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,943,393	13,943,393	36,105	13,979,498	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,001,843	24,481,447	25,483,290	-4,768	25,478,522	4.00
5.01	00505	PURCHASING & RECEIVING STORES	640,606	-129,913	510,693	-573	510,120	5.01
5.02	00506	ADMINITTING	4,093,539	529,379	4,622,918	0	4,622,918	5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	-189	-189	0	-189	5.03
5.04	00508	OTHER ADMIN & GENERAL	15,504,502	92,223,296	107,727,798	-1,464,106	106,263,692	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,851,685	10,971,507	14,823,192	0	14,823,192	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	96,188	1,503,545	1,599,733	0	1,599,733	8.00
9.00	00900	HOUSEKEEPING	3,604,401	1,634,056	5,238,457	-871	5,237,586	9.00
10.00	01000	DIETARY	3,409,226	2,420,322	5,829,548	-1,984,773	3,844,775	10.00
11.00	01100	CAFETERIA	0	0	0	1,978,497	1,978,497	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,960,243	1,263,746	7,223,989	-318,604	6,905,385	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,780	2,780	0	2,780	16.00
17.00	01700	SOCIAL SERVICE	849,850	95,781	945,631	0	945,631	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(PHARMACY)	134,167	16,207	150,374	155,094	305,468	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,947,236	7,548,086	42,495,322	-928,277	41,567,045	30.00
31.00	03100	INTENSIVE CARE UNIT	12,184,605	2,883,341	15,067,946	68,495	15,136,441	31.00
31.01	02060	NEONATAL INTENSIVE CARE	3,328,457	852,763	4,181,220	-703	4,180,517	31.01
41.00	04100	SUBPROVIDER - I&R	1,838,669	834,587	2,673,256	0	2,673,256	41.00
43.00	04300	NURSERY	0	0	0	1,554,737	1,554,737	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,710,179	16,538,653	32,248,832	293,042	32,541,874	50.00
51.00	05100	RECOVERY ROOM	6,022,993	1,111,273	7,134,266	-2,319	7,131,947	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,223,590	558,430	2,782,020	-1,516	2,780,504	52.00
53.00	05300	ANESTHESIOLOGY	13,412,312	2,619,267	16,031,579	0	16,031,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,310,385	2,406,236	6,716,621	-14,522	6,702,099	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,425,401	1,587,986	3,013,387	-356	3,013,031	55.00
56.00	05600	RADIOISOTOPE	861,412	1,537,539	2,398,951	0	2,398,951	56.00
57.00	05700	CT SCAN	1,482,885	1,629,168	3,112,053	0	3,112,053	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	964,845	1,039,680	2,004,525	0	2,004,525	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,993,570	3,374,941	6,368,511	390,749	6,759,260	59.00
60.00	06000	LABORATORY	6,503,801	13,022,435	19,526,236	308,714	19,834,950	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	380,528	2,352,727	2,733,255	0	2,733,255	63.00
64.00	06400	INTRAVENOUS THERAPY	375,756	124,190	499,946	0	499,946	64.00
65.00	06500	RESPIRATORY THERAPY	3,725,270	1,058,710	4,783,980	40,361	4,824,341	65.00
66.00	06600	PHYSICAL THERAPY	5,516,275	1,947,130	7,463,405	131,541	7,594,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,441,502	727,776	2,169,278	-434	2,168,844	67.00
68.00	06800	SPEECH PATHOLOGY	1,215,845	348,686	1,564,531	-319	1,564,212	68.00
69.00	06900	ELECTROCARDIOLOGY	2,927,120	1,082,648	4,009,768	0	4,009,768	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	820,699	361,648	1,182,347	210,151	1,392,498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	29,289,454	29,289,454	-308,909	28,980,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,850,472	37,850,472	-383,487	37,466,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,427,835	18,131,763	22,559,598	-153,886	22,405,712	73.00
74.00	07400	RENAL DIALYSIS	120,560	1,707,109	1,827,669	0	1,827,669	74.00
76.97	07697	CARDIAC REHABILITATION	761,042	116,737	877,779	19,803	897,582	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,205,595	798,765	3,004,360	-4,559	2,999,801	90.00
91.00	09100	EMERGENCY	7,185,429	2,655,171	9,840,600	2,376	9,842,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,207,543	1,030,652	5,238,195	-1,194	5,237,001	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	182,667,589	320,084,492	502,752,081	-439,734	502,312,347	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	816,605	208,807	1,025,412	355,175	1,380,587	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,207	289,512	354,719	0	354,719	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	672,301	672,301	0	672,301	194.00
194.01	07951	ADVERTISING	0	215,939	215,939	84,559	300,498	194.01
194.02	07952	RETAIL PHARMACY	671,509	11,822,639	12,494,148	0	12,494,148	194.02
194.03	07953	FITNESS POINTE	938,290	607,432	1,545,722	0	1,545,722	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet A Date/Time Prepared: 11/23/2021 10:28 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
	1.00	2.00	3.00	4.00	5.00			
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	249,150	83,213	332,363	0	332,363	194.04		
194.05 07955 EINSTEIN BAGELS	17,954	16,412	34,366	0	34,366	194.05		
194.06 07956 NONRTHWESTERN IMAGING	300,216	440,524	740,740	0	740,740	194.06		
200.00 TOTAL (SUM OF LINES 118 through 199)	185,726,520	334,441,271	520,167,791	0	520,167,791	200.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0125

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

Worksheet A
Date/Time Prepared:
11/23/2021 10:28 am

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	-90,668	13,855,221	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,208,173	16,187,671	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,828,991	28,307,513	4.00
5.01	00505	PURCHASING & RECEIVING STORES	0	510,120	5.01
5.02	00506	ADMINISTRATIVE	9,560	4,632,478	5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	5,941,364	5,941,175	5.03
5.04	00508	OTHER ADMIN & GENERAL	-48,853,140	57,410,552	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	124	14,823,316	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,599,733	8.00
9.00	00900	HOUSEKEEPING	7	5,237,593	9.00
10.00	01000	DIETARY	-1,176	3,843,599	10.00
11.00	01100	CAFETERIA	-1,548,225	430,272	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	305,038	7,210,423	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,041,845	5,044,625	16.00
17.00	01700	SOCIAL SERVICE	0	945,631	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	305,468	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-103,801	41,463,244	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,044,659	14,091,782	31.00
31.01	02060	NEONATAL INTENSIVE CARE	-356,161	3,824,356	31.01
41.00	04100	SUBPROVIDER - I R F	0	2,673,256	41.00
43.00	04300	NURSERY	0	1,554,737	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,415	32,534,459	50.00
51.00	05100	RECOVERY ROOM	0	7,131,947	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,832	2,775,672	52.00
53.00	05300	ANESTHESIOLOGY	-14,373,741	1,657,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-49,227	6,652,872	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-6,216	3,006,815	55.00
56.00	05600	RADIOISOTOPE	0	2,398,951	56.00
57.00	05700	CT SCAN	-4,540	3,107,513	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-5,465	1,999,060	58.00
59.00	05900	CARDIAC CATHETERIZATION	-8,944	6,750,316	59.00
60.00	06000	LABORATORY	-25,379	19,809,571	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,733,255	63.00
64.00	06400	INTRAVENOUS THERAPY	0	499,946	64.00
65.00	06500	RESPIRATORY THERAPY	-1,896	4,822,445	65.00
66.00	06600	PHYSICAL THERAPY	0	7,594,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,168,844	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,564,212	68.00
69.00	06900	ELECTROCARDIOLOGY	12	4,009,780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,292	1,390,206	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,980,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,466,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,092,570	21,313,142	73.00
74.00	07400	RENAL DIALYSIS	0	1,827,669	74.00
76.97	07697	CARDIAC REHABILITATION	-29	897,553	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-215,141	2,784,660	90.00
91.00	09100	EMERGENCY	-6,440	9,836,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	266,225	5,503,226	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-51,200,618	451,111,729	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	1,380,587	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	102	354,821	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	672,301	194.00
194.01	07951	ADVERTISING	0	300,498	194.01
194.02	07952	RETAIL PHARMACY	0	12,494,148	194.02
194.03	07953	FITNESS POINTE	0	1,545,722	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	332,363	194.04
194.05	07955	EINSTEIN BAGELS	0	34,366	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/23/2021 10:28 am
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation		
194.06	07956	NONRTHWESTERN IMAGING	0	740,740		194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-51,200,516	468,967,275		200.00

RECLASSIFICATIONS

Provider CCN: 15-0125

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 10:28 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	327,584	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	27,500	2.00
	TOTALS		0	355,084	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,157,061	821,436	1.00
	TOTALS		1,157,061	821,436	
C - RECLASS NURSERY					
1.00	NURSERY	43.00	1,213,053	341,684	1.00
	TOTALS		1,213,053	341,684	
D - RECLASS PRECEPTOR TIME					
1.00	PARAMED ED PRGM-(PHARMACY)	23.00	155,094	0	1.00
	TOTALS		155,094	0	
E - COVID COSTS					
1.00	NURSING ADMINISTRATION	13.00	0	23,836	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	642,941	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	68,495	3.00
4.00	LABORATORY	60.00	0	309,106	4.00
5.00	RESPIRATORY THERAPY	65.00	0	40,361	5.00
6.00	PHYSICAL THERAPY	66.00	0	2,126	6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,208	7.00
8.00	EMERGENCY	91.00	0	2,376	8.00
	TOTALS		0	1,090,449	
F - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,605	1.00
	TOTALS		0	8,605	
G - NEUROSCIENCE RESEARCH					
1.00	RESEARCH	191.00	293,389	42,673	1.00
	TOTALS		293,389	42,673	
H - INVENTORY ADJ EXPENSE					
1.00	OPERATING ROOM	50.00	0	301,647	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	390,749	2.00
	TOTALS		0	692,396	
I - SLEEP CLINIC & LAKE BUSINESS LEASE					
1.00	PHYSICAL THERAPY	66.00	0	133,740	1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	210,151	2.00
3.00	CARDIAC REHABILITATION	76.97	0	19,803	3.00
4.00	RESEARCH	191.00	0	19,113	4.00
	TOTALS		0	382,807	
J - ADVERTISING NON-REIMBURSABLE					
1.00	ADVERTISING	194.01	0	84,559	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	84,559	
500.00	Grand Total: Increases		2,818,597	3,819,693	500.00

RECLASSIFICATIONS

Provider CCN: 15-0125

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 10:28 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BUILDING INSURANCE							
1.00	OTHER ADMIN & GENERAL	5.04	0	355,084	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	355,084			
B - CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,157,061	821,436	0		1.00
	TOTALS		1,157,061	821,436			
C - RECLASS NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,213,053	341,684	0		1.00
	TOTALS		1,213,053	341,684			
D - RECLASS PRECEPTOR TIME							
1.00	DRUGS CHARGED TO PATIENTS	73.00	155,094	0	0		1.00
	TOTALS		155,094	0			
E - COVID COSTS							
1.00	OTHER ADMIN & GENERAL	5.04	0	1,090,449	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
	TOTALS		0	1,090,449			
F - INTEREST EXPENSE							
1.00	OPERATING ROOM	50.00	0	8,605	11		1.00
	TOTALS		0	8,605			
G - NEUROSCIENCE RESEARCH							
1.00	NURSING ADMINISTRATION	13.00	293,389	42,673	0		1.00
	TOTALS		293,389	42,673			
H - INVENTORY ADJ EXPENSE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	308,909	0		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	383,487	0		2.00
	TOTALS		0	692,396			
I - SLEEP CLINIC & LAKE BUSINESS LEASE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,786	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	379,021	10		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	382,807			
J - ADVERTISING NON-REIMBURSABLE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,768	0		1.00
2.00	PURCHASING & RECEIVING STORES	5.01	0	573	0		2.00
3.00	OTHER ADMIN & GENERAL	5.04	0	18,573	0		3.00
4.00	HOUSEKEEPING	9.00	0	871	0		4.00
5.00	DIETARY	10.00	0	6,276	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	6,378	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	16,481	0		7.00
8.00	NEONATAL INTENSIVE CARE	31.01	0	703	0		8.00
9.00	RECOVERY ROOM	51.00	0	2,319	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,516	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,522	0		11.00
12.00	RADIOLOGY - THERAPEUTIC	55.00	0	356	0		12.00
13.00	LABORATORY	60.00	0	392	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	4,325	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	434	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	319	0		16.00
17.00	CLINIC	90.00	0	4,559	0		17.00
18.00	HOME HEALTH AGENCY	101.00	0	1,194	0		18.00
	TOTALS		0	84,559			
500.00	Grand Total: Decreases		2,818,597	3,819,693			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

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

Worksheet A-7
Part I
Date/Time Prepared:
11/23/2021 10:28 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,592,644	25,235	0	25,235	0	1.00
2.00	Land Improvements	1,242,188	323,530	0	323,530	0	2.00
3.00	Buildings and Fixtures	395,121,780	2,170,212	0	2,170,212	18,036	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	152,801,806	12,361,188	0	12,361,188	3,841,755	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	562,758,418	14,880,165	0	14,880,165	3,859,791	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	562,758,418	14,880,165	0	14,880,165	3,859,791	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,617,879	0				1.00
2.00	Land Improvements	1,565,718	0				2.00
3.00	Buildings and Fixtures	397,273,956	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	161,321,239	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	573,778,792	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	573,778,792	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

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

Worksheet A-7
Part II
Date/Time Prepared:
11/23/2021 10:28 am

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	12,756,561	1,244,551	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,451,121	2,492,272	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,207,682	3,736,823	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	14,001,112				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,943,393				2.00
3.00	Total (sum of lines 1-2)	0	27,944,505				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

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

Worksheet A-7
Part III
Date/Time Prepared:
11/23/2021 10:28 am

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	412,457,552	0	412,457,552	0.718844	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	161,321,239	0	161,321,239	0.281156	0	2.00
3.00	Total (sum of lines 1-2)	573,778,791	0	573,778,791	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,094,678	432,959	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,667,899	2,492,272	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,762,577	2,925,231	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	327,584	0	0	13,855,221	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	27,500	0	0	16,187,671	2.00
3.00	Total (sum of lines 1-2)	0	355,084	0	0	30,042,892	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0125

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-405,596				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-30,457,464				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0125

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
33.00 ANESTHESIA - NON-SALARIES, NON-BENEF	A	-878,505	ANESTHESIOLOGY		53.00	0 33.00
33.01 COVID DRUG DONATIONS	B	-1,088,800	DRUGS CHARGED TO PATIENTS		73.00	0 33.01
33.02 NON-PATIENT CARE COST	A	-390	OTHER ADMIN & GENERAL		5.04	0 33.02
33.03 PART B CONTRACTED SERVICES	A	-319,000	INTENSIVE CARE UNIT		31.00	0 33.03
33.04 PART B CONTRACTED SERVICES	A	-9,840	RADIOLOGY-DIAGNOSTIC		54.00	0 33.04
33.05 PART B CONTRACTED SERVICES	A	-4,540	CT SCAN		57.00	0 33.05
33.06 PART B CONTRACTED SERVICES	A	-5,465	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 33.06
33.07 PART B CONTRACTED SERVICES	A	-5,763	CLINIC		90.00	0 33.07
33.08 PART B SALARIES	A	-7,500	OTHER ADMIN & GENERAL		5.04	0 33.08
33.09 PART B SALARIES	A	-663,927	INTENSIVE CARE UNIT		31.00	0 33.09
33.10 PART B SALARIES	A	-298,488	NEONATAL INTENSIVE CARE		31.01	0 33.10
33.11 PART B SALARIES	A	-12,595,249	ANESTHESIOLOGY		53.00	0 33.11
33.12 PART B SALARIES	A	-178,761	CLINIC		90.00	0 33.12
33.13 PATIENT TELEPHONES	A	-207,719	OTHER ADMIN & GENERAL		5.04	0 33.13
33.14 TELEPHONE DEPRECIATION	A	-81	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.14
33.15 TV DEPRECIATION	A	-9,401	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.15
33.16 COVID VACCINE CLINIC	B	-32,982	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.16
33.17 COVID VACCINE CLINIC	B	-756,255	OTHER ADMIN & GENERAL		5.04	0 33.17
33.18 OTHER REVENUE	B	-509	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.18
33.19 OTHER REVENUE	B	-43,713	OTHER ADMIN & GENERAL		5.04	0 33.19
33.20 OTHER REVENUE	B	-1,176	DIETARY		10.00	0 33.20
33.21 OTHER REVENUE	B	-224	ADULTS & PEDIATRICS		30.00	0 33.21
33.22 OTHER REVENUE	B	-72	INTENSIVE CARE UNIT		31.00	0 33.22
33.23 OTHER REVENUE	B	-24	OPERATING ROOM		50.00	0 33.23
33.24 OTHER REVENUE	B	869	ANESTHESIOLOGY		53.00	0 33.24
33.25 OTHER REVENUE	B	-28,615	RADIOLOGY-DIAGNOSTIC		54.00	0 33.25
33.26 OTHER REVENUE	B	-4,091	CARDIAC CATHETERIZATION		59.00	0 33.26
33.27 OTHER REVENUE	B	-807	RESPIRATORY THERAPY		65.00	0 33.27
33.28 OTHER REVENUE	B	-3,000	DRUGS CHARGED TO PATIENTS		73.00	0 33.28
33.29 OTHER REVENUE	B	-29	CARDIAC REHABILITATION		76.97	0 33.29
33.30 OTHER REVENUE	B	-6,440	EMERGENCY		91.00	0 33.30
33.31 OTHER REVENUE	B	-10,500	HOME HEALTH AGENCY		101.00	0 33.31
33.32 OTHER REVENUE	B	-1,548,225	CAFETERIA		11.00	0 33.32
33.33 OTHER REVENUE	B	-8,605	CAP REL COSTS-MVBLE EQUIP		2.00	11 33.33
33.34 PART B BENEFITS	A	-536	OTHER ADMIN & GENERAL		5.04	0 33.34
33.35 PART B BENEFITS	A	-47,486	INTENSIVE CARE UNIT		31.00	0 33.35
33.36 PART B BENEFITS	A	-21,349	NEONATAL INTENSIVE CARE		31.01	0 33.36
33.37 PART B BENEFITS	A	-900,856	ANESTHESIOLOGY		53.00	0 33.37
33.38 PART B BENEFITS	A	-12,786	CLINIC		90.00	0 33.38
33.39 PART B BENEFITS	A	-633,944	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.39
33.40 PARENT ASSET DEPRECIATION ADJUSTMENT	A	-2,672	CAP REL COSTS-BLDG & FIXT		1.00	9 33.40
33.41 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.41
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,200,516				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: 15-0125
 Period: From 07/01/2020 To 06/30/2021
 Worksheet A-8-1
 Date/Time Prepared: 11/23/2021 10:28 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL RELATED - NEW BLDG	263,485	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	NEW MOVABLE EQUIPMENT	2,226,260	0
3.00	5.04	OTHER ADMIN & GENERAL	SALARIES/GROSS COSTS	16,955,574	0
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS/GROSS COSTS	3,496,426	0
3.02	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	5,041,845	0
3.03	5.03	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTING	5,941,364	0
3.04	13.00	NURSING ADMINISTRATION	CANCER REGISTRY	305,031	0
3.05	5.04	OTHER ADMIN & GENERAL	OTHER NON-CAPITAL	16,551,256	0
3.06	1.00	CAP REL COSTS-BLDG & FIXT	901 RIDGE RD LEASE	0	96,711
3.07	101.00	HOME HEALTH AGENCY	901 RIDGE RD LEASE	276,725	0
3.08	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE EXPENSE	62,030	0
3.09	5.04	OTHER ADMIN & GENERAL	CDC A&G	354	0
3.10	7.00	OPERATION OF PLANT	CDC A&G	124	0
3.11	9.00	HOUSEKEEPING	CDC A&G	7	0
3.12	13.00	NURSING ADMINISTRATION	CDC A&G	7	0
3.13	54.00	RADIOLOGY-DIAGNOSTIC	CDC A&G	502	0
3.14	60.00	LABORATORY	CDC A&G	47	0
3.15	69.00	ELECTROCARDIOLOGY	CDC A&G	12	0
3.16	192.00	PHYSICIANS' PRIVATE OFFICES	CDC A&G	102	0
3.17	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC LEASE EXPENSE	0	74,140
3.18	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC DEPRECIATION	19,060	0
3.19	5.02	ADMINITTING	800 MAC A&G	9,560	0
3.20	5.04	OTHER ADMIN & GENERAL	800 MAC A&G	80,462	0
3.21	5.04	OTHER ADMIN & GENERAL	CORPORATE ALLOCATION	0	58,935,946
3.22	5.04	OTHER ADMIN & GENERAL	PHYSICIAN ALLOCATION	0	22,319,180
3.23	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE EXPENSE	0	261,720
3.24	0.00			0	0
3.25	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			51,230,233	81,687,697

* 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		0.00	CFNI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0125

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 10:28 am

	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	263,485	9		1.00
2.00	2,226,260	9		2.00
3.00	16,955,574	0		3.00
3.01	3,496,426	0		3.01
3.02	5,041,845	0		3.02
3.03	5,941,364	0		3.03
3.04	305,031	0		3.04
3.05	16,551,256	0		3.05
3.06	-96,711	10		3.06
3.07	276,725	0		3.07
3.08	62,030	9		3.08
3.09	354	0		3.09
3.10	124	0		3.10
3.11	7	0		3.11
3.12	7	0		3.12
3.13	502	0		3.13
3.14	47	0		3.14
3.15	12	0		3.15
3.16	102	0		3.16
3.17	-74,140	10		3.17
3.18	19,060	9		3.18
3.19	9,560	0		3.19
3.20	80,462	0		3.20
3.21	-58,935,946	0		3.21
3.22	-22,319,180	0		3.22
3.23	-261,720	10		3.23
3.24	0	0		3.24
3.25	0	0		3.25
4.00	0	0		4.00
5.00	-30,457,464	0		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0125

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

Worksheet A-8-2

Date/Time Prepared:
11/23/2021 10:28 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	AGGREGATE-OTHER ADMIN & GENERAL	227,201	150,000	77,201	211,500	567	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	183,500	0	183,500	211,500	786	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	50,882	0	50,882	211,500	361	3.00
4.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE	50,051	30,000	20,051	211,500	135	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	34,756	0	34,756	246,400	231	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	15,000	0	15,000	211,500	100	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	25,000	0	25,000	271,900	105	7.00
8.00	55.00	AGGREGATE-RADIOLOGY - THERAPEUTIC	17,850	0	17,850	271,900	89	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	15,225	0	15,225	211,500	102	9.00
10.00	60.00	AGGREGATE-LABORATORY	67,850	0	67,850	260,300	339	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	19,494	0	19,494	211,500	181	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	24,764	0	24,764	211,500	221	12.00
13.00	73.00	AGGREGATE-DRUGS CHARGED TO PATIENTS	4,125	0	4,125	211,500	33	13.00
14.00	90.00	AGGREGATE-CLINIC	47,217	0	47,217	211,500	289	14.00
200.00			782,915	180,000	602,915		3,539	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	AGGREGATE-OTHER ADMIN & GENERAL	57,654	2,883	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	79,923	3,996	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	36,708	1,835	0	0	0	3.00
4.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE	13,727	686	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	27,365	1,368	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	10,168	508	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	13,726	686	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY - THERAPEUTIC	11,634	582	0	0	0	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	10,372	519	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	42,424	2,121	0	0	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	18,405	920	0	0	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	22,472	1,124	0	0	0	12.00
13.00	73.00	AGGREGATE-DRUGS CHARGED TO PATIENTS	3,355	168	0	0	0	13.00
14.00	90.00	AGGREGATE-CLINIC	29,386	1,469	0	0	0	14.00
200.00			377,319	18,865	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.04	AGGREGATE-OTHER ADMIN & GENERAL	0	57,654	19,547	169,547	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	79,923	103,577	103,577	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	36,708	14,174	14,174	3.00
4.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE	0	13,727	6,324	36,324	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	27,365	7,391	7,391	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	10,168	4,832	4,832	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	13,726	11,274	11,274	7.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0125

Period:
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	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		
8.00	55.00	AGGREGATE-RADIOLOGY - THERAPEUTIC	0	11,634	6,216	6,216		8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	10,372	4,853	4,853		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	42,424	25,426	25,426		10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	18,405	1,089	1,089		11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	22,472	2,292	2,292		12.00
13.00	73.00	AGGREGATE-DRUGS CHARGED TO PATIENTS	0	3,355	770	770		13.00
14.00	90.00	AGGREGATE-CLINIC	0	29,386	17,831	17,831		14.00
200.00			0	377,319	225,596	405,596		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

Worksheet B
Part I
Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,855,221	13,855,221			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	16,187,671		16,187,671		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,307,513	45,667	19,085	28,372,265	4.00
5.01 00505	PURCHASING & RECEIVING STORES	510,120	122,546	567	98,392	731,625
5.02 00506	ADMITTING	4,632,478	101,621	14,413	628,735	774
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	5,941,175	159,755	0	0	0
5.04 00508	OTHER ADMIN & GENERAL	57,410,552	893,176	734,994	2,381,367	34,827
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	14,823,316	2,092,997	462,556	591,588	129
8.00 00800	LAUNDRY & LINEN SERVICE	1,599,733	23,077	0	14,774	0
9.00 00900	HOUSEKEEPING	5,237,593	58,547	46,064	553,607	2,967
10.00 01000	DIETARY	3,843,599	168,243	145,407	345,915	7,997
11.00 01100	CAFETERIA	430,272	173,976	0	177,715	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	7,210,423	48,909	170,272	870,383	10,190
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,044,625	26,437	402	0	0
17.00 01700	SOCIAL SERVICE	945,631	16,740	0	130,530	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(PHARMACY)	305,468	3,360	0	44,428	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	41,463,244	2,599,404	614,886	5,181,334	85,649
31.00 03100	INTENSIVE CARE UNIT	14,091,782	539,669	752,909	1,871,458	29,151
31.01 02060	NEONATAL INTENSIVE CARE	3,824,356	163,734	95,944	511,224	9,932
41.00 04100	SUBPROVIDER - I&R	2,673,256	183,141	18,630	282,405	3,225
43.00 04300	NURSERY	1,554,737	26,127	0	186,315	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,534,459	1,096,786	3,280,617	2,412,958	157,108
51.00 05100	RECOVERY ROOM	7,131,947	550,633	168,552	925,084	9,158
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,775,672	228,102	79,022	341,526	6,578
53.00 05300	ANESTHESIOLOGY	1,657,838	14,604	174,872	2,060,024	15,092
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,652,872	295,711	1,345,720	662,041	10,706
55.00 05500	RADIOLOGY - THERAPEUTIC	3,006,815	211,067	1,949,712	218,930	903
56.00 05600	RADIOISOTOPE	2,398,951	59,298	250,574	132,306	645
57.00 05700	CT SCAN	3,107,513	86,649	1,015,746	227,759	8,771
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,999,060	59,284	665,266	148,192	2,838
59.00 05900	CARDIAC CATHETERIZATION	6,750,316	230,076	1,312,984	459,788	60,754
60.00 06000	LABORATORY	19,809,571	277,468	782,031	998,932	169,234
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	2,733,255	23,946	23,197	58,446	6,836
64.00 06400	INTRAVENOUS THERAPY	499,946	82,066	421	57,713	1,806
65.00 06500	RESPIRATORY THERAPY	4,822,445	61,347	108,521	572,172	10,964
66.00 06600	PHYSICAL THERAPY	7,594,946	507,662	125,066	847,256	5,676
67.00 06700	OCCUPATIONAL THERAPY	2,168,844	38,520	14,358	221,403	1,032
68.00 06800	SPEECH PATHOLOGY	1,564,212	21,957	42,150	186,744	387
69.00 06900	ELECTROCARDIOLOGY	4,009,780	208,650	591,224	449,582	8,126
70.00 07000	ELECTROENCEPHALOGRAPHY	1,390,206	39,626	75,205	126,053	5,547
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,980,545	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	37,466,985	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	21,313,142	77,070	298,317	656,259	6,578
74.00 07400	RENAL DIALYSIS	1,827,669	17,153	0	18,517	387
76.97 07697	CARDIAC REHABILITATION	897,553	66,549	40,259	116,890	258
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,784,660	47,244	7,254	338,762	7,739
91.00 09100	EMERGENCY	9,836,536	367,992	191,886	1,103,624	46,694
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	5,503,226	0	0	646,245	129
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	451,111,729	12,116,586	15,619,083	27,857,376	728,787
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,801	0	0	0
191.00 19100	RESEARCH	1,380,587	8,385	5,408	170,486	129
192.00 19200	PHYSICIANS' PRIVATE OFFICES	354,821	830,812	0	10,015	0
194.00 07950	OTHER NONREIMBURSEABLE	672,301	104,082	86,819	0	0
194.01 07951	ADVERTISING	300,498	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 RETAIL PHARMACY	12,494,148	26,157	2,280	103,138	774	194.02
194.03 07953 FITNESS POINTE	1,545,722	681,623	106,923	144,114	258	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	332,363	21,839	7,808	38,267	1,419	194.04
194.05 07955 EINSTEIN BAGELS	34,366	8,915	7,398	2,758	0	194.05
194.06 07956 NONRTHWESTERN IMAGING	740,740	39,021	351,952	46,111	258	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	468,967,275	13,855,221	16,187,671	28,372,265	731,625	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

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Part I
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Cost Center Description			ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
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
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMINING	5,378,021					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	6,100,930				5.03
5.04	00508	OTHER ADMIN & GENERAL	0	0	61,454,916	61,454,916		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	17,970,586	2,710,054	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,637,584	246,956	0	8.00
9.00	00900	HOUSEKEEPING	0	0	5,898,778	889,565	0	9.00
10.00	01000	DIETARY	0	0	4,511,161	680,306	0	10.00
11.00	01100	CAFETERIA	0	0	781,963	117,924	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	8,310,177	1,253,216	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,071,464	764,802	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,092,901	164,815	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	353,256	53,273	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	403,326	457,509	50,805,352	7,661,717	0	30.00
31.00	03100	INTENSIVE CARE UNIT	88,027	99,853	17,472,849	2,634,993	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE	83,601	94,832	4,783,623	721,394	0	31.01
41.00	04100	SUBPROVIDER - I&R	18,344	20,808	3,199,809	482,547	0	41.00
43.00	04300	NURSERY	14,656	16,625	1,798,460	271,217	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	801,893	910,043	41,193,864	6,212,241	0	50.00
51.00	05100	RECOVERY ROOM	84,859	96,259	8,966,492	1,352,192	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,174	27,421	3,482,495	525,178	0	52.00
53.00	05300	ANESTHESIOLOGY	124,992	141,784	4,189,206	631,753	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	214,689	243,531	9,425,270	1,421,378	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	120,798	137,027	5,645,252	851,332	0	55.00
56.00	05600	RADIOISOTOPE	88,417	100,294	3,030,485	457,012	0	56.00
57.00	05700	CT SCAN	316,006	358,459	5,120,903	772,258	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	163,915	185,935	3,224,490	486,269	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	398,030	451,501	9,663,449	1,457,296	0	59.00
60.00	06000	LABORATORY	635,117	720,438	23,392,791	3,527,750	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	32,010	36,311	2,914,001	439,446	0	63.00
64.00	06400	INTRAVENOUS THERAPY	9,530	10,811	662,293	99,877	0	64.00
65.00	06500	RESPIRATORY THERAPY	57,393	65,103	5,697,945	859,279	0	65.00
66.00	06600	PHYSICAL THERAPY	92,980	105,471	9,279,057	1,399,328	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,373	34,453	2,508,983	378,367	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,454	15,262	1,844,166	278,109	0	68.00
69.00	06900	ELECTROCARDIOLOGY	201,251	228,287	5,696,900	859,121	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,175	54,647	1,739,459	262,319	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	187,238	212,391	29,380,174	4,430,677	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	240,705	273,041	37,980,731	5,727,684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	395,659	448,811	23,195,836	3,498,048	0	73.00
74.00	07400	RENAL DIALYSIS	21,017	23,841	1,908,584	287,824	0	74.00
76.97	07697	CARDIAC REHABILITATION	8,380	9,506	1,139,395	171,826	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	34,859	39,542	3,260,060	491,633	0	90.00
91.00	09100	EMERGENCY	400,748	454,585	12,402,065	1,870,293	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	23,405	26,549	6,199,554	934,924	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,378,021	6,100,930	448,286,779	58,336,193	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	17,801	2,684	0	190.00
191.00	19100	RESEARCH	0	0	1,564,995	236,009	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,195,648	180,310	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	863,202	130,175	0	194.00
194.01	07951	ADVERTISING	0	0	300,498	45,317	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	12,626,497	1,904,139	0	194.02
194.03	07953	FITNESS POINTE	0	0	2,478,640	373,791	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	401,696	60,578	0	194.04
194.05	07955	EINSTEIN BAGELS	0	0	53,437	8,059	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

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Cost Center Description		ADM ITTING	CASHI ERING/ACC OUNTS RECEI VABLE	Subtotal	OTHER ADMI N & GENERAL	MAINTENANCE & REPAI RS	
		5.02	5.03	5A.03	5.04	6.00	
194.06	07956 NONRTHWESTERN IMAGING	0	0	1,178,082	177,661	0	194.06
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,378,021	6,100,930	468,967,275	61,454,916	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		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
5.01	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	20,680,640				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,715	1,930,255			8.00
9.00	00900	HOUSEKEEPING	115,982	0	6,904,325		9.00
10.00	01000	DIETARY	333,291	0	112,147	5,636,905	10.00
11.00	01100	CAFETERIA	344,647	0	115,969	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	1,360,503	12.00
13.00	01300	NURSING ADMINISTRATION	96,890	0	32,602	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	52,821	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,371	0	17,622	0	16.00
17.00	01700	SOCIAL SERVICE	33,163	0	11,159	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	9,993	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	6,656	0	2,240	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,149,438	1,402,207	1,732,712	4,369,796	355,474
31.00	03100	INTENSIVE CARE UNIT	1,069,088	256,857	359,732	416,424	102,787
31.01	02060	NEONATAL INTENSIVE CARE	324,358	99,267	109,142	0	27,124
41.00	04100	SUBPROVIDER - I&R	362,804	110,286	122,078	269,312	19,273
43.00	04300	NURSERY	51,758	61,638	17,416	0	11,421
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,172,740	0	731,095	0	155,608
51.00	05100	RECOVERY ROOM	1,090,807	0	367,041	243,149	57,818
52.00	05200	DELIVERY ROOM & LABOR ROOM	451,871	0	152,048	110,661	21,414
53.00	05300	ANESTHESIOLOGY	28,930	0	9,734	0	33,549
54.00	05400	RADIOLOGY-DIAGNOSTIC	585,806	0	197,115	0	45,683
55.00	05500	RADIOLOGY - THERAPEUTIC	418,124	0	140,693	0	10,707
56.00	05600	RADIOISOTOPE	117,471	0	39,527	0	6,424
57.00	05700	CT SCAN	171,652	0	57,758	0	15,704
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	117,441	0	39,517	0	9,279
59.00	05900	CARDIAC CATHETERIZATION	455,783	0	153,364	0	24,983
60.00	06000	LABORATORY	549,666	0	184,954	0	78,518
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	47,438	0	15,962	0	3,569
64.00	06400	INTRAVENOUS THERAPY	162,573	0	54,703	0	3,569
65.00	06500	RESPIRATORY THERAPY	121,528	0	40,893	0	34,262
66.00	06600	PHYSICAL THERAPY	1,005,682	0	338,397	0	52,821
67.00	06700	OCCUPATIONAL THERAPY	76,309	0	25,677	0	12,135
68.00	06800	SPEECH PATHOLOGY	43,497	0	14,636	0	10,707
69.00	06900	ELECTROCARDIOLOGY	413,337	0	139,082	0	30,693
70.00	07000	ELECTROENCEPHALOGRAPHY	78,499	0	26,414	0	9,279
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	152,677	0	51,374	0	35,690
74.00	07400	RENAL DIALYSIS	33,980	0	11,434	0	1,428
76.97	07697	CARDIAC REHABILITATION	131,833	0	44,360	0	7,138
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	93,591	0	31,492	0	21,414
91.00	09100	EMERGENCY	728,995	0	245,296	227,563	79,232
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,236,391	1,930,255	5,745,385	5,636,905	1,343,372
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,265	0	11,866	0	0
191.00	19100	RESEARCH	16,611	0	5,589	0	9,279
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,645,844	0	553,803	0	714
194.00	07950	OTHER NONREIMBURSEABLE	206,187	0	69,379	0	0
194.01	07951	ADVERTISING	0	0	0	0	0
194.02	07952	RETAIL PHARMACY	51,817	0	17,436	0	7,138
194.03	07953	FITNESS POINTE	1,350,299	0	454,356	0	0
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	43,263	0	14,557	0	0
194.05	07955	EINSTEIN BAGELS	17,661	0	5,943	0	0
194.06	07956	NONRTHWESTERN IMAGING	77,302	0	26,011	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	20,680,640	1,930,255	6,904,325	5,636,905	1,360,503	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part I Date/Time Prepared: 11/23/2021 10:28 am	
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	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
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508	OTHER ADMIN & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	9,745,706				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,906,259	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,067,276	0	0	442,898	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,177,060	0	0	96,664	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	313,178	0	0	91,804	31.01
41.00	04100	SUBPROVIDER - I RF	0	216,967	0	0	20,143	41.00
43.00	04300	NURSERY	0	133,771	0	0	16,094	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,781,476	0	0	881,153	50.00
51.00	05100	RECOVERY ROOM	0	659,168	0	0	93,184	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	243,642	0	0	26,546	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	137,256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	235,753	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	132,650	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	97,091	56.00
57.00	05700	CT SCAN	0	0	0	0	347,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	179,997	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	437,081	59.00
60.00	06000	LABORATORY	0	0	0	0	697,430	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	35,151	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	10,465	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	63,024	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	102,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	33,353	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	14,775	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	220,996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	52,902	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	205,608	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	264,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	434,478	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	23,079	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	9,202	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	242,341	0	0	38,279	90.00
91.00	09100	EMERGENCY	0	910,827	0	0	440,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	25,701	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,745,706	0	0	5,906,259	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	FITNESS POINTE	0	0	0	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:
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To 06/30/2021

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		12.00	13.00	14.00	15.00	16.00		
194.06	07956	NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,745,706	0	0	5,906,259	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	19.00		
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
5.01 00505 PURCHASING & RECEIVING STORES						5.01
5.02 00506 ADMITTING						5.02
5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00508 OTHER ADMIN & GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	1,312,031					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			0		22.00
23.00 02300 PARAMED PRGM-(PHARMACY)	0				418,280	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	953,107	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	174,590	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE	67,473	0	0	0	0	31.01
41.00 04100 SUBPROVIDER - IRF	74,964	0	0	0	0	41.00
43.00 04300 NURSERY	41,897	0	0	0	0	43.00
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
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
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
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	418,280	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,312,031	0	0	418,280	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01 07951 ADVERTISING	0	0	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0	0	194.02
194.03 07953 FITNESS POINTE	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM- (PHARMACY)		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			17.00	19.00			21.00
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	0	194.04
194.05 07955 EINSTEIN BAGELS	0	0	0	0	0	0	194.05
194.06 07956 NONRTHWESTERN IMAGING	0	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,312,031	0	0	0	0	418,280	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00505				5.01
5.02	00506				5.02
5.03	00507				5.03
5.04	00508				5.04
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	76,939,977	0	76,939,977	30.00
31.00	03100	23,761,044	0	23,761,044	31.00
31.01	02060	6,537,363	0	6,537,363	31.01
41.00	04100	4,878,183	0	4,878,183	41.00
43.00	04300	2,403,672	0	2,403,672	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	53,128,177	0	53,128,177	50.00
51.00	05100	12,829,851	0	12,829,851	51.00
52.00	05200	5,013,855	0	5,013,855	52.00
53.00	05300	5,030,428	0	5,030,428	53.00
54.00	05400	11,911,005	0	11,911,005	54.00
55.00	05500	7,198,758	0	7,198,758	55.00
56.00	05600	3,748,010	0	3,748,010	56.00
57.00	05700	6,485,286	0	6,485,286	57.00
58.00	05800	4,056,993	0	4,056,993	58.00
59.00	05900	12,191,956	0	12,191,956	59.00
60.00	06000	28,431,109	0	28,431,109	60.00
63.00	06300	3,455,567	0	3,455,567	63.00
64.00	06400	993,480	0	993,480	64.00
65.00	06500	6,816,931	0	6,816,931	65.00
66.00	06600	12,177,388	0	12,177,388	66.00
67.00	06700	3,034,824	0	3,034,824	67.00
68.00	06800	2,205,890	0	2,205,890	68.00
69.00	06900	7,360,129	0	7,360,129	69.00
70.00	07000	2,168,872	0	2,168,872	70.00
71.00	07100	34,016,459	0	34,016,459	71.00
72.00	07200	43,972,736	0	43,972,736	72.00
73.00	07300	27,786,383	0	27,786,383	73.00
74.00	07400	2,266,329	0	2,266,329	74.00
76.97	07697	1,503,754	0	1,503,754	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	4,178,810	0	4,178,810	90.00
91.00	09100	16,904,338	0	16,904,338	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	7,160,179	0	7,160,179	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		440,547,736	0	440,547,736	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	67,616	0	67,616	190.00
191.00	19100	1,832,483	0	1,832,483	191.00
192.00	19200	3,576,319	0	3,576,319	192.00
194.00	07950	1,268,943	0	1,268,943	194.00
194.01	07951	345,815	0	345,815	194.01
194.02	07952	14,607,027	0	14,607,027	194.02
194.03	07953	4,657,086	0	4,657,086	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

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

Worksheet B
Part I
Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	520,094	0	520,094	194.04
194.05	07955	EINSTEIN BAGELS	85,100	0	85,100	194.05
194.06	07956	NONRTHWESTERN IMAGING	1,459,056	0	1,459,056	194.06
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	468,967,275	0	468,967,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	45,667	19,085	64,752	4.00
5.01 00505	PURCHASING & RECEIVING STORES	0	122,546	567	123,113	5.01
5.02 00506	ADMINISTRATIVE	0	101,621	14,413	116,034	5.02
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	0	159,755	0	159,755	5.03
5.04 00508	OTHER ADMIN & GENERAL	0	893,176	734,994	1,628,170	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	2,092,997	462,556	2,555,553	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,077	0	23,077	8.00
9.00 00900	HOUSEKEEPING	0	58,547	46,064	104,611	9.00
10.00 01000	DIETARY	0	168,243	145,407	313,650	10.00
11.00 01100	CAFETERIA	0	173,976	0	173,976	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	48,909	170,272	219,181	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	26,437	402	26,839	16.00
17.00 01700	SOCIAL SERVICE	0	16,740	0	16,740	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(PHARMACY)	0	3,360	0	3,360	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,599,404	614,886	3,214,290	30.00
31.00 03100	INTENSIVE CARE UNIT	0	539,669	752,909	1,292,578	31.00
31.01 02060	NEONATAL INTENSIVE CARE	0	163,734	95,944	259,678	31.01
41.00 04100	SUBPROVIDER - I&R	0	183,141	18,630	201,771	41.00
43.00 04300	NURSERY	0	26,127	0	26,127	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,096,786	3,280,617	4,377,403	50.00
51.00 05100	RECOVERY ROOM	0	550,633	168,552	719,185	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	228,102	79,022	307,124	52.00
53.00 05300	ANESTHESIOLOGY	0	14,604	174,872	189,476	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	295,711	1,345,720	1,641,431	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	211,067	1,949,712	2,160,779	55.00
56.00 05600	RADIOISOTOPE	0	59,298	250,574	309,872	56.00
57.00 05700	CT SCAN	0	86,649	1,015,746	1,102,395	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,284	665,266	724,550	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	230,076	1,312,984	1,543,060	59.00
60.00 06000	LABORATORY	0	277,468	782,031	1,059,499	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	23,946	23,197	47,143	63.00
64.00 06400	INTRAVENOUS THERAPY	0	82,066	421	82,487	64.00
65.00 06500	RESPIRATORY THERAPY	0	61,347	108,521	169,868	65.00
66.00 06600	PHYSICAL THERAPY	0	507,662	125,066	632,728	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	38,520	14,358	52,878	67.00
68.00 06800	SPEECH PATHOLOGY	0	21,957	42,150	64,107	68.00
69.00 06900	ELECTROCARDIOLOGY	0	208,650	591,224	799,874	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	39,626	75,205	114,831	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	77,070	298,317	375,387	73.00
74.00 07400	RENAL DIALYSIS	0	17,153	0	17,153	74.00
76.97 07697	CARDIAC REHABILITATION	0	66,549	40,259	106,808	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	47,244	7,254	54,498	90.00
91.00 09100	EMERGENCY	0	367,992	191,886	559,878	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	12,116,586	15,619,083	27,735,669	63,576
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,801	0	17,801	190.00
191.00 19100	RESEARCH	0	8,385	5,408	13,793	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	830,812	0	830,812	192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	104,082	86,819	190,901	194.00
194.01 07951	ADVERTISING	0	0	0	0	194.01
194.02 07952	RETAIL PHARMACY	0	26,157	2,280	28,437	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B
Part II
Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.03 07953 FITNESS POINTE	0	681,623	106,923	788,546	329	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	21,839	7,808	29,647	87	194.04
194.05 07955 EINSTEIN BAGELS	0	8,915	7,398	16,313	6	194.05
194.06 07956 NONRTHWESTERN IMAGING	0	39,021	351,952	390,973	105	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	13,855,221	16,187,671	30,042,892	64,752	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:28 am	
Cost Center Description			PURCHASING & RECEIVING STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS
			5.01	5.02	5.03	5.04	6.00
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
5.01	00505	PURCHASING & RECEIVING STORES	123,338				5.01
5.02	00506	ADMINITTING	130	117,601			5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	0	159,755		5.03
5.04	00508	OTHER ADMIN & GENERAL	5,871	0	0	1,639,483	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	22	0	0	72,296	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	6,588	8.00
9.00	00900	HOUSEKEEPING	500	0	0	23,731	9.00
10.00	01000	DIETARY	1,348	0	0	18,148	10.00
11.00	01100	CAFETERIA	0	0	0	3,146	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,718	0	0	33,432	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	20,402	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,397	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	1,421	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,439	8,828	12,024	204,450	30.00
31.00	03100	INTENSIVE CARE UNIT	4,914	1,927	2,624	70,293	31.00
31.01	02060	NEONATAL INTENSIVE CARE	1,674	1,830	2,492	19,245	31.01
41.00	04100	SUBPROVIDER - I&R	544	401	547	12,873	41.00
43.00	04300	NURSERY	0	321	437	7,235	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,485	17,443	23,332	165,723	50.00
51.00	05100	RECOVERY ROOM	1,544	1,857	2,530	36,072	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,109	529	721	14,010	52.00
53.00	05300	ANESTHESIOLOGY	2,544	2,736	3,726	16,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,805	4,699	6,400	37,918	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	152	2,644	3,601	22,711	55.00
56.00	05600	RADIOISOTOPE	109	1,935	2,636	12,192	56.00
57.00	05700	CT SCAN	1,479	6,916	9,421	20,601	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	478	3,588	4,887	12,972	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,242	8,712	11,866	38,876	59.00
60.00	06000	LABORATORY	28,533	13,901	18,934	94,109	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,152	701	954	11,723	63.00
64.00	06400	INTRAVENOUS THERAPY	304	209	284	2,664	64.00
65.00	06500	RESPIRATORY THERAPY	1,848	1,256	1,711	22,923	65.00
66.00	06600	PHYSICAL THERAPY	957	2,035	2,772	37,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	174	665	905	10,094	67.00
68.00	06800	SPEECH PATHOLOGY	65	294	401	7,419	68.00
69.00	06900	ELECTROCARDIOLOGY	1,370	4,405	6,000	22,919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	935	1,054	1,436	6,998	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,098	5,582	118,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,268	7,176	152,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,109	8,660	11,795	93,317	73.00
74.00	07400	RENAL DIALYSIS	65	460	627	7,678	74.00
76.97	07697	CARDIAC REHABILITATION	43	183	250	4,584	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,305	763	1,039	13,115	90.00
91.00	09100	EMERGENCY	7,872	8,771	11,947	49,894	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	22	512	698	24,941	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	122,861	117,601	159,755	1,556,285	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	72	190.00
191.00	19100	RESEARCH	22	0	0	6,296	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,810	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	3,473	194.00
194.01	07951	ADVERTISING	0	0	0	1,209	194.01
194.02	07952	RETAIL PHARMACY	130	0	0	50,796	194.02
194.03	07953	FITNESS POINTE	43	0	0	9,972	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	239	0	0	1,616	194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	215	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/23/2021 10:28 am	
Cost Center Description		PURCHASING & RECEIVING STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
194.06	07956 NONRTHWESTERN IMAGING	43	0	0	4,739	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	123,338	117,601	159,755	1,639,483	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:28 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		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	
5.01	00505	PURCHASING & RECEIVING STORES					5.01	
5.02	00506	ADMITTING					5.02	
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03	
5.04	00508	OTHER ADMIN & GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	2,629,223				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	5,812	35,511			8.00	
9.00	00900	HOUSEKEEPING	14,745	0	144,852		9.00	
10.00	01000	DIETARY	42,373	0	2,353	378,663	10.00	
11.00	01100	CAFETERIA	43,816	0	2,433	0	223,777	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,318	0	684	0	8,688	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,658	0	370	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,216	0	234	0	1,644	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	846	0	47	0	470	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	654,673	25,797	36,351	293,543	58,469	30.00
31.00	03100	INTENSIVE CARE UNIT	135,918	4,725	7,547	27,974	16,907	31.00
31.01	02060	NEONATAL INTENSIVE CARE	41,237	1,826	2,290	0	4,461	31.01
41.00	04100	SUBPROVIDER - IRF	46,125	2,029	2,561	18,091	3,170	41.00
43.00	04300	NURSERY	6,580	1,134	365	0	1,879	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	276,230	0	15,338	0	25,595	50.00
51.00	05100	RECOVERY ROOM	138,679	0	7,700	16,334	9,510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,448	0	3,190	7,434	3,522	52.00
53.00	05300	ANESTHESIOLOGY	3,678	0	204	0	5,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,476	0	4,135	0	7,514	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	53,158	0	2,952	0	1,761	55.00
56.00	05600	RADIOISOTOPE	14,935	0	829	0	1,057	56.00
57.00	05700	CT SCAN	21,823	0	1,212	0	2,583	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,931	0	829	0	1,526	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,946	0	3,218	0	4,109	59.00
60.00	06000	LABORATORY	69,881	0	3,880	0	12,915	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,031	0	335	0	587	63.00
64.00	06400	INTRAVENOUS THERAPY	20,669	0	1,148	0	587	64.00
65.00	06500	RESPIRATORY THERAPY	15,450	0	858	0	5,636	65.00
66.00	06600	PHYSICAL THERAPY	127,857	0	7,100	0	8,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,702	0	539	0	1,996	67.00
68.00	06800	SPEECH PATHOLOGY	5,530	0	307	0	1,761	68.00
69.00	06900	ELECTROCARDIOLOGY	52,549	0	2,918	0	5,048	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,980	0	554	0	1,526	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	19,410	0	1,078	0	5,870	73.00
74.00	07400	RENAL DIALYSIS	4,320	0	240	0	235	74.00
76.97	07697	CARDIAC REHABILITATION	16,761	0	931	0	1,174	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,899	0	661	0	3,522	90.00
91.00	09100	EMERGENCY	92,680	0	5,146	15,287	13,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,191,340	35,511	120,537	378,663	220,960	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,483	0	249	0	0	190.00
191.00	19100	RESEARCH	2,112	0	117	0	1,526	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	209,244	0	11,619	0	117	192.00
194.00	07950	OTHER NONREIMBURSEABLE	26,213	0	1,456	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	6,588	0	366	0	1,174	194.02
194.03	07953	FITNESS POINTE	171,670	0	9,532	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	5,500	0	305	0	0	194.04
194.05	07955	EINSTEIN BAGELS	2,245	0	125	0	0	194.05
194.06	07956	NONRTHWESTERN IMAGING	9,828	0	546	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B
Part II
Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,629,223	35,511	144,852	378,663	223,777	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/23/2021 10:28 am	
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	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
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508	OTHER ADMIN & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	278,010				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	54,269	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	116,025	0	0	4,109	30.00
31.00	03100	INTENSIVE CARE UNIT	0	33,577	0	0	897	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	8,934	0	0	852	31.01
41.00	04100	SUBPROVIDER - I RF	0	6,189	0	0	187	41.00
43.00	04300	NURSERY	0	3,816	0	0	149	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,819	0	0	7,647	50.00
51.00	05100	RECOVERY ROOM	0	18,804	0	0	865	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,950	0	0	246	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,274	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,187	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	1,231	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	901	56.00
57.00	05700	CT SCAN	0	0	0	0	3,220	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,670	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,055	59.00
60.00	06000	LABORATORY	0	0	0	0	6,471	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	326	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	97	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	585	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	947	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	309	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	137	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,908	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,452	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,031	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	214	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	85	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,913	0	0	355	90.00
91.00	09100	EMERGENCY	0	25,983	0	0	4,083	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	238	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	278,010	0	0	54,269	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	FITNESS POINTE	0	0	0	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125			Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/23/2021 10:28 am	
Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		12.00	13.00	14.00	15.00	16.00		
194.06	07956 NONRTHWESTERN IMAGING	0	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	278,010	0	0	0	54,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B
Part II
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	19.00		
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
5.01 00505	PURCHASING & RECEIVING STORES					5.01
5.02 00506	ADMITTING					5.02
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00508	OTHER ADMIN & GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	27,529				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			0	22.00
23.00 02300	PARAMED PRGM-(PHARMACY)	0				6,246
23.00 02300	PARAMED PRGM-(PHARMACY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,998				30.00
31.00 03100	INTENSIVE CARE UNIT	3,663				31.00
31.01 02060	NEONATAL INTENSIVE CARE	1,416				31.01
41.00 04100	SUBPROVIDER - IRF	1,573				41.00
43.00 04300	NURSERY	879				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00 05300	ANESTHESIOLOGY	0				53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0				55.00
56.00 05600	RADIOISOTOPE	0				56.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
60.00 06000	LABORATORY	0				60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0				63.00
64.00 06400	INTRAVENOUS THERAPY	0				64.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
76.97 07697	CARDIAC REHABILITATION	0				76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0				90.00
91.00 09100	EMERGENCY	0				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	27,529	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
191.00 19100	RESEARCH	0				191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0				192.00
194.00 07950	OTHER NONREIMBURSEABLE	0				194.00
194.01 07951	ADVERTISING	0				194.01
194.02 07952	RETAIL PHARMACY	0				194.02
194.03 07953	FITNESS POINTE	0				194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM- (PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	19.00		
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0					194.04
194.05 07955 EINSTEIN BAGELS	0					194.05
194.06 07956 NONRTHWESTERN IMAGING	0					194.06
200.00 Cross Foot Adjustments		0	0		0	6,246 200.00
201.00 Negative Cost Centers	0	0	0		0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	27,529	0	0		0	6,246 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00505				5.01
5.02	00506				5.02
5.03	00507				5.03
5.04	00508				5.04
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	4,674,751	0	4,674,751	30.00
31.00	03100	1,607,821	0	1,607,821	31.00
31.01	02060	347,103	0	347,103	31.01
41.00	04100	296,706	0	296,706	41.00
43.00	04300	49,348	0	49,348	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	4,991,529	0	4,991,529	50.00
51.00	05100	955,194	0	955,194	51.00
52.00	05200	403,063	0	403,063	52.00
53.00	05300	230,717	0	230,717	53.00
54.00	05400	1,782,078	0	1,782,078	54.00
55.00	05500	2,249,489	0	2,249,489	55.00
56.00	05600	344,768	0	344,768	56.00
57.00	05700	1,170,170	0	1,170,170	57.00
58.00	05800	765,770	0	765,770	58.00
59.00	05900	1,683,135	0	1,683,135	59.00
60.00	06000	1,310,406	0	1,310,406	60.00
63.00	06300	69,086	0	69,086	63.00
64.00	06400	108,581	0	108,581	64.00
65.00	06500	221,443	0	221,443	65.00
66.00	06600	822,350	0	822,350	66.00
67.00	06700	77,768	0	77,768	67.00
68.00	06800	80,448	0	80,448	68.00
69.00	06900	898,160	0	898,160	69.00
70.00	07000	138,093	0	138,093	70.00
71.00	07100	129,784	0	129,784	71.00
72.00	07200	167,692	0	167,692	72.00
73.00	07300	522,157	0	522,157	73.00
74.00	07400	31,034	0	31,034	74.00
76.97	07697	131,086	0	131,086	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	94,844	0	94,844	90.00
91.00	09100	797,095	0	797,095	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	27,888	0	27,888	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		27,179,557	0	27,179,557	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	22,605	0	22,605	190.00
191.00	19100	24,256	0	24,256	191.00
192.00	19200	1,056,625	0	1,056,625	192.00
194.00	07950	222,043	0	222,043	194.00
194.01	07951	1,209	0	1,209	194.01
194.02	07952	87,727	0	87,727	194.02
194.03	07953	980,092	0	980,092	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

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

Worksheet B
Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	37,394	0	37,394	194.04
194.05	07955	EINSTEIN BAGELS	18,904	0	18,904	194.05
194.06	07956	NONRTHWESTERN IMAGING	406,234	0	406,234	194.06
200.00		Cross Foot Adjustments	6,246	0	6,246	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,042,892	0	30,042,892	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	940,217				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		40,783,861			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,099	48,084	184,724,677		4.00
5.01	00505	PURCHASING & RECEIVING STORES	8,316	1,429	640,606	5,672	5.01
5.02	00506	ADMITTING	6,896	36,312	4,093,539	6	2,029,817,649
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	10,841	0	0	0	0
5.04	00508	OTHER ADMIN & GENERAL	60,611	1,851,772	15,504,502	270	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	142,031	1,165,381	3,851,685	1	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,566	0	96,188	0	0
9.00	00900	HOUSEKEEPING	3,973	116,055	3,604,401	23	0
10.00	01000	DIETARY	11,417	366,345	2,252,165	62	0
11.00	01100	CAFETERIA	11,806	0	1,157,061	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,319	428,989	5,666,854	79	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,794	1,012	0	0	0
17.00	01700	SOCIAL SERVICE	1,136	0	849,850	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(PHARMACY)	228	0	289,261	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	176,396	1,549,166	33,734,183	664	152,198,522
31.00	03100	INTENSIVE CARE UNIT	36,622	1,896,906	12,184,605	226	33,217,899
31.01	02060	NEONATAL INTENSIVE CARE	11,111	241,724	3,328,457	77	31,547,609
41.00	04100	SUBPROVIDER - IIRF	12,428	46,938	1,838,669	25	6,922,136
43.00	04300	NURSERY	1,773	0	1,213,053	0	5,530,509
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	74,428	8,265,342	15,710,179	1,218	302,976,642
51.00	05100	RECOVERY ROOM	37,366	424,656	6,022,993	71	32,022,154
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,479	199,091	2,223,590	51	9,122,201
53.00	05300	ANESTHESIOLOGY	991	440,579	13,412,312	117	47,166,913
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,067	3,390,458	4,310,385	83	81,014,836
55.00	05500	RADIOLOGY - THERAPEUTIC	14,323	4,912,178	1,425,401	7	45,584,339
56.00	05600	RADIOISOTOPE	4,024	631,306	861,412	5	33,364,758
57.00	05700	CT SCAN	5,880	2,559,109	1,482,885	68	119,247,733
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,023	1,676,095	964,845	22	61,854,704
59.00	05900	CARDIAC CATHETERIZATION	15,613	3,307,981	2,993,570	471	150,199,817
60.00	06000	LABORATORY	18,829	1,970,278	6,503,801	1,312	239,666,764
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,625	58,444	380,528	53	12,079,357
64.00	06400	INTRAVENOUS THERAPY	5,569	1,061	375,756	14	3,596,373
65.00	06500	RESPIRATORY THERAPY	4,163	273,413	3,725,270	85	21,657,600
66.00	06600	PHYSICAL THERAPY	34,450	315,097	5,516,275	44	35,086,846
67.00	06700	OCCUPATIONAL THERAPY	2,614	36,174	1,441,502	8	11,461,359
68.00	06800	SPEECH PATHOLOGY	1,490	106,195	1,215,845	3	5,077,157
69.00	06900	ELECTROCARDIOLOGY	14,159	1,489,551	2,927,120	63	75,943,704
70.00	07000	ELECTROENCEPHALOGRAPHY	2,689	189,475	820,699	43	18,179,355
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	70,655,752
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	90,832,034
73.00	07300	DRUGS CHARGED TO PATIENTS	5,230	751,592	4,272,741	51	149,305,181
74.00	07400	RENAL DIALYSIS	1,164	0	120,560	3	7,931,011
76.97	07697	CARDIAC REHABILITATION	4,516	101,430	761,042	2	3,162,317
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,206	18,275	2,205,595	60	13,154,401
91.00	09100	EMERGENCY	24,972	483,446	7,185,429	362	151,225,772
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	4,207,543	1	8,831,894
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	822,233	39,351,339	181,372,357	5,650	2,029,817,649
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,208	0	0	0	0
191.00	19100	RESEARCH	569	13,624	1,109,994	1	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,379	0	65,207	0	0
194.00	07950	OTHER NONREIMBURSEABLE	7,063	218,734	0	0	0
194.01	07951	ADVERTISING	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 RETAIL PHARMACY	1,775	5,744	671,509	6	0	194.02
194.03 07953 FITNESS POINTE	46,255	269,387	938,290	2	0	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	1,482	19,672	249,150	11	0	194.04
194.05 07955 EINSTEIN BAGELS	605	18,639	17,954	0	0	194.05
194.06 07956 NONRTHWESTERN IMAGING	2,648	886,722	300,216	2	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13,855,221	16,187,671	28,372,265	731,625	5,378,021	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.736195	0.396914	0.153592	128.988893	0.002650	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			64,752	123,338	117,601	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000351	21.745063	0.000058	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: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
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
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	2,029,817,649					5.03
5.04	00508	OTHER ADMIN & GENERAL	0	-61,454,916	407,512,359			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	850,454		6.00
7.00	00700	OPERATION OF PLANT	0	0	17,970,586	142,031	708,423	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,637,584	1,566	1,566	8.00
9.00	00900	HOUSEKEEPING	0	0	5,898,778	3,973	3,973	9.00
10.00	01000	DIETARY	0	0	4,511,161	11,417	11,417	10.00
11.00	01100	CAFETERIA	0	0	781,963	11,806	11,806	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	8,310,177	3,319	3,319	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,071,464	1,794	1,794	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,092,901	1,136	1,136	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	353,256	228	228	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,198,522	0	50,805,352	176,396	176,396	30.00
31.00	03100	INTENSIVE CARE UNIT	33,217,899	0	17,472,849	36,622	36,622	31.00
31.01	02060	NEONATAL INTENSIVE CARE	31,547,609	0	4,783,623	11,111	11,111	31.01
41.00	04100	SUBPROVIDER - IRF	6,922,136	0	3,199,809	12,428	12,428	41.00
43.00	04300	NURSERY	5,530,509	0	1,798,460	1,773	1,773	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	302,976,642	0	41,193,864	74,428	74,428	50.00
51.00	05100	RECOVERY ROOM	32,022,154	0	8,966,492	37,366	37,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,122,201	0	3,482,495	15,479	15,479	52.00
53.00	05300	ANESTHESIOLOGY	47,166,913	0	4,189,206	991	991	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,014,836	0	9,425,270	20,067	20,067	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	45,584,339	0	5,645,252	14,323	14,323	55.00
56.00	05600	RADIOISOTOPE	33,364,758	0	3,030,485	4,024	4,024	56.00
57.00	05700	CT SCAN	119,247,733	0	5,120,903	5,880	5,880	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61,854,704	0	3,224,490	4,023	4,023	58.00
59.00	05900	CARDIAC CATHETERIZATION	150,199,817	0	9,663,449	15,613	15,613	59.00
60.00	06000	LABORATORY	239,666,764	0	23,392,791	18,829	18,829	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	12,079,357	0	2,914,001	1,625	1,625	63.00
64.00	06400	INTRAVENOUS THERAPY	3,596,373	0	662,293	5,569	5,569	64.00
65.00	06500	RESPIRATORY THERAPY	21,657,600	0	5,697,945	4,163	4,163	65.00
66.00	06600	PHYSICAL THERAPY	35,086,846	0	9,279,057	34,450	34,450	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,461,359	0	2,508,983	2,614	2,614	67.00
68.00	06800	SPEECH PATHOLOGY	5,077,157	0	1,844,166	1,490	1,490	68.00
69.00	06900	ELECTROCARDIOLOGY	75,943,704	0	5,696,900	14,159	14,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,179,355	0	1,739,459	2,689	2,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,655,752	0	29,380,174	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	90,832,034	0	37,980,731	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,305,181	0	23,195,836	5,230	5,230	73.00
74.00	07400	RENAL DIALYSIS	7,931,011	0	1,908,584	1,164	1,164	74.00
76.97	07697	CARDIAC REHABILITATION	3,162,317	0	1,139,395	4,516	4,516	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13,154,401	0	3,260,060	3,206	3,206	90.00
91.00	09100	EMERGENCY	151,225,772	0	12,402,065	24,972	24,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,831,894	0	6,199,554	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,029,817,649	-61,454,916	386,831,863	732,470	590,439	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	17,801	1,208	1,208	190.00
191.00	19100	RESEARCH	0	0	1,564,995	569	569	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,195,648	56,379	56,379	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	863,202	7,063	7,063	194.00
194.01	07951	ADVERTISING	0	0	300,498	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	12,626,497	1,775	1,775	194.02
194.03	07953	FITNESS POINTE	0	0	2,478,640	46,255	46,255	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	401,696	1,482	1,482	194.04
194.05	07955	EINSTEIN BAGELS	0	0	53,437	605	605	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	1,178,082	2,648	2,648	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,100,930		61,454,916	0	20,680,640	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003006		0.150805	0.000000	29.192502	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	159,755		1,639,483	0	2,629,223	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000079		0.004023	0.000000	3.711374	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: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
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
5.01	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,181				8.00
9.00	00900	HOUSEKEEPING	0	702,884			9.00
10.00	01000	DIETARY	0	11,417	310,675		10.00
11.00	01100	CAFETERIA	0	11,806	0	1,906	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,319	0	74	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,794	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,136	0	14	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	228	0	4	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,605	176,396	240,839	498	30.00
31.00	03100	INTENSIVE CARE UNIT	11,468	36,622	22,951	144	31.00
31.01	02060	NEONATAL INTENSIVE CARE	4,432	11,111	0	38	31.01
41.00	04100	SUBPROVIDER - I RF	4,924	12,428	14,843	27	41.00
43.00	04300	NURSERY	2,752	1,773	0	16	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	74,428	0	218	50.00
51.00	05100	RECOVERY ROOM	0	37,366	13,401	81	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,479	6,099	30	52.00
53.00	05300	ANESTHESIOLOGY	0	991	0	47	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,067	0	64	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	14,323	0	15	55.00
56.00	05600	RADIOISOTOPE	0	4,024	0	9	56.00
57.00	05700	CT SCAN	0	5,880	0	22	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,023	0	13	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,613	0	35	59.00
60.00	06000	LABORATORY	0	18,829	0	110	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,625	0	5	63.00
64.00	06400	INTRAVENOUS THERAPY	0	5,569	0	5	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,163	0	48	65.00
66.00	06600	PHYSICAL THERAPY	0	34,450	0	74	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,614	0	17	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,490	0	15	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,159	0	43	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,689	0	13	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	5,230	0	50	73.00
74.00	07400	RENAL DIALYSIS	0	1,164	0	2	74.00
76.97	07697	CARDIAC REHABILITATION	0	4,516	0	10	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,206	0	30	90.00
91.00	09100	EMERGENCY	0	24,972	12,542	111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,181	584,900	310,675	1,882	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,208	0	0	190.00
191.00	19100	RESEARCH	0	569	0	13	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	56,379	0	1	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	7,063	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	1,775	0	10	194.02
194.03	07953	FITNESS POINTE	0	46,255	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	1,482	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
194.05	07955 EINSTEIN BAGELS	0	605	0	0	0	194.05
194.06	07956 NONRTHWESTERN IMAGING	0	2,648	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,930,255	6,904,325	5,636,905	1,360,503	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.397686	9.822851	18.144057	713.800105	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	35,511	144,852	378,663	223,777	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.412051	0.206082	1.218840	117.406611	0.000000	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: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00505						5.01
5.02	00506						5.02
5.03	00507						5.03
5.04	00508						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	2,480,011					13.00
14.00	01400	0	0				14.00
15.00	01500	0	0	0			15.00
16.00	01600	0	0	0	2,029,817,649		16.00
17.00	01700	0	0	0	0	86,181	17.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,035,009	0	0	152,198,522	62,605	30.00
31.00	03100	299,529	0	0	33,217,899	11,468	31.00
31.01	02060	79,695	0	0	31,547,609	4,432	31.01
41.00	04100	55,212	0	0	6,922,136	4,924	41.00
43.00	04300	34,041	0	0	5,530,509	2,752	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	453,336	0	0	302,976,642	0	50.00
51.00	05100	167,740	0	0	32,022,154	0	51.00
52.00	05200	62,000	0	0	9,122,201	0	52.00
53.00	05300	0	0	0	47,166,913	0	53.00
54.00	05400	0	0	0	81,014,836	0	54.00
55.00	05500	0	0	0	45,584,339	0	55.00
56.00	05600	0	0	0	33,364,758	0	56.00
57.00	05700	0	0	0	119,247,733	0	57.00
58.00	05800	0	0	0	61,854,704	0	58.00
59.00	05900	0	0	0	150,199,817	0	59.00
60.00	06000	0	0	0	239,666,764	0	60.00
63.00	06300	0	0	0	12,079,357	0	63.00
64.00	06400	0	0	0	3,596,373	0	64.00
65.00	06500	0	0	0	21,657,600	0	65.00
66.00	06600	0	0	0	35,086,846	0	66.00
67.00	06700	0	0	0	11,461,359	0	67.00
68.00	06800	0	0	0	5,077,157	0	68.00
69.00	06900	0	0	0	75,943,704	0	69.00
70.00	07000	0	0	0	18,179,355	0	70.00
71.00	07100	0	0	0	70,655,752	0	71.00
72.00	07200	0	0	0	90,832,034	0	72.00
73.00	07300	0	0	0	149,305,181	0	73.00
74.00	07400	0	0	0	7,931,011	0	74.00
76.97	07697	0	0	0	3,162,317	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	61,669	0	0	13,154,401	0	90.00
91.00	09100	231,780	0	0	151,225,772	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	8,831,894	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,480,011	0	0	2,029,817,649	86,181	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description			NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	0	0	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,745,706	0	0	5,906,259	1,312,031	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.929703	0.000000	0.000000	0.002910	15.224133	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	278,010	0	0	54,269	27,529	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.112100	0.000000	0.000000	0.000027	0.319432	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: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		19.00	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
5.01 00505	PURCHASING & RECEIVING STORES				5.01
5.02 00506	ADMITTING				5.02
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04 00508	OTHER ADMIN & GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0	22.00
23.00 02300	PARAMED PRGM-(PHARMACY)			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01 02060	NEONATAL INTENSIVE CARE	0	0	0	31.01
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	0	0	194.00
194.01 07951	ADVERTISING	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		19.00	21.00		
194.02 07952 RETAIL PHARMACY	0	0	0	0	194.02
194.03 07953 FITNESS POINTE	0	0	0	0	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	194.04
194.05 07955 EINSTEIN BAGELS	0	0	0	0	194.05
194.06 07956 NONRTHWESTERN IMAGING	0	0	0	0	194.06
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	418,280	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,182.800000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	6,246	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	62.460000	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: 15-0125

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

Worksheet C
Part I
Date/Time Prepared:
11/23/2021 10:28 am

		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		76,939,977	103,577	77,043,554	30.00
31.00	03100 INTENSIVE CARE UNIT		23,761,044	14,174	23,775,218	31.00
31.01	02060 NEONATAL INTENSIVE CARE		6,537,363	6,324	6,543,687	31.01
41.00	04100 SUBPROVIDER - IRF		4,878,183	0	4,878,183	41.00
43.00	04300 NURSERY		2,403,672	0	2,403,672	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		53,128,177	7,391	53,135,568	50.00
51.00	05100 RECOVERY ROOM		12,829,851	0	12,829,851	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,013,855	4,832	5,018,687	52.00
53.00	05300 ANESTHESIOLOGY		5,030,428	0	5,030,428	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,911,005	11,274	11,922,279	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC		7,198,758	6,216	7,204,974	55.00
56.00	05600 RADIOISOTOPE		3,748,010	0	3,748,010	56.00
57.00	05700 CT SCAN		6,485,286	0	6,485,286	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		4,056,993	0	4,056,993	58.00
59.00	05900 CARDIAC CATHETERIZATION		12,191,956	4,853	12,196,809	59.00
60.00	06000 LABORATORY		28,431,109	25,426	28,456,535	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		3,455,567	0	3,455,567	63.00
64.00	06400 INTRAVENOUS THERAPY		993,480	0	993,480	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,816,931	1,089	6,818,020	65.00
66.00	06600 PHYSICAL THERAPY	0	12,177,388	0	12,177,388	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,034,824	0	3,034,824	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,205,890	0	2,205,890	68.00
69.00	06900 ELECTROCARDIOLOGY		7,360,129	0	7,360,129	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,168,872	2,292	2,171,164	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		34,016,459	0	34,016,459	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		43,972,736	0	43,972,736	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		27,786,383	770	27,787,153	73.00
74.00	07400 RENAL DIALYSIS		2,266,329	0	2,266,329	74.00
76.97	07697 CARDIAC REHABILITATION		1,503,754	0	1,503,754	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		4,178,810	17,831	4,196,641	90.00
91.00	09100 EMERGENCY		16,904,338	0	16,904,338	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		15,546,038		15,546,038	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		7,160,179		7,160,179	101.00
200.00	Subtotal (see instructions)	0	456,093,774	206,049	456,299,823	200.00
201.00	Less Observation Beds		15,546,038		15,546,038	201.00
202.00	Total (see instructions)	0	440,547,736	206,049	440,753,785	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

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

Worksheet C
Part I
Date/Time Prepared:
11/23/2021 10:28 am

		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	106,655,185		106,655,185		30.00
31.00	03100	INTENSIVE CARE UNIT	33,217,899		33,217,899		31.00
31.01	02060	NEONATAL INTENSIVE CARE	31,547,609		31,547,609		31.01
41.00	04100	SUBPROVIDER - I RF	6,922,136		6,922,136		41.00
43.00	04300	NURSERY	5,530,509		5,530,509		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,776,168	199,200,474	302,976,642	0.175354	50.00
51.00	05100	RECOVERY ROOM	6,578,603	25,443,551	32,022,154	0.400655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,003,783	1,118,418	9,122,201	0.549632	52.00
53.00	05300	ANESTHESIOLOGY	14,124,468	33,042,445	47,166,913	0.106652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,446,229	69,568,607	81,014,836	0.147023	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,218,849	43,365,490	45,584,339	0.157922	55.00
56.00	05600	RADIO SOTOP	3,581,589	29,783,169	33,364,758	0.112334	56.00
57.00	05700	CT SCAN	34,672,731	84,575,002	119,247,733	0.054385	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,655,194	48,199,510	61,854,704	0.065589	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,545,908	99,653,909	150,199,817	0.081172	59.00
60.00	06000	LABORATORY	71,261,794	168,404,970	239,666,764	0.118628	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	7,437,291	4,642,066	12,079,357	0.286072	63.00
64.00	06400	INTRAVENOUS THERAPY	54,644	3,541,729	3,596,373	0.276245	64.00
65.00	06500	RESPIRATORY THERAPY	18,922,309	2,735,291	21,657,600	0.314759	65.00
66.00	06600	PHYSICAL THERAPY	10,360,223	24,726,623	35,086,846	0.347064	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,977,618	3,483,741	11,461,359	0.264787	67.00
68.00	06800	SPEECH PATHOLOGY	1,814,277	3,262,880	5,077,157	0.434473	68.00
69.00	06900	ELECTROCARDIOLOGY	23,412,539	52,531,165	75,943,704	0.096916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,008,311	16,171,044	18,179,355	0.119304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,507,945	36,147,807	70,655,752	0.481439	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,279,457	40,552,577	90,832,034	0.484110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,375,905	57,929,276	149,305,181	0.186105	73.00
74.00	07400	RENAL DIALYSIS	6,537,131	1,393,880	7,931,011	0.285755	74.00
76.97	07697	CARDIAC REHABILITATION	345,173	2,817,144	3,162,317	0.475523	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	429,409	12,724,992	13,154,401	0.317674	90.00
91.00	09100	EMERGENCY	48,470,714	102,755,058	151,225,772	0.111782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,179,432	40,363,905	45,543,337	0.341346	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	8,831,894	8,831,894		101.00
200.00		Subtotal (see instructions)	812,851,032	1,216,966,617	2,029,817,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	812,851,032	1,216,966,617	2,029,817,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 10:28 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE			31.01
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.175378		50.00
51.00	05100 RECOVERY ROOM	0.400655		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.550162		52.00
53.00	05300 ANESTHESIOLOGY	0.106652		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147162		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.158058		55.00
56.00	05600 RADIOISOTOPE	0.112334		56.00
57.00	05700 CT SCAN	0.054385		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065589		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081204		59.00
60.00	06000 LABORATORY	0.118734		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.286072		63.00
64.00	06400 INTRAVENOUS THERAPY	0.276245		64.00
65.00	06500 RESPIRATORY THERAPY	0.314810		65.00
66.00	06600 PHYSICAL THERAPY	0.347064		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.264787		67.00
68.00	06800 SPEECH PATHOLOGY	0.434473		68.00
69.00	06900 ELECTROCARDIOLOGY	0.096916		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.119430		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.481439		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484110		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186110		73.00
74.00	07400 RENAL DIALYSIS	0.285755		74.00
76.97	07697 CARDIAC REHABILITATION	0.475523		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.319029		90.00
91.00	09100 EMERGENCY	0.111782		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.341346		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
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: 15-0125

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

Worksheet C
Part I
Date/Time Prepared:
11/23/2021 10:28 am

		Title XIX		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		76,939,977	103,577	77,043,554	30.00
31.00	03100 INTENSIVE CARE UNIT		23,761,044	14,174	23,775,218	31.00
31.01	02060 NEONATAL INTENSIVE CARE		6,537,363	6,324	6,543,687	31.01
41.00	04100 SUBPROVIDER - IRF		4,878,183	0	4,878,183	41.00
43.00	04300 NURSERY		2,403,672	0	2,403,672	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		53,128,177	7,391	53,135,568	50.00
51.00	05100 RECOVERY ROOM		12,829,851	0	12,829,851	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,013,855	4,832	5,018,687	52.00
53.00	05300 ANESTHESIOLOGY		5,030,428	0	5,030,428	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,911,005	11,274	11,922,279	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC		7,198,758	6,216	7,204,974	55.00
56.00	05600 RADIOISOTOPE		3,748,010	0	3,748,010	56.00
57.00	05700 CT SCAN		6,485,286	0	6,485,286	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		4,056,993	0	4,056,993	58.00
59.00	05900 CARDIAC CATHETERIZATION		12,191,956	4,853	12,196,809	59.00
60.00	06000 LABORATORY		28,431,109	25,426	28,456,535	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		3,455,567	0	3,455,567	63.00
64.00	06400 INTRAVENOUS THERAPY		993,480	0	993,480	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,816,931	1,089	6,818,020	65.00
66.00	06600 PHYSICAL THERAPY	0	12,177,388	0	12,177,388	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,034,824	0	3,034,824	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,205,890	0	2,205,890	68.00
69.00	06900 ELECTROCARDIOLOGY		7,360,129	0	7,360,129	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,168,872	2,292	2,171,164	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		34,016,459	0	34,016,459	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		43,972,736	0	43,972,736	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		27,786,383	770	27,787,153	73.00
74.00	07400 RENAL DIALYSIS		2,266,329	0	2,266,329	74.00
76.97	07697 CARDIAC REHABILITATION		1,503,754	0	1,503,754	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		4,178,810	17,831	4,196,641	90.00
91.00	09100 EMERGENCY		16,904,338	0	16,904,338	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		15,546,038		15,546,038	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		7,160,179		7,160,179	101.00
200.00	Subtotal (see instructions)	0	456,093,774	206,049	456,299,823	200.00
201.00	Less Observation Beds		15,546,038		15,546,038	201.00
202.00	Total (see instructions)	0	440,547,736	206,049	440,753,785	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

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

Worksheet C
Part I
Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	106,655,185		106,655,185		30.00
31.00	03100	INTENSIVE CARE UNIT	33,217,899		33,217,899		31.00
31.01	02060	NEONATAL INTENSIVE CARE	31,547,609		31,547,609		31.01
41.00	04100	SUBPROVIDER - I RF	6,922,136		6,922,136		41.00
43.00	04300	NURSERY	5,530,509		5,530,509		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,776,168	199,200,474	302,976,642	0.175354	50.00
51.00	05100	RECOVERY ROOM	6,578,603	25,443,551	32,022,154	0.400655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,003,783	1,118,418	9,122,201	0.549632	52.00
53.00	05300	ANESTHESIOLOGY	14,124,468	33,042,445	47,166,913	0.106652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,446,229	69,568,607	81,014,836	0.147023	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,218,849	43,365,490	45,584,339	0.157922	55.00
56.00	05600	RADIOISOTOPE	3,581,589	29,783,169	33,364,758	0.112334	56.00
57.00	05700	CT SCAN	34,672,731	84,575,002	119,247,733	0.054385	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,655,194	48,199,510	61,854,704	0.065589	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,545,908	99,653,909	150,199,817	0.081172	59.00
60.00	06000	LABORATORY	71,261,794	168,404,970	239,666,764	0.118628	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	7,437,291	4,642,066	12,079,357	0.286072	63.00
64.00	06400	INTRAVENOUS THERAPY	54,644	3,541,729	3,596,373	0.276245	64.00
65.00	06500	RESPIRATORY THERAPY	18,922,309	2,735,291	21,657,600	0.314759	65.00
66.00	06600	PHYSICAL THERAPY	10,360,223	24,726,623	35,086,846	0.347064	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,977,618	3,483,741	11,461,359	0.264787	67.00
68.00	06800	SPEECH PATHOLOGY	1,814,277	3,262,880	5,077,157	0.434473	68.00
69.00	06900	ELECTROCARDIOLOGY	23,412,539	52,531,165	75,943,704	0.096916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,008,311	16,171,044	18,179,355	0.119304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,507,945	36,147,807	70,655,752	0.481439	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,279,457	40,552,577	90,832,034	0.484110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,375,905	57,929,276	149,305,181	0.186105	73.00
74.00	07400	RENAL DIALYSIS	6,537,131	1,393,880	7,931,011	0.285755	74.00
76.97	07697	CARDIAC REHABILITATION	345,173	2,817,144	3,162,317	0.475523	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	429,409	12,724,992	13,154,401	0.317674	90.00
91.00	09100	EMERGENCY	48,470,714	102,755,058	151,225,772	0.111782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,179,432	40,363,905	45,543,337	0.341346	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	8,831,894	8,831,894		101.00
200.00		Subtotal (see instructions)	812,851,032	1,216,966,617	2,029,817,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	812,851,032	1,216,966,617	2,029,817,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 10:28 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE			31.01
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.175378		50.00
51.00	05100 RECOVERY ROOM	0.400655		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.550162		52.00
53.00	05300 ANESTHESIOLOGY	0.106652		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147162		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.158058		55.00
56.00	05600 RADIOISOTOPE	0.112334		56.00
57.00	05700 CT SCAN	0.054385		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065589		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081204		59.00
60.00	06000 LABORATORY	0.118734		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.286072		63.00
64.00	06400 INTRAVENOUS THERAPY	0.276245		64.00
65.00	06500 RESPIRATORY THERAPY	0.314810		65.00
66.00	06600 PHYSICAL THERAPY	0.347064		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.264787		67.00
68.00	06800 SPEECH PATHOLOGY	0.434473		68.00
69.00	06900 ELECTROCARDIOLOGY	0.096916		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.119430		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.481439		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484110		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186110		73.00
74.00	07400 RENAL DIALYSIS	0.285755		74.00
76.97	07697 CARDIAC REHABILITATION	0.475523		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.319029		90.00
91.00	09100 EMERGENCY	0.111782		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.341346		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0125

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

Worksheet C Part II Date/Time Prepared: 11/23/2021 10:28 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,128,177	4,991,529	48,136,648	0	0	50.00
51.00	05100	RECOVERY ROOM	12,829,851	955,194	11,874,657	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,013,855	403,063	4,610,792	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,030,428	230,717	4,799,711	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,911,005	1,782,078	10,128,927	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	7,198,758	2,249,489	4,949,269	0	0	55.00
56.00	05600	RADIOISOTOPE	3,748,010	344,768	3,403,242	0	0	56.00
57.00	05700	CT SCAN	6,485,286	1,170,170	5,315,116	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,056,993	765,770	3,291,223	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,191,956	1,683,135	10,508,821	0	0	59.00
60.00	06000	LABORATORY	28,431,109	1,310,406	27,120,703	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,455,567	69,086	3,386,481	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	993,480	108,581	884,899	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,816,931	221,443	6,595,488	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,177,388	822,350	11,355,038	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,034,824	77,768	2,957,056	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,205,890	80,448	2,125,442	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,360,129	898,160	6,461,969	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,168,872	138,093	2,030,779	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,016,459	129,784	33,886,675	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,972,736	167,692	43,805,044	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,786,383	522,157	27,264,226	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,266,329	31,034	2,235,295	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,503,754	131,086	1,372,668	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,178,810	94,844	4,083,966	0	0	90.00
91.00	09100	EMERGENCY	16,904,338	797,095	16,107,243	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,546,038	943,287	14,602,751	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,160,179	27,888	7,132,291	0	0	101.00
200.00		Subtotal (sum of lines 50 thru 199)	341,573,535	21,147,115	320,426,420	0	0	200.00
201.00		Less Observation Beds	15,546,038	943,287	14,602,751	0	0	201.00
202.00		Total (line 200 minus line 201)	326,027,497	20,203,828	305,823,669	0	0	202.00

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

Provider CCN: 15-0125

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

Worksheet C Part II Date/Time Prepared: 11/23/2021 10:28 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	53,128,177	302,976,642	0.175354		50.00
51.00	05100 RECOVERY ROOM	12,829,851	32,022,154	0.400655		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,013,855	9,122,201	0.549632		52.00
53.00	05300 ANESTHESIOLOGY	5,030,428	47,166,913	0.106652		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,911,005	81,014,836	0.147023		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	7,198,758	45,584,339	0.157922		55.00
56.00	05600 RADIOISOTOPE	3,748,010	33,364,758	0.112334		56.00
57.00	05700 CT SCAN	6,485,286	119,247,733	0.054385		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,056,993	61,854,704	0.065589		58.00
59.00	05900 CARDIAC CATHETERIZATION	12,191,956	150,199,817	0.081172		59.00
60.00	06000 LABORATORY	28,431,109	239,666,764	0.118628		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,455,567	12,079,357	0.286072		63.00
64.00	06400 INTRAVENOUS THERAPY	993,480	3,596,373	0.276245		64.00
65.00	06500 RESPIRATORY THERAPY	6,816,931	21,657,600	0.314759		65.00
66.00	06600 PHYSICAL THERAPY	12,177,388	35,086,846	0.347064		66.00
67.00	06700 OCCUPATIONAL THERAPY	3,034,824	11,461,359	0.264787		67.00
68.00	06800 SPEECH PATHOLOGY	2,205,890	5,077,157	0.434473		68.00
69.00	06900 ELECTROCARDIOLOGY	7,360,129	75,943,704	0.096916		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,168,872	18,179,355	0.119304		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	34,016,459	70,655,752	0.481439		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	43,972,736	90,832,034	0.484110		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,786,383	149,305,181	0.186105		73.00
74.00	07400 RENAL DIALYSIS	2,266,329	7,931,011	0.285755		74.00
76.97	07697 CARDIAC REHABILITATION	1,503,754	3,162,317	0.475523		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	4,178,810	13,154,401	0.317674		90.00
91.00	09100 EMERGENCY	16,904,338	151,225,772	0.111782		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	15,546,038	45,543,337	0.341346		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	7,160,179	8,831,894	0.810718		101.00
200.00	Subtotal (sum of lines 50 thru 199)	341,573,535	1,845,944,311			200.00
201.00	Less Observation Beds	15,546,038	0			201.00
202.00	Total (line 200 minus line 201)	326,027,497	1,845,944,311			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/23/2021 10:28 am
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,674,751	0	4,674,751	78,431	59.60	30.00
31.00	INTENSIVE CARE UNIT	1,607,821		1,607,821	11,468	140.20	31.00
31.01	NEONATAL INTENSIVE CARE	347,103		347,103	4,432	78.32	31.01
41.00	SUBPROVIDER - IRF	296,706	0	296,706	4,924	60.26	41.00
43.00	NURSERY	49,348		49,348	2,752	17.93	43.00
200.00	Total (lines 30 through 199)	6,975,729		6,975,729	102,007		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	26,597	1,585,181				
31.00	INTENSIVE CARE UNIT	4,143	580,849				
31.01	NEONATAL INTENSIVE CARE	0	0				
41.00	SUBPROVIDER - IRF	3,612	217,659				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	34,352	2,383,689				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/23/2021 10:28 am
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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	4,991,529	302,976,642	0.016475	40,797,188	672,134	50.00
51.00	05100	RECOVERY ROOM	955,194	32,022,154	0.029829	2,525,723	75,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	403,063	9,122,201	0.044185	4,693	207	52.00
53.00	05300	ANESTHESIOLOGY	230,717	47,166,913	0.004892	5,244,397	25,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,782,078	81,014,836	0.021997	1,261,858	27,757	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,249,489	45,584,339	0.049348	699,715	34,530	55.00
56.00	05600	RADIOISOTOPE	344,768	33,364,758	0.010333	1,600,845	16,542	56.00
57.00	05700	CT SCAN	1,170,170	119,247,733	0.009813	14,576,635	143,041	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	765,770	61,854,704	0.012380	5,332,382	66,015	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,683,135	150,199,817	0.011206	27,885,918	312,490	59.00
60.00	06000	LABORATORY	1,310,406	239,666,764	0.005468	28,420,712	155,404	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	69,086	12,079,357	0.005719	2,918,628	16,692	63.00
64.00	06400	INTRAVENOUS THERAPY	108,581	3,596,373	0.030192	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	221,443	21,657,600	0.010225	7,392,925	75,593	65.00
66.00	06600	PHYSICAL THERAPY	822,350	35,086,846	0.023438	3,573,486	83,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,768	11,461,359	0.006785	2,457,349	16,673	67.00
68.00	06800	SPEECH PATHOLOGY	80,448	5,077,157	0.015845	579,791	9,187	68.00
69.00	06900	ELECTROCARDIOLOGY	898,160	75,943,704	0.011827	10,371,385	122,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,093	18,179,355	0.007596	838,900	6,372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	129,784	70,655,752	0.001837	14,822,642	27,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,692	90,832,034	0.001846	25,961,186	47,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	522,157	149,305,181	0.003497	34,730,089	121,451	73.00
74.00	07400	RENAL DIALYSIS	31,034	7,931,011	0.003913	3,466,357	13,564	74.00
76.97	07697	CARDIAC REHABILITATION	131,086	3,162,317	0.041453	142,142	5,892	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	94,844	13,154,401	0.007210	148,129	1,068	90.00
91.00	09100	EMERGENCY	797,095	151,225,772	0.005271	20,647,359	108,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	943,287	45,543,337	0.020712	2,581,587	53,470	92.00
200.00		Total (lines 50 through 199)	21,119,227	1,837,112,417		258,982,021	2,239,480	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/23/2021 10:28 am	
			Title XVIII		Hospital		PPS

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	78,431	0.00	26,597	30.00
31.00	03100	INTENSIVE CARE UNIT		0	11,468	0.00	4,143	31.00
31.01	02060	NEONATAL INTENSIVE CARE		0	4,432	0.00	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	4,924	0.00	3,612	41.00
43.00	04300	NURSERY		0	2,752	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	102,007		34,352	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
31.01	02060	NEONATAL INTENSIVE CARE	0					31.01
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description	Title XVIII					
	Hospital		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
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
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
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	418,280	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	418,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
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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)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	302,976,642	0.000000		50.00
51.00 05100 RECOVERY ROOM	0	0	0	32,022,154	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	9,122,201	0.000000		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	47,166,913	0.000000		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	81,014,836	0.000000		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	45,584,339	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0	33,364,758	0.000000		56.00
57.00 05700 CT SCAN	0	0	0	119,247,733	0.000000		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	61,854,704	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	150,199,817	0.000000		59.00
60.00 06000 LABORATORY	0	0	0	239,666,764	0.000000		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	12,079,357	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	3,596,373	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	21,657,600	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	35,086,846	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,461,359	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,077,157	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	75,943,704	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	18,179,355	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,655,752	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,832,034	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	418,280	418,280	149,305,181	0.002802		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	7,931,011	0.000000		74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,162,317	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	13,154,401	0.000000		90.00
91.00 09100 EMERGENCY	0	0	0	151,225,772	0.000000		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,543,337	0.000000		92.00
200.00 Total (lines 50 through 199)	0	418,280	418,280	1,837,112,417			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	40,797,188	0	53,604,552	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,525,723	0	7,088,981	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	4,693	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	5,244,397	0	8,692,482	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,261,858	0	15,506,498	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	699,715	0	17,052,350	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,600,845	0	11,413,341	0	56.00
57.00	05700 CT SCAN	0.000000	14,576,635	0	25,372,547	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	5,332,382	0	13,679,682	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	27,885,918	0	44,145,177	0	59.00
60.00	06000 LABORATORY	0.000000	28,420,712	0	17,283,312	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	2,918,628	0	1,440,877	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	1,996,440	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	7,392,925	0	961,548	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,573,486	0	394,837	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,457,349	0	188,455	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	579,791	0	291,737	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,371,385	0	21,173,314	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	838,900	0	4,138,541	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	14,822,642	0	12,502,037	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,961,186	0	14,669,370	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002802	34,730,089	97,314	24,312,646	68,124	73.00
74.00	07400 RENAL DIALYSIS	0.000000	3,466,357	0	799,419	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	142,142	0	1,246,639	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	148,129	0	6,604,851	0	90.00
91.00	09100 EMERGENCY	0.000000	20,647,359	0	17,201,318	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,581,587	0	11,355,452	0	92.00
200.00	Total (lines 50 through 199)		258,982,021	97,314	333,116,403	68,124	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/23/2021 10:28 am
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		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	0.175354	53,604,552	0	0	9,399,773	50.00
51.00	05100 RECOVERY ROOM	0.400655	7,088,981	0	0	2,840,236	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.549632	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.106652	8,692,482	0	0	927,071	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147023	15,506,498	0	0	2,279,812	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.157922	17,052,350	0	0	2,692,941	55.00
56.00	05600 RADIOISOTOPE	0.112334	11,413,341	0	0	1,282,106	56.00
57.00	05700 CT SCAN	0.054385	25,372,547	0	0	1,379,886	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065589	13,679,682	0	0	897,237	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081172	44,145,177	0	16,992	3,583,352	59.00
60.00	06000 LABORATORY	0.118628	17,283,312	0	0	2,050,285	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.286072	1,440,877	0	0	412,195	63.00
64.00	06400 INTRAVENOUS THERAPY	0.276245	1,996,440	0	0	551,507	64.00
65.00	06500 RESPIRATORY THERAPY	0.314759	961,548	0	0	302,656	65.00
66.00	06600 PHYSICAL THERAPY	0.347064	394,837	0	0	137,034	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.264787	188,455	0	0	49,900	67.00
68.00	06800 SPEECH PATHOLOGY	0.434473	291,737	0	0	126,752	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096916	21,173,314	0	0	2,052,033	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.119304	4,138,541	0	0	493,744	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.481439	12,502,037	0	0	6,018,968	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484110	14,669,370	0	0	7,101,589	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186105	24,312,646	0	59,535	4,524,705	73.00
74.00	07400 RENAL DIALYSIS	0.285755	799,419	0	0	228,438	74.00
76.97	07697 CARDIAC REHABILITATION	0.475523	1,246,639	0	0	592,806	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.317674	6,604,851	0	0	2,098,189	90.00
91.00	09100 EMERGENCY	0.111782	17,201,318	0	0	1,922,798	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.341346	11,355,452	0	0	3,876,138	92.00
200.00	Subtotal (see instructions)		333,116,403	0	76,527	57,822,151	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		333,116,403	0	76,527	57,822,151	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/23/2021 10:28 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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	1,379		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
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	11,080		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	12,459		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	12,459		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part II Date/Time Prepared: 11/23/2021 10:28 am	
			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	4,991,529	302,976,642	0.016475	227,684	3,751	50.00
51.00	05100	RECOVERY ROOM	955,194	32,022,154	0.029829	9,569	285	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	403,063	9,122,201	0.044185	0	0	52.00
53.00	05300	ANESTHESIOLOGY	230,717	47,166,913	0.004892	32,419	159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,782,078	81,014,836	0.021997	138,462	3,046	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,249,489	45,584,339	0.049348	62,667	3,092	55.00
56.00	05600	RADIOISOTOPE	344,768	33,364,758	0.010333	15,189	157	56.00
57.00	05700	CT SCAN	1,170,170	119,247,733	0.009813	191,800	1,882	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	765,770	61,854,704	0.012380	91,348	1,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,683,135	150,199,817	0.011206	0	0	59.00
60.00	06000	LABORATORY	1,310,406	239,666,764	0.005468	882,327	4,825	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	69,086	12,079,357	0.005719	28,250	162	63.00
64.00	06400	INTRAVENOUS THERAPY	108,581	3,596,373	0.030192	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	221,443	21,657,600	0.010225	351,743	3,597	65.00
66.00	06600	PHYSICAL THERAPY	822,350	35,086,846	0.023438	1,775,846	41,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,768	11,461,359	0.006785	1,778,910	12,070	67.00
68.00	06800	SPEECH PATHOLOGY	80,448	5,077,157	0.015845	192,441	3,049	68.00
69.00	06900	ELECTROCARDIOLOGY	898,160	75,943,704	0.011827	67,698	801	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,093	18,179,355	0.007596	8,913	68	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	129,784	70,655,752	0.001837	270,381	497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,692	90,832,034	0.001846	27,933	52	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	522,157	149,305,181	0.003497	1,704,452	5,960	73.00
74.00	07400	RENAL DIALYSIS	31,034	7,931,011	0.003913	318,546	1,246	74.00
76.97	07697	CARDIAC REHABILITATION	131,086	3,162,317	0.041453	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	94,844	13,154,401	0.007210	0	0	90.00
91.00	09100	EMERGENCY	797,095	151,225,772	0.005271	6,250	33	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	45,543,337	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	20,175,940	1,837,112,417		8,182,828	87,485	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
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
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	418,280	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	418,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
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	302,976,642	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	32,022,154	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	9,122,201	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	47,166,913	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	81,014,836	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	45,584,339	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	33,364,758	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	119,247,733	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	61,854,704	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	150,199,817	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	239,666,764	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	12,079,357	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	3,596,373	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	21,657,600	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	35,086,846	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,461,359	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,077,157	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	75,943,704	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	18,179,355	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,655,752	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,832,034	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	418,280	418,280	149,305,181	0.002802	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	7,931,011	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,162,317	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	13,154,401	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	151,225,772	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,543,337	0.000000	92.00
200.00 Total (lines 50 through 199)	0	418,280	418,280	1,837,112,417		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am	
				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	227,684	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	9,569	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	32,419	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	138,462	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	62,667	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	15,189	0	0	56.00
57.00	05700	CT SCAN	0.000000	191,800	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	91,348	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	882,327	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	28,250	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	351,743	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,775,846	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,778,910	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	192,441	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	67,698	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	8,913	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	270,381	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	27,933	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002802	1,704,452	4,776	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	318,546	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	6,250	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		8,182,828	4,776	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,674,751	0	4,674,751	78,431	59.60	30.00	
31.00	INTENSIVE CARE UNIT	1,607,821		1,607,821	11,468	140.20	31.00	
31.01	NEONATAL INTENSIVE CARE	347,103		347,103	4,432	78.32	31.01	
41.00	SUBPROVIDER - IRF	296,706	0	296,706	4,924	60.26	41.00	
43.00	NURSERY	49,348		49,348	2,752	17.93	43.00	
200.00	Total (lines 30 through 199)	6,975,729		6,975,729	102,007		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	1,436	85,586					30.00
31.00	INTENSIVE CARE UNIT	55	7,711					31.00
31.01	NEONATAL INTENSIVE CARE	619	48,480					31.01
41.00	SUBPROVIDER - IRF	6	362					41.00
43.00	NURSERY	139	2,492					43.00
200.00	Total (lines 30 through 199)	2,255	144,631					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,991,529	302,976,642	0.016475	1,158,699	19,090	50.00
51.00	05100	RECOVERY ROOM	955,194	32,022,154	0.029829	62,826	1,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	403,063	9,122,201	0.044185	139,409	6,160	52.00
53.00	05300	ANESTHESIOLOGY	230,717	47,166,913	0.004892	164,300	804	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,782,078	81,014,836	0.021997	229,402	5,046	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,249,489	45,584,339	0.049348	0	0	55.00
56.00	05600	RADIOISOTOPE	344,768	33,364,758	0.010333	20,451	211	56.00
57.00	05700	CT SCAN	1,170,170	119,247,733	0.009813	370,784	3,639	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	765,770	61,854,704	0.012380	187,296	2,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,683,135	150,199,817	0.011206	43,756	490	59.00
60.00	06000	LABORATORY	1,310,406	239,666,764	0.005468	1,060,174	5,797	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	69,086	12,079,357	0.005719	93,787	536	63.00
64.00	06400	INTRAVENOUS THERAPY	108,581	3,596,373	0.030192	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	221,443	21,657,600	0.010225	402,351	4,114	65.00
66.00	06600	PHYSICAL THERAPY	822,350	35,086,846	0.023438	137,908	3,232	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,768	11,461,359	0.006785	86,664	588	67.00
68.00	06800	SPEECH PATHOLOGY	80,448	5,077,157	0.015845	82,759	1,311	68.00
69.00	06900	ELECTROCARDIOLOGY	898,160	75,943,704	0.011827	225,286	2,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,093	18,179,355	0.007596	55,069	418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	129,784	70,655,752	0.001837	372,321	684	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,692	90,832,034	0.001846	297,414	549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	522,157	149,305,181	0.003497	1,342,731	4,696	73.00
74.00	07400	RENAL DIALYSIS	31,034	7,931,011	0.003913	77,695	304	74.00
76.97	07697	CARDIAC REHABILITATION	131,086	3,162,317	0.041453	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	94,844	13,154,401	0.007210	0	0	90.00
91.00	09100	EMERGENCY	797,095	151,225,772	0.005271	356,778	1,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	943,287	45,543,337	0.020712	57,931	1,200	92.00
200.00		Total (lines 50 through 199)	21,119,227	1,837,112,417		7,025,791	67,607	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/23/2021 10:28 am	
			Title XIX		Hospital		PPS

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
31.01	02060	NEONATAL INTENSIVE CARE	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	78,431	0.00	1,436	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	11,468	0.00	55	31.00
31.01	02060	NEONATAL INTENSIVE CARE	0	0	4,432	0.00	619	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	4,924	0.00	6	41.00
43.00	04300	NURSERY	0	0	2,752	0.00	139	43.00
200.00		Total (lines 30 through 199)	0	0	102,007	0.00	2,255	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
31.01	02060	NEONATAL INTENSIVE CARE	0				31.01
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description	Title XIX				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	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
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
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
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	418,280	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	418,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

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

Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	302,976,642	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	32,022,154	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,122,201	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	47,166,913	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	81,014,836	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	45,584,339	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	33,364,758	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	119,247,733	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	61,854,704	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	150,199,817	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	239,666,764	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	12,079,357	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,596,373	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,657,600	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	35,086,846	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,461,359	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,077,157	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	75,943,704	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18,179,355	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,655,752	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,832,034	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	418,280	418,280	149,305,181	0.002802	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,931,011	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,162,317	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	13,154,401	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	151,225,772	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,543,337	0.000000	92.00
200.00		Total (lines 50 through 199)	0	418,280	418,280	1,837,112,417		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,158,699	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	62,826	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	139,409	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	164,300	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	229,402	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	20,451	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	370,784	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	187,296	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	43,756	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,060,174	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	93,787	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	402,351	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	137,908	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	86,664	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	82,759	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	225,286	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	55,069	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	372,321	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	297,414	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002802	1,342,731	3,762	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	77,695	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	356,778	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	57,931	0	0	0	92.00
200.00	Total (lines 50 through 199)		7,025,791	3,762	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/23/2021 10:28 am
	Title XIX	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	4,991,529	302,976,642	0.016475	0	0	50.00
51.00	05100 RECOVERY ROOM	955,194	32,022,154	0.029829	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	403,063	9,122,201	0.044185	0	0	52.00
53.00	05300 ANESTHESIOLOGY	230,717	47,166,913	0.004892	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,782,078	81,014,836	0.021997	537	12	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	2,249,489	45,584,339	0.049348	0	0	55.00
56.00	05600 RADIOISOTOPE	344,768	33,364,758	0.010333	0	0	56.00
57.00	05700 CT SCAN	1,170,170	119,247,733	0.009813	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	765,770	61,854,704	0.012380	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,683,135	150,199,817	0.011206	0	0	59.00
60.00	06000 LABORATORY	1,310,406	239,666,764	0.005468	4,695	26	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	69,086	12,079,357	0.005719	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	108,581	3,596,373	0.030192	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	221,443	21,657,600	0.010225	1,737	18	65.00
66.00	06600 PHYSICAL THERAPY	822,350	35,086,846	0.023438	2,756	65	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,768	11,461,359	0.006785	2,288	16	67.00
68.00	06800 SPEECH PATHOLOGY	80,448	5,077,157	0.015845	1,583	25	68.00
69.00	06900 ELECTROCARDIOLOGY	898,160	75,943,704	0.011827	348	4	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	138,093	18,179,355	0.007596	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	129,784	70,655,752	0.001837	315	1	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	167,692	90,832,034	0.001846	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	522,157	149,305,181	0.003497	3,690	13	73.00
74.00	07400 RENAL DIALYSIS	31,034	7,931,011	0.003913	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	131,086	3,162,317	0.041453	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	94,844	13,154,401	0.007210	0	0	90.00
91.00	09100 EMERGENCY	797,095	151,225,772	0.005271	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	45,543,337	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	20,175,940	1,837,112,417		17,949	180	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
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
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	418,280	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	418,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am
Title XIX		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	302,976,642	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	32,022,154	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,122,201	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	47,166,913	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	81,014,836	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	45,584,339	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	33,364,758	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	119,247,733	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	61,854,704	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	150,199,817	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	239,666,764	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	12,079,357	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,596,373	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,657,600	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	35,086,846	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,461,359	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,077,157	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	75,943,704	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18,179,355	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,655,752	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,832,034	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	418,280	418,280	149,305,181	0.002802	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,931,011	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,162,317	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	13,154,401	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	151,225,772	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,543,337	0.000000	92.00
200.00		Total (lines 50 through 199)	0	418,280	418,280	1,837,112,417		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0125 Component CCN: 15-T125		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:28 am	
		Title XIX		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	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	537	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	4,695	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,737	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,756	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,288	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,583	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	348	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	315	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002802	3,690	10	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		17,949	10	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 10:28 am
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)		78,431	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		78,431	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)		62,605	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)		26,597	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)		77,043,554	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)		77,043,554	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)		77,043,554	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)		982.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,126,499	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)		26,126,499	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	23,775,218	11,468	2,073.18	4,143	8,589,185	43.00
43.01	NEONATAL INTENSIVE CARE	6,543,687	4,432	1,476.46	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					52,859,286	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					87,574,970	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,166,030	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,336,794	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,502,824	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					83,072,146	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)					15,826	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					982.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,546,038	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:28 am	
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	4,674,751	77,043,554	0.060677	15,546,038	943,287	90.00
91.00	Nursing School cost	0	77,043,554	0.000000	15,546,038	0	91.00
92.00	Allied health cost	0	77,043,554	0.000000	15,546,038	0	92.00
93.00	All other Medical Education	0	77,043,554	0.000000	15,546,038	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 10:28 am
		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)		4,924	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,924	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)		4,924	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,612	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)		4,878,183	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)		4,878,183	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)		4,878,183	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)		990.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,578,408	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)		3,578,408	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1
					Component CCN: 15-T125		Date/Time Prepared: 11/23/2021 10:28 am
					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
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,050,443		48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					217,659		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					92,261		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					309,920		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,318,931		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: 15-0125 Component CCN: 15-T125		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:28 am	
		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	296,706	4,878,183	0.060823	0	0	90.00
91.00	Nursing School cost	0	4,878,183	0.000000	0	0	91.00
92.00	Allied health cost	0	4,878,183	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,878,183	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/23/2021 10:28 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		78,431	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		78,431	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)		62,605	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)		1,436	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)		2,752	15.00
16.00	Nursery days (title V or XIX only)		139	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)		77,043,554	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)		77,043,554	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)		77,043,554	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)		982.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,410,597	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)		1,410,597	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,403,672	2,752	873.43	139	121,407	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	23,775,218	11,468	2,073.18	55	114,025	43.00
43.01	NEONATAL INTENSIVE CARE	6,543,687	4,432	1,476.46	619	913,929	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,464,199	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,024,157	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)					144,269	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					71,369	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					215,638	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,808,519	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)					15,826	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					982.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,546,038	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:28 am	
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	4,674,751	77,043,554	0.060677	15,546,038	943,287	90.00
91.00	Nursing School cost	0	77,043,554	0.000000	15,546,038	0	91.00
92.00	Allied health cost	0	77,043,554	0.000000	15,546,038	0	92.00
93.00	All other Medical Education	0	77,043,554	0.000000	15,546,038	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 10:28 am
		Title XIX	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)		4,924	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,924	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)		4,924	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)		6	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)		2,752	15.00
16.00	Nursery days (title V or XIX only)		139	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)		4,878,183	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)		4,878,183	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)		4,878,183	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)		990.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,944	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)		5,944	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1
					Component CCN: 15-T125		Date/Time Prepared: 11/23/2021 10:28 am
					Title XIX	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
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,307		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,251		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)					362		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					190		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					552		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,699		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: 15-0125 Component CCN: 15-T125		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:28 am	
		Title XIX		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	296,706	4,878,183	0.060823	0	0	90.00
91.00	Nursing School cost	0	4,878,183	0.000000	0	0	91.00
92.00	Allied health cost	0	4,878,183	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,878,183	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:28 am	
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		45,127,473	30.00
31.00	03100	INTENSIVE CARE UNIT		12,570,973	31.00
31.01	02060	NEONATAL INTENSIVE CARE		0	31.01
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175378	40,797,188	50.00
51.00	05100	RECOVERY ROOM	0.400655	2,525,723	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.550162	4,693	52.00
53.00	05300	ANESTHESIOLOGY	0.106652	5,244,397	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147162	1,261,858	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.158058	699,715	55.00
56.00	05600	RADIOISOTOPE	0.112334	1,600,845	56.00
57.00	05700	CT SCAN	0.054385	14,576,635	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065589	5,332,382	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.081204	27,885,918	59.00
60.00	06000	LABORATORY	0.118734	28,420,712	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.286072	2,918,628	63.00
64.00	06400	INTRAVENOUS THERAPY	0.276245	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.314810	7,392,925	65.00
66.00	06600	PHYSICAL THERAPY	0.347064	3,573,486	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264787	2,457,349	67.00
68.00	06800	SPEECH PATHOLOGY	0.434473	579,791	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096916	10,371,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119430	838,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.481439	14,822,642	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484110	25,961,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186110	34,730,089	73.00
74.00	07400	RENAL DIALYSIS	0.285755	3,466,357	74.00
76.97	07697	CARDIAC REHABILITATION	0.475523	142,142	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.319029	148,129	90.00
91.00	09100	EMERGENCY	0.111782	20,647,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.341346	2,581,587	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		258,982,021	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)		258,982,021	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:28 am
		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
31.01	02060 NEONATAL INTENSIVE CARE			31.01
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY		5,113,092	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.175378	227,684	39,931 50.00
51.00	05100 RECOVERY ROOM	0.400655	9,569	3,834 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.550162	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.106652	32,419	3,458 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147162	138,462	20,376 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.158058	62,667	9,905 55.00
56.00	05600 RADIOISOTOPE	0.112334	15,189	1,706 56.00
57.00	05700 CT SCAN	0.054385	191,800	10,431 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065589	91,348	5,991 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081204	0	0 59.00
60.00	06000 LABORATORY	0.118734	882,327	104,762 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.286072	28,250	8,082 63.00
64.00	06400 INTRAVENOUS THERAPY	0.276245	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.314810	351,743	110,732 65.00
66.00	06600 PHYSICAL THERAPY	0.347064	1,775,846	616,332 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.264787	1,778,910	471,032 67.00
68.00	06800 SPEECH PATHOLOGY	0.434473	192,441	83,610 68.00
69.00	06900 ELECTROCARDIOLOGY	0.096916	67,698	6,561 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.119430	8,913	1,064 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.481439	270,381	130,172 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484110	27,933	13,523 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186110	1,704,452	317,216 73.00
74.00	07400 RENAL DIALYSIS	0.285755	318,546	91,026 74.00
76.97	07697 CARDIAC REHABILITATION	0.475523	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.319029	0	0 90.00
91.00	09100 EMERGENCY	0.111782	6,250	699 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.341346	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,182,828	2,050,443 200.00
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)		8,182,828	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:28 am	
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		1,345,519	30.00
31.00	03100	INTENSIVE CARE UNIT		343,280	31.00
31.01	02060	NEONATAL INTENSIVE CARE		4,211,736	31.01
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		253,810	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175378	1,158,699	203,210 50.00
51.00	05100	RECOVERY ROOM	0.400655	62,826	25,172 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.550162	139,409	76,698 52.00
53.00	05300	ANESTHESIOLOGY	0.106652	164,300	17,523 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147162	229,402	33,759 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.158058	0	0 55.00
56.00	05600	RADIOISOTOPE	0.112334	20,451	2,297 56.00
57.00	05700	CT SCAN	0.054385	370,784	20,165 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065589	187,296	12,285 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.081204	43,756	3,553 59.00
60.00	06000	LABORATORY	0.118734	1,060,174	125,879 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.286072	93,787	26,830 63.00
64.00	06400	INTRAVENOUS THERAPY	0.276245	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.314810	402,351	126,664 65.00
66.00	06600	PHYSICAL THERAPY	0.347064	137,908	47,863 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264787	86,664	22,948 67.00
68.00	06800	SPEECH PATHOLOGY	0.434473	82,759	35,957 68.00
69.00	06900	ELECTROCARDIOLOGY	0.096916	225,286	21,834 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119430	55,069	6,577 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.481439	372,321	179,250 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484110	297,414	143,981 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186110	1,342,731	249,896 73.00
74.00	07400	RENAL DIALYSIS	0.285755	77,695	22,202 74.00
76.97	07697	CARDIAC REHABILITATION	0.475523	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.319029	0	0 90.00
91.00	09100	EMERGENCY	0.111782	356,778	39,881 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.341346	57,931	19,775 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,025,791	1,464,199 200.00
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)		7,025,791	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:28 am
		Title XIX	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
31.01	02060	NEONATAL INTENSIVE CARE		31.01
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY	7,830	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.175378	0 50.00
51.00	05100	RECOVERY ROOM	0.400655	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.550162	0 52.00
53.00	05300	ANESTHESIOLOGY	0.106652	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147162	537 79 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.158058	0 55.00
56.00	05600	RADIOISOTOPE	0.112334	0 56.00
57.00	05700	CT SCAN	0.054385	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065589	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.081204	0 59.00
60.00	06000	LABORATORY	0.118734	4,695 557 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.286072	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.276245	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.314810	1,737 547 65.00
66.00	06600	PHYSICAL THERAPY	0.347064	2,756 957 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264787	2,288 606 67.00
68.00	06800	SPEECH PATHOLOGY	0.434473	1,583 688 68.00
69.00	06900	ELECTROCARDIOLOGY	0.096916	348 34 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119430	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.481439	315 152 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484110	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186110	3,690 687 73.00
74.00	07400	RENAL DIALYSIS	0.285755	0 74.00
76.97	07697	CARDIAC REHABILITATION	0.475523	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.319029	0 90.00
91.00	09100	EMERGENCY	0.111782	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.341346	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		17,949 4,307 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0 201.00
202.00		Net charges (line 200 minus line 201)		17,949 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 10:28 am
		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)		17,776,350	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		53,942,463	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)		320,729	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		975,348	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		341.61	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.45	31.00
32.00	Sum of lines 30 and 31		21.49	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.94	33.00
34.00	Disproportionate share adjustment (see instructions)		1,244,322	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 10:28 am
		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)	0.000300351	0.000370892	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,508,108	3,074,698	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	630,453	2,299,705	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,930,158		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)	77,189,370		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)		77,189,370	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,845,137	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		59,373	53.00
54.00	Special add-on payments for new technologies		557,803	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)		97,314	58.00
59.00	Total (sum of amounts on lines 49 through 58)		83,748,997	59.00
60.00	Primary payer payments		5,454	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		83,743,543	61.00
62.00	Deductibles billed to program beneficiaries		5,907,116	62.00
63.00	Coinurance billed to program beneficiaries		301,151	63.00
64.00	Allowable bad debts (see instructions)		720,092	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		468,060	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		271,728	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		78,003,336	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-132,384	70.93
70.94	HRR adjustment amount (see instructions)		-1,625,042	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 10:28 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			76,245,910	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			74,965,865	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,280,045	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,650,019	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/23/2021 10:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,459	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		57,754,027	2.00
3.00	OPPS payments		55,740,722	3.00
4.00	Outlier payment (see instructions)		68,984	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		68,124	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,459	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		76,527	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)		76,527	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)		76,527	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		64,068	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)		12,459	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)		55,877,830	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)		9,789,677	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)		46,100,612	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)		46,100,612	30.00
31.00	Primary payer payments		18,684	31.00
32.00	Subtotal (line 30 minus line 31)		46,081,928	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)		795,961	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		517,375	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		449,905	36.00
37.00	Subtotal (see instructions)		46,599,303	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-144	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)		46,599,447	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		46,751,312	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-151,865	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: 15-0125

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

Worksheet E-1
Part I
Date/Time Prepared:
11/23/2021 10:28 am

		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		74,502,247		46,011,558		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		463,618		739,754		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)		74,965,865		46,751,312		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1,280,045		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		151,865		6.02
7.00	Total Medicare program liability (see instructions)		76,245,910		46,599,447		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: 15-0125
Component CCN: 15-T125

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

Worksheet E-1
Part I
Date/Time Prepared:
11/23/2021 10:28 am
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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		7,025,982		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,025,982		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		18,221		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,044,203		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/23/2021 10:28 am
		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: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/23/2021 10:28 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,911,502 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0236 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			120,260 3.00
4.00	Outlier Payments			73,910 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)			13.490411 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)			7,105,672 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)			7,105,672 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,105,672 19.00
20.00	Deductibles			33,296 20.00
21.00	Subtotal (line 19 minus line 20)			7,072,376 21.00
22.00	Coinsurance			33,820 22.00
23.00	Subtotal (line 21 minus line 22)			7,038,556 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,340 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			871 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,039,427 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)			4,776 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)			7,044,203 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			7,025,982 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)			18,221 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			73,910 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: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/23/2021 10:28 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		6,154,345		8.00
9.00	Ancillary service charges		7,025,791	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)		13,180,136	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)		13,180,136	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,180,136	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)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		3,762	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		3,762	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)		3,762	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)		3,762	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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,762	0	36.00
37.00	ZERO OUT SETTLEMENT		-3,762	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125 Component CCN: 15-T125	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/23/2021 10:28 am	
		Title XIX	Subprovider - IRF	PPS	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		7,830		8.00
9.00	Ancillary service charges		17,949	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)		25,779	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)		25,779	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		25,779	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)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		10	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		10	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)		10	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)		10	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)		10	0	36.00
37.00	ZERO OUT SETTLEMENT		-10	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0125

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

Worksheet G

Date/Time Prepared: 11/23/2021 10:28 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	10,265	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	75,481,065	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	14,518,977	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,512,155	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	97,522,462	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	190,347,223	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	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)	190,347,223	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	9,139,264	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,139,264	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	297,008,949	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,705,805	0	0	0	37.00
38.00	Salaries, wages, and fees payable	29,981,753	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	65,911,202	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	99,598,760	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	30,293,699	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,293,699	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	129,892,459	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	167,116,490	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)	167,116,490	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	297,008,949	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0125

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

Worksheet G-1

Date/Time Prepared:
11/23/2021 10:28 am

		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		176,554,268		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		87,664,861			2.00
3.00	Total (sum of line 1 and line 2)		264,219,129		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	RESTRICTED CONTRIBUTIONS	110,000		0		5.00
6.00	INVESTMENT INCOME	6,000		0		6.00
7.00	NET ASSETS RELEASED	0		0		7.00
8.00	OTHER	0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		116,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		264,335,129		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSETS TRANSFERRED	97,070,000		0		13.00
14.00	PENSION RELATED ADJUSTMENT	0		0		14.00
15.00	NET ASSETS RELEASED	148,639		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		97,218,639		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		167,116,490		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	RESTRICTED CONTRIBUTIONS		0			5.00
6.00	INVESTMENT INCOME		0			6.00
7.00	NET ASSETS RELEASED		0			7.00
8.00	OTHER		0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	NET ASSETS TRANSFERRED		0			13.00
14.00	PENSION RELATED ADJUSTMENT		0			14.00
15.00	NET ASSETS RELEASED		0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0125

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/23/2021 10:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	110,199,170		110,199,170	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,806,580		6,806,580	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	117,005,750		117,005,750	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,957,846		33,957,846	11.00
11.01	NEONATAL INTENSIVE CARE	31,627,060		31,627,060	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	65,584,906		65,584,906	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	182,590,656		182,590,656	17.00
18.00	Ancillary services	630,268,234	0	630,268,234	18.00
19.00	Outpatient services	0	1,209,396,232	1,209,396,232	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		8,834,694	8,834,694	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN OFFICES	23,968,016	45,994,504	69,962,520	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	836,826,906	1,264,225,430	2,101,052,336	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		520,167,791		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)		520,167,791		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0125

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

Worksheet G-3

Date/Time Prepared:
11/23/2021 10:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,101,052,336	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,525,372,904	2.00
3.00	Net patient revenues (line 1 minus line 2)	575,679,432	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	520,167,791	4.00
5.00	Net income from service to patients (line 3 minus line 4)	55,511,641	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,328,288	6.00
7.00	Income from investments	284,079	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,582,734	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	12,975,566	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	15,776	21.00
22.00	Rental of hospital space	1,088,092	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE - CLASSES	1,111	24.00
24.01	ASSETS RELEASED FROM RESTRICTION	153,306	24.01
24.02	FITNESS POINTE/BEAUTY SHOP INCOME	2,079,135	24.02
24.03	GAINS ON SALE OF ASSETS	176,402	24.03
24.04	OTHER INCOME	181,183	24.04
24.05	GRANT INCOME	2,606,207	24.05
24.50	COVID-19 PHE Funding	9,681,341	24.50
25.00	Total other income (sum of lines 6-24)	32,153,220	25.00
26.00	Total (line 5 plus line 25)	87,664,861	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	87,664,861	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0125

Period: From 07/01/2020

Worksheet H

HHA CCN: 15-7487

To 06/30/2021

Date/Time Prepared: 11/23/2021 10:28 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	9,768	0	9,768	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,217,548	130,014	888	5,230	76,916	1,430,596	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,401,001	149,603	45,889	0	0	1,596,493	6.00
7.00	1,146,404	122,417	40,308	0	0	1,309,129	7.00
8.00	322,158	34,401	14,402	0	0	370,961	8.00
9.00	65,325	6,976	4,115	18,907	0	95,323	9.00
10.00	2,234	238	0	0	0	2,472	10.00
11.00	52,873	5,646	5,535	0	0	64,054	11.00
12.00	0	0	0	0	359,399	359,399	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	4,207,543	449,295	111,137	33,905	436,315	5,238,195	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	9,768	0	9,768			3.00
4.00	0	0	0	0			4.00
5.00	-1,194	1,429,402	266,225	1,695,627			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,596,493	0	1,596,493			6.00
7.00	-52,832	1,256,297	0	1,256,297			7.00
8.00	47,850	418,811	0	418,811			8.00
9.00	4,982	100,305	0	100,305			9.00
10.00	0	2,472	0	2,472			10.00
11.00	0	64,054	0	64,054			11.00
12.00	0	359,399	0	359,399			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-1,194	5,237,001	266,225	5,503,226			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet H-1 Part I Date/Time Prepared: 11/23/2021 10:28 am
		HHA CCN: 15-7487	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	9,768	0	0	9,768	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,695,627	0	0	9,768	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,596,493	0	0	0	0	6.00
7.00	Physical Therapy	1,256,297	0	0	0	0	7.00
8.00	Occupational Therapy	418,811	0	0	0	0	8.00
9.00	Speech Pathology	100,305	0	0	0	0	9.00
10.00	Medical Social Services	2,472	0	0	0	0	10.00
11.00	Home Health Aide	64,054	0	0	0	0	11.00
12.00	Supplies (see instructions)	359,399	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,503,226	0	0	9,768	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,705,395					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	716,897	2,313,390				6.00
7.00	Physical Therapy	564,133	1,820,430				7.00
8.00	Occupational Therapy	188,065	606,876				8.00
9.00	Speech Pathology	45,041	145,346				9.00
10.00	Medical Social Services	1,110	3,582				10.00
11.00	Home Health Aide	28,763	92,817				11.00
12.00	Supplies (see instructions)	161,386	520,785				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		5,503,226				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0125

Period: From 07/01/2020

Worksheet H-1

HHA CCN: 15-7487

To 06/30/2021

Part II
Date/Time Prepared: 11/23/2021 10:28 am

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	100	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	100	0	-1,705,395	3,797,831
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,596,493
7.00	Physical Therapy	0	0	0	0	0	1,256,297
8.00	Occupational Therapy	0	0	0	0	0	418,811
9.00	Speech Pathology	0	0	0	0	0	100,305
10.00	Medical Social Services	0	0	0	0	0	2,472
11.00	Home Health Aide	0	0	0	0	0	64,054
12.00	Supplies (see instructions)	0	0	0	0	0	359,399
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	100	0	-1,705,395	3,797,831
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	9,768	0		1,705,395
26.00	Unit Cost Multiplier	0.000000	0.000000	97.680000	0.000000		0.449044

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2020

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2021

Part I Date/Time Prepared: 11/23/2021 10:28 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	0	0	187,006	129	23,405	1.00	
2.00 Skilled Nursing Care	2,313,390	0	0	215,183	0	0	2.00	
3.00 Physical Therapy	1,820,430	0	0	176,078	0	0	3.00	
4.00 Occupational Therapy	606,876	0	0	49,481	0	0	4.00	
5.00 Speech Pathology	145,346	0	0	10,033	0	0	5.00	
6.00 Medical Social Services	3,582	0	0	343	0	0	6.00	
7.00 Home Health Aide	92,817	0	0	8,121	0	0	7.00	
8.00 Supplies (see instructions)	520,785	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	5,503,226	0	0	646,245	129	23,405	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
	5.03	5A.03	5.04	6.00	7.00	8.00		
1.00 Administrative and General	26,549	237,089	35,754	0	0	0	1.00	
2.00 Skilled Nursing Care	0	2,528,573	381,322	0	0	0	2.00	
3.00 Physical Therapy	0	1,996,508	301,083	0	0	0	3.00	
4.00 Occupational Therapy	0	656,357	98,982	0	0	0	4.00	
5.00 Speech Pathology	0	155,379	23,432	0	0	0	5.00	
6.00 Medical Social Services	0	3,925	592	0	0	0	6.00	
7.00 Home Health Aide	0	100,938	15,222	0	0	0	7.00	
8.00 Supplies (see instructions)	0	520,785	78,537	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	26,549	6,199,554	934,924	0	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2020

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2021

Part I
Date/Time Prepared: 11/23/2021 10:28 am

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		15.00	16.00	17.00	19.00	21.00	22.00		
1.00	Administrative and General	0	25,701	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	25,701	0	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2020

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2021

Part I Date/Time Prepared: 11/23/2021 10:28 am

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM-(PHARMACY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	298,544	0	298,544			1.00
2.00 Skilled Nursing Care	0	2,909,895	0	2,909,895	126,607	3,036,502	2.00
3.00 Physical Therapy	0	2,297,591	0	2,297,591	99,966	2,397,557	3.00
4.00 Occupational Therapy	0	755,339	0	755,339	32,864	788,203	4.00
5.00 Speech Pathology	0	178,811	0	178,811	7,780	186,591	5.00
6.00 Medical Social Services	0	4,517	0	4,517	197	4,714	6.00
7.00 Home Health Aide	0	116,160	0	116,160	5,054	121,214	7.00
8.00 Supplies (see instructions)	0	599,322	0	599,322	26,076	625,398	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	7,160,179	0	7,160,179	298,544	7,160,179	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.043509		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0125
HHA CCN: 15-7487

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

Worksheet H-2
Part II
Date/Time Prepared: 11/23/2021 10:28 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	0	1,217,548	1	8,831,894	8,831,894	1.00
2.00 Skilled Nursing Care	0	0	1,401,001	0	0	0	2.00
3.00 Physical Therapy	0	0	1,146,404	0	0	0	3.00
4.00 Occupational Therapy	0	0	322,158	0	0	0	4.00
5.00 Speech Pathology	0	0	65,325	0	0	0	5.00
6.00 Medical Social Services	0	0	2,234	0	0	0	6.00
7.00 Home Health Aide	0	0	52,873	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	4,207,543	1	8,831,894	8,831,894	20.00
21.00 Total cost to be allocated	0	0	646,245	129	23,405	26,549	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.153592	129.000000	0.002650	0.003006	22.00
Cost Center Description	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQARE FEET)	
	5A.04	5.04	6.00	7.00	8.00	9.00	
1.00 Administrative and General	0	237,089	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,528,573	0	0	0	0	2.00
3.00 Physical Therapy	0	1,996,508	0	0	0	0	3.00
4.00 Occupational Therapy	0	656,357	0	0	0	0	4.00
5.00 Speech Pathology	0	155,379	0	0	0	0	5.00
6.00 Medical Social Services	0	3,925	0	0	0	0	6.00
7.00 Home Health Aide	0	100,938	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	520,785	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	6,199,554	0	0	0	0	20.00
21.00 Total cost to be allocated	0	934,924	0	0	0	0	21.00
22.00 Unit cost multiplier		0.150805	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0125 HHA CCN: 15-7487	Period: From 07/01/2020 To 06/30/2021	Worksheet H-2 Part II Date/Time Prepared: 11/23/2021 10:28 am PPS
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Cost Center Description	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	
	10.00	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	INTERNS & RESIDENTS						
	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED (PHARMACY) (ASSIGNED TIME)	
	16.00	17.00	19.00	21.00	22.00	23.00	
1.00 Administrative and General	8,831,894	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	8,831,894	0	0	0	0	0	20.00
21.00 Total cost to be allocated	25,701	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.002910	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0125 HHA CCN: 15-7487		Period: From 07/01/2020 To 06/30/2021		Worksheet H-3 Part I Date/Time Prepared: 11/23/2021 10:28 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	3,036,502		3,036,502	23,596	128.69		1.00
2.00	Physical Therapy	3.00	2,397,557	0	2,397,557	13,941	171.98		2.00
3.00	Occupational Therapy	4.00	788,203	0	788,203	5,772	136.56		3.00
4.00	Speech Pathology	5.00	186,591	0	186,591	601	310.47		4.00
5.00	Medical Social Services	6.00	4,714		4,714	26	181.31		5.00
6.00	Home Health Aide	7.00	121,214		121,214	2,399	50.53		6.00
7.00	Total (sum of lines 1-6)		6,534,781	0	6,534,781	46,335			7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
		0	1.00	2.00	Part B				
					Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00		4.00		5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		23844	0	13,506				8.00
9.00	Physical Therapy		23844	0	7,156				9.00
10.00	Occupational Therapy		23844	0	3,218				10.00
11.00	Speech Pathology		23844	0	311				11.00
12.00	Medical Social Services		23844	0	17				12.00
13.00	Home Health Aide		23844	0	1,535				13.00
14.00	Total (sum of lines 8-13)			0	25,743				14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	625,398	0	625,398	573,361	1.090758		15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		16.00
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	13,506		0	1,738,087			1.00
2.00	Physical Therapy	0	7,156		0	1,230,689			2.00
3.00	Occupational Therapy	0	3,218		0	439,450			3.00
4.00	Speech Pathology	0	311		0	96,556			4.00
5.00	Medical Social Services	0	17		0	3,082			5.00
6.00	Home Health Aide	0	1,535		0	77,564			6.00
7.00	Total (sum of lines 1-6)	0	25,743		0	3,585,428			7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
9.00	Physical Therapy								9.00
10.00	Occupational Therapy								10.00
11.00	Speech Pathology								11.00
12.00	Medical Social Services								12.00
13.00	Home Health Aide								13.00
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0125 HHA CCN: 15-7487		Period: From 07/01/2020 To 06/30/2021		Worksheet H-3 Part I Date/Time Prepared: 11/23/2021 10:28 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges			Cost of Services					
	Part A	Part B			Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	558,227	0	0	608,891	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description									
		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	1,738,087						1.00	
2.00	Physical Therapy	1,230,689						2.00	
3.00	Occupational Therapy	439,450						3.00	
4.00	Speech Pathology	96,556						4.00	
5.00	Medical Social Services	3,082						5.00	
6.00	Home Health Aide	77,564						6.00	
7.00	Total (sum of lines 1-6)	3,585,428						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0125

Period:

Worksheet H-3

HHA CCN: 15-7487

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

Part II
Date/Time Prepared:
11/23/2021 10:28 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.347064	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.264787	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.434473	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.481439	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.186105	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125 HHA CCN: 15-7487	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-11 Date/Time Prepared: 11/23/2021 10:28 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,513,453
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	665,098
13.00	Total PPS Reimbursement - LUPA Episodes		0	69,352
14.00	Total PPS Reimbursement - PEP Episodes		0	17,996
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	160,197
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	219
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	4,426,315
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	4,426,315
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	4,426,315
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	4,426,315
30.00	ADJUSTMENT		0	3,647
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	4,429,962
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	4,429,962
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0125
HHA CCN: 15-7487

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

Worksheet H-5
Date/Time Prepared:
11/23/2021 10:28 am
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		0		4,429,962	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			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			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. H-4, Part II, column as appropriate, line 32)		0		4,429,962	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,429,962	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0125	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/23/2021 10:28 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,542,112	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		56,401	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)		216.56	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.04	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.45	8.00
9.00	Sum of lines 7 and 8		21.49	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.45	10.00
11.00	Disproportionate share adjustment (see instructions)		246,624	11.00
12.00	Total prospective capital payments (see instructions)		5,845,137	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