

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: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/25/2022 10:54 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/25/2022 Time: 10:54 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Cheryl Wathen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name Cheryl Wathen			2
3	Signatory Title CFO			3
4	Date (Dated when report is electronic)			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,049,197	-200,988	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	2,049,197	-200,988	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: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:54 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 PO Box:	3.00 Zip Code: 47747-	4.00 County: VANDERBURGH	1.00
2.00 Street: 600 MARY STREET	State: IN			2.00
City: EVANSVILLE				

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	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF									5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
18.00 Renal Dialysis									18.00
19.00 Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2020	09/30/2021	20.00
21.00	Type of Control (see instructions)	2		21.00

		1.00	2.00	3.00
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Inpatient PPS Information					
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised 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: 15-0082			Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:54 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.	2,067	1,198	947	535	25,811	153	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	09/21/2021	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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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	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	2	60.03	
		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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

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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)	FAMILY PRACTICE	1350	2.30	16.16	0.124594	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.46	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)	FAMILY MEDICINE	1350	2.20	18.50	0.106280	67.00
67.01		FAMILY MEDICINE	1351	0.31	0.10	0.756098	67.01

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:54 am
			V 1.00	XI X 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
				Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
				1.00
				2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
				1.00
				2.00
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	112.00
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,573,862	275,188	0118.01
				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: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:54 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		HB0778		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: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001		141.00	
142.00	Street: 600 MARY STREET	PO Box:				142.00	
143.00	City: EVANSVILLE	State: IN		Zip Code: 47710		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 10:54 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: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 10:54 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	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			Y	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			Y			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	
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	02/22/2022	Y	02/22/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 10:54 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 10:54 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.	MANAGER OF REIMBURSEMENT		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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 10:54 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	445	167,630	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)		445	167,630	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	88	26,915	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		549	200,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		549				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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 10:54 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)	48,447	4,578	124,141			1.00
2.00 HMO and other (see instructions)	32,633	25,964				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	48,447	4,578	124,141			7.00
8.00 INTENSIVE CARE UNIT	7,673	160	20,651			8.00
9.00 CORONARY CARE UNIT	1,792	9	4,538			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)	57,912	4,747	149,330	21.35	4,402.65	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			50			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)				21.35	4,402.65	27.00
28.00 Observation Bed Days		2,988	11,661			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	0	0			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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 10:54 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	11,905	786	32,220	1.00
2.00 HMO and other (see instructions)				5,902	5,093		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		11,905	786	32,220	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 10:54 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	341,138,318	-1,464,595	339,673,723	9,213,929.07	36.87
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		2,872,021	0	2,872,021	30,400.97	94.47
4.00	Physician-Part A - Administrative		3,963,295	0	3,963,295	28,649.91	138.34
4.01	Physicians - Part A - Teaching		1,946,874	0	1,946,874	17,069.25	114.06
5.00	Physician and Non-Physician-Part B		49,453,171	0	49,453,171	264,453.43	187.00
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	1,695,449	1,695,449	47,493.91	35.70
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		73,322,868	0	73,322,868	2,478,412.37	29.58
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		21,044,240	3,140,789	24,185,029	419,963.98	57.59
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		6,008,322	0	6,008,322	52,044.73	115.45
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		12,285,281	0	12,285,281	85,415.61	143.83
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		48,974,569	0	48,974,569	1,687,328.17	29.02
14.02	Related organization salaries		5,468,958	0	5,468,958	148,109.30	36.93
15.00	Home office: Physician Part A - Administrative		262,038	0	262,038	1,284.77	203.96
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)		80,554,717	0	80,554,717		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		31,918,253	0	31,918,253		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		402,949	0	402,949		
22.00	Physician Part A - Administrative		369,727	0	369,727		
22.01	Physician Part A - Teaching		203,927	0	203,927		
23.00	Physician Part B		3,847,935	0	3,847,935		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		352,013	0	352,013		
25.50	Home office wage-related (core)		14,441,219	0	14,441,219		
25.51	Related organization wage-related (core)		1,587,378	0	1,587,378		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		46,242	0	46,242		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 10:54 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	2,571,627	116,113	2,687,740	89,549.54	30.01	26.00
27.00	Administrative & General	51,838,213	-7,347,087	44,491,126	1,088,439.38	40.88	27.00
28.00	Administrative & General under contract (see inst.)	10,433,862	0	10,433,862	54,704.26	190.73	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,739,512	249,002	3,988,514	131,359.10	30.36	30.00
31.00	Laundry & Linen Service	1,045,722	41,533	1,087,255	65,994.75	16.47	31.00
32.00	Housekeeping	5,686,177	210,935	5,897,112	349,433.27	16.88	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	4,732,102	-2,358,627	2,373,475	140,069.28	16.95	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,295,171	1,295,171	74,289.84	17.43	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,763,287	101,077	4,864,364	173,140.14	28.09	38.00
39.00	Central Services and Supply	2,382,096	82,286	2,464,382	114,845.79	21.46	39.00
40.00	Pharmacy	9,586,058	306,962	9,893,020	261,054.46	37.90	40.00
41.00	Medical Records & Medical Records Library	2,466,348	15,657	2,482,005	123,559.21	20.09	41.00
42.00	Social Service	5,790,072	119,677	5,909,749	157,317.62	37.57	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet S-3
Part III
Date/Time Prepared:
2/25/2022 10:54 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)	223,977,246	-3,160,044	220,817,202	6,430,803.40	34.34	1.00
2.00	Excluded area salaries (see instructions)	21,044,240	3,140,789	24,185,029	419,963.98	57.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	202,933,006	-6,300,833	196,632,173	6,010,839.42	32.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	72,999,168	0	72,999,168	1,974,182.58	36.98	4.00
5.00	Subtotal wage-related costs (see inst.)	96,999,283	0	96,999,283	0.00	49.33	5.00
6.00	Total (sum of lines 3 thru 5)	372,931,457	-6,300,833	366,630,624	7,985,022.00	45.91	6.00
7.00	Total overhead cost (see instructions)	105,035,076	-7,167,301	97,867,775	2,823,756.64	34.66	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2022 10:54 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			11,601,907 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			6,902,222 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			1,584 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			408,609 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)			68,389,982 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			1,673,266 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			310,170 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)			4,653,875 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,092,873 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			18,216,675 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			241,956 19.00
20.00	State or Federal Unemployment Taxes			10,866 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			1,590,993 21.00
22.00	Day Care Cost and Allowances			421,519 22.00
23.00	Tuition Reimbursement			1,133,024 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			117,649,521 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part V Date/Time Prepared: 2/25/2022 10:54 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,008,322	117,649,521	1.00
2.00	Hospital	6,008,322	117,649,521	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/25/2022 10:54 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)		0.216993	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		56,050,808	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		494,996,620	6.00	
7.00	Medicaid cost (line 1 times line 6)		107,410,802	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)		51,359,994	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		51,359,994	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)	45,489,542	4,760,806	50,250,348	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,870,912	4,760,806	14,631,718	21.00
22.00	Payments received from patients for amounts previously written off as charity care	4,510	35,926	40,436	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,866,402	4,724,880	14,591,282	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)			40,655,690	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,455,321	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,238,955	27.01
28.00	Non-Medicare bad debt expense (see instructions)			38,416,735	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,119,797	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			23,711,079	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			75,071,073	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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		32,592,319	32,592,319	8,830,204	41,422,523	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	137,812	137,812	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,604,296	8,604,296	25,333,754	33,938,050	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,571,627	59,932,941	62,504,568	4,746,961	67,251,529	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	51,838,213	142,201,853	194,040,066	-24,537,981	169,502,085	5.00
7.00	00700	OPERATION OF PLANT	3,739,512	19,729,087	23,468,599	-7,859,574	15,609,025	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,045,722	896,229	1,941,951	-85,302	1,856,649	8.00
9.00	00900	HOUSEKEEPING	5,686,177	2,224,040	7,910,217	174,673	8,084,890	9.00
10.00	01000	DIETARY	4,732,102	6,096,073	10,828,175	-5,613,428	5,214,747	10.00
11.00	01100	CAFETERIA	0	0	0	2,836,275	2,836,275	11.00
13.00	01300	NURSING ADMINISTRATION	4,763,287	2,340,748	7,104,035	-783,853	6,320,182	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,382,096	2,055,583	4,437,679	-247,302	4,190,377	14.00
15.00	01500	PHARMACY	9,586,058	89,303,955	98,890,013	-87,358,151	11,531,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,466,348	-710,787	1,755,561	25,395	1,780,956	16.00
17.00	01700	SOCIAL SERVICE	5,790,072	1,377,248	7,167,320	-262,569	6,904,751	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,695,449	1,695,449	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	48,626	4,985	53,611	2,365,788	2,419,399	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	263,592	54,069	317,661	717	318,378	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	241,219	241,219	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	1,401,040	1,401,040	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,230,959	23,503,712	98,734,671	-178,299	98,556,372	30.00
31.00	03100	INTENSIVE CARE UNIT	15,210,278	5,269,824	20,480,102	193,891	20,673,993	31.00
32.00	03200	CORONARY CARE UNIT	2,963,678	1,170,715	4,134,393	34,844	4,169,237	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,697,610	103,658,236	132,355,846	-19,597,562	112,758,284	50.00
51.00	05100	RECOVERY ROOM	5,029,380	1,413,853	6,443,233	-10,421	6,432,812	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,875,764	7,748,849	14,624,613	-3,321,931	11,302,682	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,963,991	21,855,301	24,819,292	-18,878	24,800,414	55.00
56.00	05600	RADIOISOTOPE	638,791	972,824	1,611,615	655,428	2,267,043	56.00
57.00	05700	CT SCAN	2,542,792	2,380,307	4,923,099	646,400	5,569,499	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,683,705	1,571,786	3,255,491	130,816	3,386,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,481,373	28,313,766	33,795,139	-19,253,300	14,541,839	59.00
60.00	06000	LABORATORY	16,834,906	31,282,324	48,117,230	-327,659	47,789,571	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	816,875	3,872,551	4,689,426	18,911	4,708,337	63.00
64.00	06400	INTRAVENOUS THERAPY	1,759,135	1,185,615	2,944,750	-316,497	2,628,253	64.00
65.00	06500	RESPIRATORY THERAPY	4,830,544	2,790,371	7,620,915	-278,069	7,342,846	65.00
66.00	06600	PHYSICAL THERAPY	0	18,945,497	18,945,497	-90,107	18,855,390	66.00
69.00	06900	ELECTROCARDIOLOGY	2,691,595	2,909,182	5,600,777	-147,787	5,452,990	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,691,928	8,691,928	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,165,026	29,165,026	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	87,515,035	87,515,035	73.00
74.00	07400	RENAL DIALYSIS	135,008	2,130,118	2,265,126	1,823	2,266,949	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	203,054	108,194	311,248	-8,418	302,830	76.01
76.97	07697	CARDIAC REHABILITATION	458,917	221,817	680,734	-950	679,784	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,473,258	583,695	3,056,953	63,883	3,120,836	90.00
90.01	09001	FAMILY PRACTICE	4,299,546	1,049,293	5,348,839	-3,948,153	1,400,686	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	793,767	402,916	1,196,683	22,929	1,219,612	90.02
90.03	09003	CHEMO	1,796,942	765,463	2,562,405	-13,338	2,549,067	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,356,833	509,677	1,866,510	32,560	1,899,070	90.04
90.05	09005	PAIN MANAGEMENT	2,120,106	1,242,076	3,362,182	-46,450	3,315,732	90.05
90.06	09006	WOUND CARE	1,361,717	1,192,191	2,553,908	-387,229	2,166,679	90.06
90.07	09007	SLEEP CENTER	3,144,705	826,041	3,970,746	44,788	4,015,534	90.07
90.08	09008	HEMATOLOGY	750,595	173,049	923,644	21,912	945,556	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	653,749	246,955	900,704	27,382	928,086	90.09
90.10	09010	DIABETES CENTER	195,389	100,945	296,334	9,188	305,522	90.10
91.00	09100	EMERGENCY	23,596,258	17,536,399	41,132,657	-172,860	40,959,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,060,432	1,258,854	6,319,286	11,337	6,330,623	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,792,586	7,622,494	10,415,080	-960,441	9,454,639	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	320,357,670	661,517,529	981,875,199	-749,141	981,126,058	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,809,333	2,809,333	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,768,115	3,019,256	14,787,371	-266,258	14,521,113	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	2,123,266	-2,123,266	0	2,158	2,158	192.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A
Date/Time Prepared:
2/25/2022 10:54 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	
192.03 19203 FAMILY PHARMACY	1,493,508	38,839,829	40,333,337	-2,115,576	38,217,761	192.03
194.00 07950 MISC NONREIMBURSABLE	1,440,125	2,035,826	3,475,951	81,796	3,557,747	194.00
194.01 07951 OCCUPATIONAL HEALTH	8,470	2,900	11,370	0	11,370	194.01
194.02 07952 OTHER FACILITIES	807,426	2,779,965	3,587,391	108,073	3,695,464	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	985,413	776,913	1,762,326	48,971	1,811,297	194.04
194.05 07955 CHILD CARE CENTER	2,154,325	687,320	2,841,645	80,644	2,922,289	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	341,138,318	707,536,272	1,048,674,590	0	1,048,674,590	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A
Date/Time Prepared:
2/25/2022 10:54 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	-1,954,231	39,468,292	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	137,812	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-4	33,938,046	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-27,543,240	39,708,289	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-83,046,627	86,455,458	5.00
7.00	00700	OPERATION OF PLANT	-8,668,562	6,940,463	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-666,020	1,190,629	8.00
9.00	00900	HOUSEKEEPING	-2,323,916	5,760,974	9.00
10.00	01000	DIETARY	-798,260	4,416,487	10.00
11.00	01100	CAFETERIA	-5,058	2,831,217	11.00
13.00	01300	NURSING ADMINISTRATION	-288,821	6,031,361	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-790,224	3,400,153	14.00
15.00	01500	PHARMACY	-5,052,257	6,479,605	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-789,644	991,312	16.00
17.00	01700	SOCIAL SERVICE	-1,189,602	5,715,149	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,695,449	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-19,001	2,400,398	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	318,378	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	241,219	23.01
23.03	02303	PARAMED PRGM-NURSING	0	1,401,040	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-27,453,811	71,102,561	30.00
31.00	03100	INTENSIVE CARE UNIT	-176,579	20,497,414	31.00
32.00	03200	CORONARY CARE UNIT	0	4,169,237	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-42,217,142	70,541,142	50.00
51.00	05100	RECOVERY ROOM	0	6,432,812	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-401,742	10,900,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,235,665	15,564,749	55.00
56.00	05600	RADIOISOTOPE	0	2,267,043	56.00
57.00	05700	CT SCAN	0	5,569,499	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,386,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	-701,173	13,840,666	59.00
60.00	06000	LABORATORY	-539,330	47,250,241	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,708,337	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,628,253	64.00
65.00	06500	RESPIRATORY THERAPY	-36,975	7,305,871	65.00
66.00	06600	PHYSICAL THERAPY	-8,230,433	10,624,957	66.00
69.00	06900	ELECTROCARDIOLOGY	-684,828	4,768,162	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,691,928	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,165,026	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	87,515,035	73.00
74.00	07400	RENAL DIALYSIS	-2,933	2,264,016	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	76.00
76.01	03160	PULMONARY REHAB	-7,455	295,375	76.01
76.97	07697	CARDIAC REHABILITATION	0	679,784	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-179,060	2,941,776	90.00
90.01	09001	FAMILY PRACTICE	-186,096	1,214,590	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,219,612	90.02
90.03	09003	CHEMO	0	2,549,067	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,038,037	861,033	90.04
90.05	09005	PAIN MANAGEMENT	-435,810	2,879,922	90.05
90.06	09006	WOUND CARE	-259,706	1,906,973	90.06
90.07	09007	SLEEP CENTER	-1,600,713	2,414,821	90.07
90.08	09008	HEMATOLOGY	-106,149	839,407	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	-441,518	486,568	90.09
90.10	09010	DIABETES CENTER	0	305,522	90.10
91.00	09100	EMERGENCY	-17,881,077	23,078,720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-1,327	6,329,296	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	9,454,639	96.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-244,953,026	736,173,032	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,809,333	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,521,113	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	2,158	192.02
192.03	19203	FAMILY PHARMACY	0	38,217,761	192.03
194.00	07950	MISC NONREIMBURSABLE	0	3,557,747	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A
Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.01	07951	OCCUPATIONAL HEALTH	0	11,370	194.01
194.02	07952	OTHER FACILITIES	0	3,695,464	194.02
194.03	07953	THE HEART HOSPITAL	0	0	194.03
194.04	07954	PR	0	1,811,297	194.04
194.05	07955	CHILD CARE CENTER	0	2,922,289	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	194.08
194.09	07959	HOME OFFICE	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-244,953,026	803,721,564	200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/25/2022 10:54 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,841,398	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,192	2.00
3.00		0.00	0	0	3.00
	0		0	7,848,590	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,321,654	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
	0		0	24,321,654	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	357,554	1.00
2.00	OTHER FACILITIES	194.02	0	118,380	2.00
3.00		0.00	0	0	3.00
	0		0	475,934	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,295,171	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,282,868	0	2.00
3.00		0.00	0	0	3.00
4.00	CAFETERIA	11.00	0	1,541,104	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,526,465	5.00
6.00		0.00	0	0	6.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6
Date/Time Prepared:
2/25/2022 10:54 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			2,578,039	3,067,569	
E - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	110,938	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,240,883	0	2.00
3.00	OPERATION OF PLANT	7.00	235,772	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	40,312	0	4.00
5.00	HOUSEKEEPING	9.00	223,073	0	5.00
6.00	DIETARY	10.00	215,442	0	6.00
7.00	NURSING ADMINISTRATION	13.00	191,204	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	88,857	0	8.00
9.00	PHARMACY	15.00	336,729	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	10,636	0	10.00
11.00	SOCIAL SERVICE	17.00	130,437	0	11.00
12.00	PARAMED ED PRGM-PHARMACY	23.00	717	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	1,209,401	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	289,461	0	14.00
15.00	CORONARY CARE UNIT	32.00	61,973	0	15.00
16.00	OPERATING ROOM	50.00	390,810	0	16.00
17.00	RECOVERY ROOM	51.00	115,044	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	195,094	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	89,428	0	19.00
20.00	RADIOISOTOPE	56.00	11,472	0	20.00
21.00	CT SCAN	57.00	58,635	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	36,129	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	143,382	0	23.00
24.00	LABORATORY	60.00	485,197	0	24.00
25.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	16,093	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	26,928	0	26.00
27.00	RESPIRATORY THERAPY	65.00	97,052	0	27.00
28.00	PULMONARY REHAB	76.01	6,493	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	69,531	0	29.00
30.00	RENAL DIALYSIS	74.00	14,281	0	30.00
31.00	CARDIAC REHABILITATION	76.97	14,340	0	31.00
32.00	CLINIC	90.00	52,838	0	32.00
33.00	FAMILY PRACTICE	90.01	50,956	0	33.00
34.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	21,777	0	34.00
35.00	CHEMO	90.03	38,298	0	35.00
36.00	PRIMARY CARE FOR SENIORS	90.04	33,184	0	36.00
37.00	PAIN MANAGEMENT	90.05	107,625	0	37.00
38.00	WOUND CARE	90.06	50,148	0	38.00
39.00	SLEEP CENTER	90.07	56,165	0	39.00
40.00	HEMATOLOGY	90.08	19,005	0	40.00
41.00	MULTI-SPECIALTY SERVICES	90.09	26,756	0	41.00
42.00	DIABETES CENTER	90.10	8,246	0	42.00
43.00	EMERGENCY	91.00	237,084	0	43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	67,627	0	44.00
45.00	DURABLE MEDICAL EQUIP-RENTED	96.00	19,038	0	45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	87,503	0	46.00
47.00	FAMILY PHARMACY	192.03	54,560	0	47.00
48.00	MISC NONREIMBURSABLE	194.00	77,525	0	48.00
49.00	PR	194.04	47,397	0	49.00
50.00	CHILD CARE CENTER	194.05	88,909	0	50.00
51.00		0.00	0	0	51.00
0			9,300,385	0	
F - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	454,282	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	549,865	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
0			0	1,004,147	
G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	87,515,035	1.00
2.00		0.00	0	0	2.00
0			0	87,515,035	
H - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,695,449	0	1.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/25/2022 10:54 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,946,874	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	418,661	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
	0		3,642,323	418,661	
I - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	214,324	0	1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	26,895	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		214,324	26,895	
J - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,264,373	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	8,821	2.00
3.00	MISC NONREIMBURSABLE	194.00	0	121	3.00
4.00	OTHER FACILITIES	194.02	0	22,973	4.00
5.00	CHILD CARE CENTER	194.05	0	2,232	5.00
6.00		0.00	0	0	6.00
	0		0	1,298,520	
K - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	1,401,040	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	0		1,401,040	0	
L - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,691,928	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	29,165,026	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
	0		0	37,856,954	
M - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,646,328	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	12,617	0	4.00
5.00		0.00	0	0	5.00
	0		12,617	4,646,328	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6
Date/Time Prepared:
2/25/2022 10:54 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
N - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	712,209	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	104,681	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	3,711	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,851	4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,899	5.00
6.00	SLEEP CENTER	90.07	0	8,867	6.00
7.00		0.00	0	0	7.00
	O		0	858,218	
O - DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,096	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	132,974	2.00
3.00	OPERATION OF PLANT	7.00	0	13,654	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	5,161	4.00
5.00	HOUSEKEEPING	9.00	0	35,851	5.00
6.00	DIETARY	10.00	0	17,110	6.00
7.00	NURSING ADMINISTRATION	13.00	0	39,731	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,692	8.00
9.00	PHARMACY	15.00	0	85,221	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,509	10.00
11.00	SOCIAL SERVICE	17.00	0	48,153	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	476,452	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	114,974	13.00
14.00	CORONARY CARE UNIT	32.00	0	17,301	14.00
15.00	OPERATING ROOM	50.00	0	109,808	15.00
16.00	RECOVERY ROOM	51.00	0	39,270	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	69,240	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,774	18.00
19.00	CT SCAN	57.00	0	17,011	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	23,043	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	48,072	21.00
22.00	LABORATORY	60.00	0	109,770	22.00
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	2,738	23.00
24.00	INTRAVENOUS THERAPY	64.00	0	16,226	24.00
25.00	RESPIRATORY THERAPY	65.00	0	32,851	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	24,179	26.00
27.00	CARDIAC REHABILITATION	76.97	0	4,602	27.00
28.00	CLINIC	90.00	0	15,304	28.00
29.00	FAMILY PRACTICE	90.01	0	2,248	29.00
30.00	CHEMO	90.03	0	10,723	30.00
31.00	PRIMARY CARE FOR SENIORS	90.04	0	1,096	31.00
32.00	PAIN MANAGEMENT	90.05	0	4,631	32.00
33.00	WOUND CARE	90.06	0	16,697	33.00
34.00	SLEEP CENTER	90.07	0	19,747	34.00
35.00	HEMATOLOGY	90.08	0	4,884	35.00
36.00	MULTI-SPECIALTY SERVICES	90.09	0	722	36.00
37.00	DIABETES CENTER	90.10	0	463	37.00
38.00	EMERGENCY	91.00	0	124,903	38.00
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	51,960	39.00
40.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	10,679	40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	46,057	41.00
42.00	FAMILY PHARMACY	192.03	0	4,609	42.00
43.00	MISC NONREIMBURSABLE	194.00	0	2,542	43.00
44.00	OTHER FACILITIES	194.02	0	8,901	44.00
45.00	CHILD CARE CENTER	194.05	0	12,396	45.00
	O		0	1,877,025	
P - SALARY IN NON-SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,030	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	78,495	0	2.00
3.00	OPERATION OF PLANT	7.00	2,230	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	2,190	0	4.00
5.00	HOUSEKEEPING	9.00	3,800	0	5.00
6.00	DIETARY	10.00	1,700	0	6.00
7.00	NURSING ADMINISTRATION	13.00	1,190	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	460	0	8.00
9.00	PHARMACY	15.00	4,160	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,580	0	10.00
11.00	SOCIAL SERVICE	17.00	12,368	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	76,073	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	9,040	0	13.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00	CORONARY CARE UNIT	32.00	430	0	14.00
15.00	OPERATING ROOM	50.00	44,038	0	15.00
16.00	RECOVERY ROOM	51.00	1,845	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	2,060	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	960	0	18.00
19.00	CT SCAN	57.00	190	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	860	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	1,860	0	21.00
22.00	LABORATORY	60.00	6,493	0	22.00
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	1,330	0	23.00
24.00	INTRAVENOUS THERAPY	64.00	90	0	24.00
25.00	RESPIRATORY THERAPY	65.00	1,295	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	2,550	0	26.00
27.00	CLINIC	90.00	140	0	27.00
28.00	FAMILY PRACTICE	90.01	13,402	0	28.00
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	140	0	29.00
30.00	CHEMO	90.03	780	0	30.00
31.00	PRIMARY CARE FOR SENIORS	90.04	3,470	0	31.00
32.00	PAIN MANAGEMENT	90.05	160	0	32.00
33.00	WOUND CARE	90.06	1,570	0	33.00
34.00	SLEEP CENTER	90.07	974	0	34.00
35.00	HEMATOLOGY	90.08	30	0	35.00
36.00	MULTI-SPECIALTY SERVICES	90.09	1,440	0	36.00
37.00	DIABETES CENTER	90.10	630	0	37.00
38.00	EMERGENCY	91.00	14,413	0	38.00
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	105	0	39.00
40.00	DURABLE MEDICAL EQUIP-RENTED	96.00	810	0	40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	20,451	0	41.00
42.00	HENDERSONER PHYSICIANS	192.02	530	0	42.00
43.00	FAMILY PHARMACY	192.03	370	0	43.00
44.00	MISC NONREIMBURSABLE	194.00	4,303	0	44.00
45.00	PR	194.04	200	0	45.00
46.00	CHILD CARE CENTER	194.05	690	0	46.00
	O		325,925	0	
Q - PART A PHYSICIAN					
1.00	INTENSIVE CARE UNIT	31.00	132,883	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	57,165	2.00
3.00		0.00	0	0	3.00
	O		132,883	57,165	
R - HSB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	128,991	1.00
2.00		0.00	0	0	2.00
	O		0	128,991	
S - PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,241	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	230,011	0	2.00
3.00	OPERATION OF PLANT	7.00	24,654	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	4,192	0	4.00
5.00	HOUSEKEEPING	9.00	19,913	0	5.00
6.00	DIETARY	10.00	19,380	0	6.00
7.00	NURSING ADMINISTRATION	13.00	19,694	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	10,661	0	8.00
9.00	PHARMACY	15.00	56,688	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	14,950	0	10.00
11.00	SOCIAL SERVICE	17.00	25,025	0	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	253	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	152,293	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	36,676	0	14.00
15.00	CORONARY CARE UNIT	32.00	7,274	0	15.00
16.00	OPERATING ROOM	50.00	70,963	0	16.00
17.00	RECOVERY ROOM	51.00	22,798	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	33,059	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	19,637	0	19.00
20.00	RADIOISOTOPE	56.00	4,342	0	20.00
21.00	CT SCAN	57.00	8,861	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,514	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	27,193	0	23.00
24.00	LABORATORY	60.00	67,901	0	24.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
25.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	4,175	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	5,763	0	26.00
27.00	RESPIRATORY THERAPY	65.00	14,397	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	11,222	0	28.00
29.00	RENAL DIALYSIS	74.00	1,101	0	29.00
30.00	PULMONARY REHAB	76.01	1,336	0	30.00
31.00	CARDIAC REHABILITATION	76.97	3,199	0	31.00
32.00	CLINIC	90.00	13,624	0	32.00
33.00	FAMILY PRACTICE	90.01	14,775	0	33.00
34.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	3,522	0	34.00
35.00	CHEMO	90.03	6,821	0	35.00
36.00	PRIMARY CARE FOR SENIORS	90.04	8,515	0	36.00
37.00	PAIN MANAGEMENT	90.05	13,338	0	37.00
38.00	WOUND CARE	90.06	6,882	0	38.00
39.00	SLEEP CENTER	90.07	15,463	0	39.00
40.00	HEMATOLOGY	90.08	3,804	0	40.00
41.00	MULTI-SPECIALTY SERVICES	90.09	3,565	0	41.00
42.00	DIABETES CENTER	90.10	1,371	0	42.00
43.00	EMERGENCY	91.00	89,232	0	43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	8,702	0	44.00
45.00	DURABLE MEDICAL EQUIP-RENTED	96.00	13,687	0	45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	25,951	0	46.00
47.00	HENDERSONER PHYSICIANS	192.02	2,158	0	47.00
48.00	FAMILY PHARMACY	192.03	9,512	0	48.00
49.00	MISC NONREIMBURSABLE	194.00	9,059	0	49.00
50.00	OTHER FACILITIES	194.02	4,277	0	50.00
51.00	PR	194.04	5,906	0	51.00
52.00	CHILD CARE CENTER	194.05	9,927	0	52.00
53.00		0.00	0	0	53.00
	O		1,209,457	0	
T - A&G					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,338,920	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
	O		0	1,338,920	
U - RADIOLOGY					
1.00	RADIOISOTOPE	56.00	670	0	1.00
2.00	CT SCAN	57.00	531,946	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	188,242	0	3.00
4.00		0.00	0	0	4.00
5.00	RADIOISOTOPE	56.00	0	751,643	5.00
6.00	CT SCAN	57.00	0	79,174	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	227,992	7.00
8.00		0.00	0	0	8.00
	O		720,858	1,058,809	
500.00	Grand Total: Increases		19,537,851	173,799,415	500.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	0.00	0	0	0	9	1.00
2.00	0.00	0	0	0	0	2.00
3.00	OPERATION OF PLANT	7.00	0	7,848,590	0	3.00
	0		0	7,848,590		
B - EQUIPMENT DEPRECIATION						
1.00	0.00	0	0	0	9	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	837,133	9	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,546	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	13,755,856	0	4.00
5.00	OPERATION OF PLANT	7.00	0	228,512	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	129,806	0	6.00
7.00	HOUSEKEEPING	9.00	0	68,313	0	7.00
8.00	DIETARY	10.00	0	202,642	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	923,286	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	247,368	0	10.00
11.00	PHARMACY	15.00	0	116,221	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	191	0	12.00
13.00	SOCIAL SERVICE	17.00	0	12,116	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	486,998	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	145,737	0	15.00
16.00	CORONARY CARE UNIT	32.00	0	12,335	0	16.00
17.00	OPERATING ROOM	50.00	0	2,775,512	0	17.00
18.00	RECOVERY ROOM	51.00	0	65,064	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	767,864	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,610	0	20.00
21.00	RADIOISOTOPE	56.00	0	112,438	0	21.00
22.00	CT SCAN	57.00	0	32,216	0	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	348,960	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	690,896	0	24.00
25.00	LABORATORY	60.00	0	828,357	0	25.00
26.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,357	0	26.00
27.00	INTRAVENOUS THERAPY	64.00	0	20,451	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	274,584	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	90,107	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	224,641	0	30.00
31.00	RENAL DIALYSIS	74.00	0	13,559	0	31.00
32.00	PULMONARY REHAB	76.01	0	16,247	0	32.00
33.00	CARDIAC REHABILITATION	76.97	0	16,242	0	33.00
34.00	CLINIC	90.00	0	2,579	0	34.00
35.00	FAMILY PRACTICE	90.01	0	26,788	0	35.00
36.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	2,370	0	36.00
37.00	CHEMO	90.03	0	57,925	0	37.00
38.00	PRIMARY CARE FOR SENIORS	90.04	0	9,139	0	38.00
39.00	PAIN MANAGEMENT	90.05	0	33,431	0	39.00
40.00	WOUND CARE	90.06	0	7,753	0	40.00
41.00	SLEEP CENTER	90.07	0	35,707	0	41.00
42.00	HEMATOLOGY	90.08	0	246	0	42.00
43.00	MULTI-SPECIALTY SERVICES	90.09	0	2,939	0	43.00
44.00	DIABETES CENTER	90.10	0	429	0	44.00
45.00	EMERGENCY	91.00	0	211,893	0	45.00
46.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	16,686	0	46.00
47.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	268,352	0	47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	79,524	0	48.00
49.00	FAMILY PHARMACY	192.03	0	10,617	0	49.00
50.00	MISC NONREIMBURSABLE	194.00	0	4,798	0	50.00
51.00	OTHER FACILITIES	194.02	0	37,557	0	51.00
52.00	PR	194.04	0	4,332	0	52.00
53.00	CHILD CARE CENTER	194.05	0	20,424	0	53.00
	0		0	24,321,654		
C - INTEREST EXPENSE						
1.00	0.00	0	0	0	11	1.00
2.00	0.00	0	0	0	0	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	475,934	11	3.00
	0		0	475,934		
D - CAFETERIA						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	DIETARY	10.00	2,578,039	0	0	3.00
4.00	0.00	0	0	0	0	4.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/25/2022 10:54 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	0.00	0	0	0	0	5.00	
6.00	DIETARY	10.00	0	3,067,569	0	6.00	
		2,578,039	3,067,569				
E - INCENTIVE COMPENSATION							
1.00	0.00	0	0	0	0	1.00	
2.00	0.00	0	0	0	0	2.00	
3.00	0.00	0	0	0	0	3.00	
4.00	0.00	0	0	0	0	4.00	
5.00	0.00	0	0	0	0	5.00	
6.00	0.00	0	0	0	0	6.00	
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
46.00	0.00	0	0	0	0	46.00	
47.00	0.00	0	0	0	0	47.00	
48.00	0.00	0	0	0	0	48.00	
49.00	0.00	0	0	0	0	49.00	
50.00	0.00	0	0	0	0	50.00	
51.00	ADMINISTRATIVE & GENERAL	5.00	9,300,385	0	0	51.00	
			9,300,385	0			
F - LEASES							
1.00	0.00	0	0	0	10	1.00	
2.00	0.00	0	0	0	10	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	91,715	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	741,336	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	60,956	0	5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	110,140	0	6.00	
			0	1,004,147			
G - DRUGS							
1.00	0.00	0	0	0	0	1.00	
2.00	PHARMACY	15.00	0	87,515,035	0	2.00	
			0	87,515,035			
H - RESIDENTS							
1.00	0.00	0	0	0	0	1.00	
2.00	0.00	0	0	0	0	2.00	
3.00	0.00	0	0	0	0	3.00	
4.00	FAMILY PRACTICE	90.01	3,568,435	0	0	4.00	
5.00	FAMILY PRACTICE	90.01	0	418,661	0	5.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6
Date/Time Prepared:
2/25/2022 10:54 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	ADMI NI STRATI VE & GENERAL	5.00	0	73,888	0		6.00
	0		3,568,435	492,549			
I - PASTORAL EDUCATION							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADMI NI STRATI VE & GENERAL	5.00	214,324	0	0		3.00
4.00	ADMI NI STRATI VE & GENERAL	5.00	0	26,895	0		4.00
	0		214,324	26,895			
J - INSURANCE							
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		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	ADMI NI STRATI VE & GENERAL	5.00	0	1,298,520	0		6.00
	0		0	1,298,520			
K - NURSING EDUCATION							
1.00		0.00	0	0	0		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	51,953	0	0		2.00
3.00	NURSI NG ADMI NI STRATI ON	13.00	71,280	0	0		3.00
4.00	PHARMACY	15.00	5,394	0	0		4.00
5.00	ADULTS & PEDI ATRI CS	30.00	940,374	0	0		5.00
6.00	INTENSI VE CARE UNI T	31.00	150,886	0	0		6.00
7.00	CORONARY CARE UNI T	32.00	17,150	0	0		7.00
8.00	OPERATI NG ROOM	50.00	15,839	0	0		8.00
9.00	RECOVERY ROOM	51.00	12,241	0	0		9.00
10.00	RADI OLOGY-DI AGNOSTI C	54.00	95	0	0		10.00
11.00	RADI OLOGY-THERAPEUTI C	55.00	8,058	0	0		11.00
12.00	RADI OI SOTOPE	56.00	261	0	0		12.00
13.00	CARDI AC CATHETERI ZATI ON	59.00	10,612	0	0		13.00
14.00	INTRAVENOUS THERAPY	64.00	8,031	0	0		14.00
15.00	ELECTROCARDI OLOGY	69.00	3,899	0	0		15.00
16.00	CARDI AC REHABI LI TATI ON	76.97	2,247	0	0		16.00
17.00	CHEMO	90.03	532	0	0		17.00
18.00	WOUND CARE	90.06	2,582	0	0		18.00
19.00	HEMATOLOGY	90.08	651	0	0		19.00
20.00	EMERGENCY	91.00	58,712	0	0		20.00
21.00	OBSERVATI ON BEDS (DI STI NCT PART)	92.01	40,243	0	0		21.00
	0		1,401,040	0			
L - MEDI CAL SUPPLI ES CHARGED							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	NURSI NG ADMI NI STRATI ON	13.00	0	185	0		3.00
4.00	CENTRAL SERVI CES & SUPPLY	14.00	0	99,452	0		4.00
5.00	PHARMACY	15.00	0	110,478	0		5.00
6.00	ADULTS & PEDI ATRI CS	30.00	0	112,621	0		6.00
7.00	INTENSI VE CARE UNI T	31.00	0	25,671	0		7.00
8.00	CORONARY CARE UNI T	32.00	0	4,918	0		8.00
9.00	OPERATI NG ROOM	50.00	0	17,267,984	0		9.00
10.00	RECOVERY ROOM	51.00	0	70,958	0		10.00
11.00	RADI OLOGY-DI AGNOSTI C	54.00	0	202,140	0		11.00
12.00	CARDI AC CATHETERI ZATI ON	59.00	0	18,722,367	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	320,706	0		13.00
14.00	RESPI RATORY THERAPY	65.00	0	114,934	0		14.00
15.00	PAI N MANAGEMENT	90.05	0	133,982	0		15.00
16.00	WOUND CARE	90.06	0	433,924	0		16.00
17.00	EMERGENCY	91.00	0	228,571	0		17.00
18.00	OBSERVATI ON BEDS (DI STI NCT PART)	92.01	0	8,063	0		18.00
	0		0	37,856,954			
M - BENEFI TS							
1.00		0.00	0	0	0		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	0	2,477,487	0		2.00
3.00	FAMI LY PHARMACY	192.03	0	2,168,841	0		3.00
4.00		0.00	0	0	0		4.00
5.00	ADMI NI STRATI VE & GENERAL	5.00	0	12,617	0		5.00
	0		0	4,658,945			
N - PROPERTY TAXES							
1.00		0.00	0	0	13		1.00
2.00		0.00	0	0	13		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

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6
Date/Time Prepared:
2/25/2022 10:54 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
6.00		0.00	0	0	0	6.00	
7.00	ADMINISTRATIVE & GENERAL	5.00	0	858,218	0	7.00	
	0		0	858,218			
O - DISABILITY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,096	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	132,974	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	13,654	0	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	5,161	0	0	4.00	
5.00	HOUSEKEEPING	9.00	35,851	0	0	5.00	
6.00	DIETARY	10.00	17,110	0	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	39,731	0	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	17,692	0	0	8.00	
9.00	PHARMACY	15.00	85,221	0	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	11,509	0	0	10.00	
11.00	SOCIAL SERVICE	17.00	48,153	0	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	476,452	0	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	114,974	0	0	13.00	
14.00	CORONARY CARE UNIT	32.00	17,301	0	0	14.00	
15.00	OPERATING ROOM	50.00	109,808	0	0	15.00	
16.00	RECOVERY ROOM	51.00	39,270	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	69,240	0	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	11,774	0	0	18.00	
19.00	CT SCAN	57.00	17,011	0	0	19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	23,043	0	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	48,072	0	0	21.00	
22.00	LABORATORY	60.00	109,770	0	0	22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	2,738	0	0	23.00	
24.00	INTRAVENOUS THERAPY	64.00	16,226	0	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	32,851	0	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	24,179	0	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	4,602	0	0	27.00	
28.00	CLINIC	90.00	15,304	0	0	28.00	
29.00	FAMILY PRACTICE	90.01	2,248	0	0	29.00	
30.00	CHEMO	90.03	10,723	0	0	30.00	
31.00	PRIMARY CARE FOR SENIORS	90.04	1,096	0	0	31.00	
32.00	PAIN MANAGEMENT	90.05	4,631	0	0	32.00	
33.00	WOUND CARE	90.06	16,697	0	0	33.00	
34.00	SLEEP CENTER	90.07	19,747	0	0	34.00	
35.00	HEMATOLOGY	90.08	4,884	0	0	35.00	
36.00	MULTI-SPECIALTY SERVICES	90.09	722	0	0	36.00	
37.00	DIABETES CENTER	90.10	463	0	0	37.00	
38.00	EMERGENCY	91.00	124,903	0	0	38.00	
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	51,960	0	0	39.00	
40.00	DURABLE MEDICAL EQUIP-RENTED	96.00	10,679	0	0	40.00	
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	46,057	0	0	41.00	
42.00	FAMILY PHARMACY	192.03	4,609	0	0	42.00	
43.00	MISC NONREIMBURSABLE	194.00	2,542	0	0	43.00	
44.00	OTHER FACILITIES	194.02	8,901	0	0	44.00	
45.00	CHILD CARE CENTER	194.05	12,396	0	0	45.00	
	0		1,877,025	0			
P - SALARY IN NON-SALARY ACCOUNTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,030	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	78,495	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	2,230	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	2,190	0	4.00	
5.00	HOUSEKEEPING	9.00	0	3,800	0	5.00	
6.00	DIETARY	10.00	0	1,700	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,190	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	460	0	8.00	
9.00	PHARMACY	15.00	0	4,160	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,580	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	12,368	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	76,073	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	9,040	0	13.00	
14.00	CORONARY CARE UNIT	32.00	0	430	0	14.00	
15.00	OPERATING ROOM	50.00	0	44,038	0	15.00	
16.00	RECOVERY ROOM	51.00	0	1,845	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,060	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	960	0	18.00	
19.00	CT SCAN	57.00	0	190	0	19.00	

RECLASSIFICATIONS

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Period:
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Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	860	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	1,860	0	21.00	
22.00	LABORATORY	60.00	0	6,493	0	22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,330	0	23.00	
24.00	INTRAVENOUS THERAPY	64.00	0	90	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	1,295	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	2,550	0	26.00	
27.00	CLINIC	90.00	0	140	0	27.00	
28.00	FAMILY PRACTICE	90.01	0	13,402	0	28.00	
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	140	0	29.00	
30.00	CHEMO	90.03	0	780	0	30.00	
31.00	PRIMARY CARE FOR SENIORS	90.04	0	3,470	0	31.00	
32.00	PAIN MANAGEMENT	90.05	0	160	0	32.00	
33.00	WOUND CARE	90.06	0	1,570	0	33.00	
34.00	SLEEP CENTER	90.07	0	974	0	34.00	
35.00	HEMATOLOGY	90.08	0	30	0	35.00	
36.00	MULTI-SPECIALTY SERVICES	90.09	0	1,440	0	36.00	
37.00	DIABETES CENTER	90.10	0	630	0	37.00	
38.00	EMERGENCY	91.00	0	14,413	0	38.00	
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	105	0	39.00	
40.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	810	0	40.00	
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,451	0	41.00	
42.00	HENDERSON ER PHYSICIANS	192.02	0	530	0	42.00	
43.00	FAMILY PHARMACY	192.03	0	370	0	43.00	
44.00	MISC NONREIMBURSABLE	194.00	0	4,303	0	44.00	
45.00	PR	194.04	0	200	0	45.00	
46.00	CHILD CARE CENTER	194.05	0	690	0	46.00	
	0		0	325,925			
Q - PART A PHYSICIAN							
1.00		0.00	0	0	0	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	132,883	0	0	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	57,165	0	3.00	
	0		132,883	57,165			
R - HSB DEPRECIATION							
1.00		0.00	0	0	9	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	128,991	9	2.00	
	0		0	128,991			
S - PTO ACCRUAL							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
46.00	0.00	0	0	0	0	46.00	
47.00	0.00	0	0	0	0	47.00	
48.00	0.00	0	0	0	0	48.00	
49.00	0.00	0	0	0	0	49.00	
50.00	0.00	0	0	0	0	50.00	
51.00	0.00	0	0	0	0	51.00	
52.00	0.00	0	0	0	0	52.00	
53.00	ADMINISTRATIVE & GENERAL	5.00	1,209,457	0	0	53.00	
0			1,209,457	0	0		
T - A&G							
1.00		0.00	0	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	42,898	0	2.00	
3.00	PHARMACY	15.00	0	4,440	0	3.00	
4.00	SOCIAL SERVICE	17.00	0	405,915	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	66,833	0	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	102,275	0	6.00	
7.00	LABORATORY	60.00	0	52,400	0	7.00	
8.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	663,858	0	8.00	
9.00	FAMILY PHARMACY	192.03	0	190	0	9.00	
10.00	MISC NONREIMBURSABLE	194.00	0	111	0	10.00	
0			0	1,338,920	0		
U - RADIOLOGY							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	720,858	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	RADIOLOGY-DIAGNOSTIC	54.00	0	1,058,809	0	8.00	
0			720,858	1,058,809	0		
500.00	Grand Total: Decreases		21,002,446	172,334,820		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-7
Part I
Date/Time Prepared:
2/25/2022 10:54 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	24,086,897	1,793,861	0	1,793,861	60	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	717,577,600	23,560,550	0	23,560,550	19,810	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	270,996,137	27,426,311	0	27,426,311	2,334,007	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,012,660,634	52,780,722	0	52,780,722	2,353,877	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,012,660,634	52,780,722	0	52,780,722	2,353,877	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	25,880,698	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	741,118,340	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	296,088,441	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,063,087,479	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,063,087,479	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-7
Part II
Date/Time Prepared:
2/25/2022 10:54 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	21,312,306	0	11,280,013	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,604,296	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,312,306	8,604,296	11,280,013	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	32,592,319				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,604,296				2.00
3.00	Total (sum of lines 1-2)	0	41,196,615				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-7
Part III
Date/Time Prepared:
2/25/2022 10:54 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	766,999,039	0	766,999,039	0.721483	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	296,088,442	0	296,088,442	0.278517	0	2.00
3.00	Total (sum of lines 1-2)	1,063,087,481	0	1,063,087,481	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	28,167,114	454,282	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	128,991	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	24,321,654	9,154,157	2.00
3.00	Total (sum of lines 1-2)	0	0	0	52,617,759	9,608,439	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,870,314	1,264,373	712,209	0	39,468,292	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	8,821	0	0	137,812	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	357,554	0	104,681	0	33,938,046	2.00
3.00	Total (sum of lines 1-2)	9,227,868	1,273,194	816,890	0	73,544,150	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/25/2022 10:54 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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,933,765	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT		1.01	0 1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)	B	-44,807	ADMINISTRATIVE & GENERAL		5.00	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)	B	-22,630	CAP REL COSTS-BLDG & FIXT		1.00	9 9.00
10.00 Provider-based physician adjustment	A-8-2	-67,385,839				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	-132,637,050				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-5,058	CAFETERIA		11.00	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
19.01 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.01
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-4,935	ADMINISTRATIVE & GENERAL		5.00	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		0RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT		1.01	0 26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***		67.00	30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/25/2022 10:54 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.00
33.01	MISC OPERATING INCOME	B	-45,000	PRIMARY CARE FOR SENIORS	90.04	0 33.01
33.02	MWISE NORTH - NON OP REVENUE	B	-176	PRIMARY CARE FOR SENIORS	90.04	0 33.02
33.03	MWISE EAST NON OP REVENUE	B	-150	PRIMARY CARE FOR SENIORS	90.04	0 33.03
33.04	GW CONFERENCE CENTER REVENUE	B	-68	CAP REL COSTS-BLDG & FIXT	1.00	9 33.04
33.05	WEIGHT LOSS PROGRAM	B	-15,305	CLINIC	90.00	0 33.05
33.06	AMENITY SUITE CHARGES	B	7	CAP REL COSTS-BLDG & FIXT	1.00	9 33.06
33.07	CHILD CARE TUITION	B	0	FAMILY PRACTICE	90.01	0 33.07
33.08	PROPERTY TAX - RENTAL PROPERTY	A	-346,172	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	FAMILY PRACTICE GRANT	A	158,620	FAMILY PRACTICE	90.01	0 33.09
33.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.10
33.11	FITNESS CENTER MEMBERSHIP FEE	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12	AMORTIZATION PHASE II	A	2,225	CAP REL COSTS-BLDG & FIXT	1.00	9 33.12
33.13	AMORTIZATION PHASE I	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9 33.13
33.14	1982 AMORTIZATION A & G COSTS	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9 33.14
33.15	FEDERAL INCOME TAX	A	-61,405	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16	STATE INCOME TAX	A	-132,302	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.17
33.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.18
33.19	HAF	A	-39,736,645	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	ADULTS & PEDIATRICS	A	-1,085,436	ADULTS & PEDIATRICS	30.00	0 33.20
33.21	OPERATING ROOM	A	-642,977	OPERATING ROOM	50.00	0 33.21
33.22	RESPIRATORY THERAPY	A	-1,596	RESPIRATORY THERAPY	65.00	0 33.22
33.23	ELECTROCARDIOLOGY	A	-34,814	ELECTROCARDIOLOGY	69.00	0 33.23
33.24	CLINIC	A	-10,153	CLINIC	90.00	0 33.24
33.25	FAMILY PRACTICE CLINIC	A	-61,830	FAMILY PRACTICE	90.01	0 33.25
33.26	PRIMARY CARE FOR SENIORS	A	-39,796	PRIMARY CARE FOR SENIORS	90.04	0 33.26
33.27	PAIN MANAGEMENT	A	-28,597	PAIN MANAGEMENT	90.05	0 33.27
33.28	WOUND CARE	A	-12,004	WOUND CARE	90.06	0 33.28
33.29	SLEEP CENTER	A	-95,647	SLEEP CENTER	90.07	0 33.29
33.30	MULTI-SPECIALTY CLINIC	A	-21,698	MULTI-SPECIALTY SERVICES	90.09	0 33.30
33.31	EMERGENCY	A	-681,144	EMERGENCY	91.00	0 33.31
33.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.32
33.33	HOSPICE	B	-23,901	ADULTS & PEDIATRICS	30.00	0 33.33
43.01	ADVERTISEMENT	A	-4	CAP REL COSTS-MVBLE EQUIP	2.00	10 43.01
43.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.02
43.03	ADVERTISEMENT	A	-2,945	ADMINISTRATIVE & GENERAL	5.00	0 43.03
43.04	ADVERTISEMENT	A	0	HOUSEKEEPING	9.00	0 43.04
43.05	ADVERTISEMENT	A	-29	RADIOLOGY-DIAGNOSTIC	54.00	0 43.05
43.06	ADVERTISEMENT	A	0	RADIOLOGY-THERAPEUTIC	55.00	0 43.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-244,953,026			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: 15-0082
 Period: From 10/01/2020 To 09/30/2021
 Worksheet A-8-1
 Date/Time Prepared: 2/25/2022 10:54 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	4.00	EMPLOYEE BENEFITS DEPARTMENT FACILITY RENT	2,244	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL FACILITY RENT	115,391	32,125	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY FACILITY RENT	35,194	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC FACILITY RENT	166,340	141,719	4.00
4.01	55.00	RADIOLOGY-THERAPEUTIC FACILITY RENT	7,011	0	4.01
4.02	60.00	LABORATORY FACILITY RENT	55,347	61,967	4.02
4.03	66.00	PHYSICAL THERAPY FACILITY RENT	117,343	106,339	4.03
4.04	90.04	PRIMARY CARE FOR SENIORS FACILITY RENT	42,337	71,310	4.04
4.05	90.05	PAIN MANAGEMENT FACILITY RENT	92,505	137,486	4.05
4.06	50.00	OPERATING ROOM CONTRACT SERVICES	10,712,270	30,495,356	4.06
4.07	66.00	PHYSICAL THERAPY CONTRACT THERAPY	9,674,867	17,916,304	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL FACILITY RENT	-522,696	-522,696	4.08
4.09	15.00	PHARMACY FACILITY RENT	3,045	3,045	4.09
4.10	16.00	MEDICAL RECORDS & LIBRARY FACILITY RENT	4,674	4,674	4.10
4.11	50.00	OPERATING ROOM FACILITY RENT	243,413	243,413	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC FACILITY RENT	76,153	76,153	4.12
4.13	60.00	LABORATORY FACILITY RENT	46,352	46,352	4.13
4.14	66.00	PHYSICAL THERAPY FACILITY RENT	132,034	132,034	4.14
4.16	55.00	RADIOLOGY-THERAPEUTIC CONTRACT SERVICES	8,352,182	17,594,858	4.16
4.17	50.00	OPERATING ROOM CONTRACT SERVICES	4,912,811	6,563,992	4.17
4.18	50.00	OPERATING ROOM CONTRACT SERVICES	2,832,723	3,488,151	4.18
4.19	59.00	CARDIAC CATHETERIZATION CONTRACT SERVICES	3,030,430	3,731,603	4.19
4.20	50.00	OPERATING ROOM CONTRACT SERVICES	11,734,683	13,878,608	4.20
4.21	5.00	ADMINISTRATIVE & GENERAL CONTRACT SERVICES	12,785,355	13,158,495	4.21
4.22	4.00	EMPLOYEE BENEFITS DEPARTMENT CONTRACT SERVICES	36,258	0	4.22
4.23	4.00	EMPLOYEE BENEFITS DEPARTMENT HOME OFFICE	40,646,623	68,228,365	4.23
4.24	5.00	ADMINISTRATIVE & GENERAL HOME OFFICE	67,603,476	109,383,550	4.24
4.25	7.00	OPERATION OF PLANT HOME OFFICE	20,466,083	29,134,645	4.25
4.26	8.00	LAUNDRY & LINEN SERVICE HOME OFFICE	1,785,291	2,451,311	4.26
4.27	9.00	HOUSEKEEPING HOME OFFICE	5,164,779	7,488,695	4.27
4.28	10.00	DIETARY HOME OFFICE	1,816,602	2,614,862	4.28
4.29	13.00	NURSING ADMINISTRATION HOME OFFICE	2,701,738	2,990,559	4.29
4.30	14.00	CENTRAL SERVICES & SUPPLY HOME OFFICE	3,343,975	4,134,199	4.30
4.31	15.00	PHARMACY HOME OFFICE	7,919,189	12,971,446	4.31
4.32	16.00	MEDICAL RECORDS & LIBRARY HOME OFFICE	2,169,483	2,994,321	4.32
4.33	17.00	SOCIAL SERVICE HOME OFFICE	5,830,743	7,020,057	4.33
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		224,136,248	356,773,298	5.00

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

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	C		0.00	EVANSVILLE SURG	50.00	10.05
10.06	C		0.00	PROGRESSIVE HEA	51.00	10.06
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.07

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

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 10:54 am

	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	
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.08
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	C		0.00	TROC	51.00	10.15
10.16	C		0.00	MAI NSPRI NG MANA	51.00	10.16
10.17	C		0.00	VASC MED, LLC	51.00	10.17
10.18	C		0.00	VASC MED, LLC	51.00	10.18
10.19	C		0.00	ORTHOALI GN	51.00	10.19
10.20	B		100.00	DEACONESS HEALT	0.00	10.20
10.21	B		100.00	DEACONESS HEALT	0.00	10.21
10.22	B		100.00	DEACONESS HEALT	0.00	10.22
10.23	B		100.00	DEACONESS HEALT	0.00	10.23
10.24	B		100.00	DEACONESS HEALT	0.00	10.24
10.25	B		100.00	DEACONESS HEALT	0.00	10.25
10.26	B		100.00	DEACONESS HEALT	0.00	10.26
10.27	B		100.00	DEACONESS HEALT	0.00	10.27
10.28	B		100.00	DEACONESS HEALT	0.00	10.28
10.29	B		100.00	DEACONESS HEALT	0.00	10.29
10.30	B		100.00	DEACONESS HEALT	0.00	10.30
10.31	B		100.00	DEACONESS HEALT	0.00	10.31
10.32	C		0.00	HRS	95.00	10.32
100.00	G. Other (financial or non-financial) specify:					100.00

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- 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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 10:54 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	2,244	0		1.00
2.00	83,266	0		2.00
3.00	35,194	0		3.00
4.00	24,621	0		4.00
4.01	7,011	0		4.01
4.02	-6,620	0		4.02
4.03	11,004	0		4.03
4.04	-28,973	0		4.04
4.05	-44,981	0		4.05
4.06	-19,783,086	0		4.06
4.07	-8,241,437	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.16	-9,242,676	0		4.16
4.17	-1,651,181	0		4.17
4.18	-655,428	0		4.18
4.19	-701,173	0		4.19
4.20	-2,143,925	0		4.20
4.21	-373,140	0		4.21
4.22	36,258	0		4.22
4.23	-27,581,742	0		4.23
4.24	-41,780,074	0		4.24
4.25	-8,668,562	0		4.25
4.26	-666,020	0		4.26
4.27	-2,323,916	0		4.27
4.28	-798,260	0		4.28
4.29	-288,821	0		4.29
4.30	-790,224	0		4.30
4.31	-5,052,257	0		4.31
4.32	-824,838	0		4.32
4.33	-1,189,314	0		4.33
5.00	-132,637,050	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	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00	HEALTH SYSTEM		8.00
9.00	HEALTH SYSTEM		9.00
10.00	HEALTH SYSTEM		10.00
10.01	HEALTH SYSTEM		10.01
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	SURGERY		10.05
10.06	THERAPY SERVICE		10.06
10.07	CLINIC		10.07
10.08	CLINIC		10.08
10.09	CLINIC		10.09
10.10	CLINIC		10.10

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

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 10:54 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	RADIATION THERA		10.15
10.16	SURGERY		10.16
10.17	SURGERY		10.17
10.18	SURGERY		10.18
10.19	SURGERY		10.19
10.20	HEALTH SYSTEM		10.20
10.21	HEALTH SYSTEM		10.21
10.22	HEALTH SYSTEM		10.22
10.23	HEALTH SYSTEM		10.23
10.24	HEALTH SYSTEM		10.24
10.25	HEALTH SYSTEM		10.25
10.26	HEALTH SYSTEM		10.26
10.27	HEALTH SYSTEM		10.27
10.28	HEALTH SYSTEM		10.28
10.29	HEALTH SYSTEM		10.29
10.30	HEALTH SYSTEM		10.30
10.31	HEALTH SYSTEM		10.31
10.32	REV CYCLE BILLI		10.32
100.00			100.00

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- 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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 10:54 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	890,409	549,209	341,200	179,000	2,823	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	1,063	0	1,063	179,000	9	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	19,001	19,001	0	179,000	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	28,554,852	25,717,282	2,837,570	211,500	21,738	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	190,048	0	190,048	21,500	1,303	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	17,803,374	16,768,493	1,034,881	246,400	3,907	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	782,680	101,305	681,375	271,900	2,726	7.00
8.00	60.00	AGGREGATE-LABORATORY	956,323	211,105	745,218	260,300	3,385	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	36,701	35,096	1,605	211,500	13	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	650,014	650,014	0	211,500	0	10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	9,237	0	9,237	211,500	62	11.00
12.00	76.01	AGGREGATE-PULMONARY REHAB	48,840	0	48,840	211,500	407	12.00
13.00	90.00	AGGREGATE-CLINIC	181,768	118,058	63,710	211,500	277	13.00
14.00	90.01	AGGREGATE-FAMILY PRACTICE	282,886	282,886	0	179,000	0	14.00
15.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	975,357	923,942	51,415	211,500	624	15.00
16.00	90.05	AGGREGATE-PAIN MANAGEMENT	385,416	359,290	26,126	211,500	228	16.00
17.00	90.06	AGGREGATE-WOUND CARE	248,264	247,702	562	211,500	12	17.00
18.00	90.07	AGGREGATE-SLEEP CENTER	1,524,821	1,505,066	19,755	211,500	261	18.00
19.00	90.08	AGGREGATE-HEMATOLOGY	106,149	106,149	0	211,500	0	19.00
20.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	425,209	419,406	5,803	211,500	53	20.00
21.00	91.00	AGGREGATE-EMERGENCY	24,952,120	14,761,951	10,190,169	211,500	76,239	21.00
22.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	1,327	1,327	0	211,500	0	22.00
200.00			79,025,859	62,777,282	16,248,577		114,067	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 10:54 am

	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	242,941	12,147	0	0	0	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	775	39	0	0	0	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,210,378	110,519	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	13,469	673	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	462,829	23,141	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	356,346	17,817	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	423,613	21,181	0	0	0	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	1,322	66	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	6,304	315	0	0	0	11.00
12.00	76.01	AGGREGATE-PULMONARY REHAB	41,385	2,069	0	0	0	12.00
13.00	90.00	AGGREGATE-CLINIC	28,166	1,408	0	0	0	13.00
14.00	90.01	AGGREGATE-FAMILY PRACTICE	0	0	0	0	0	14.00
15.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	63,450	3,173	0	0	0	15.00
16.00	90.05	AGGREGATE-PAIN MANAGEMENT	23,184	1,159	0	0	0	16.00
17.00	90.06	AGGREGATE-WOUND CARE	1,220	61	0	0	0	17.00
18.00	90.07	AGGREGATE-SLEEP CENTER	26,539	1,327	0	0	0	18.00
19.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	0	0	19.00
20.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	5,389	269	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	7,752,187	387,609	0	0	0	21.00
22.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	0	0	0	0	0	22.00
200.00			11,659,497	582,973	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 10:54 am

	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	242,941	98,259	647,468		1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	0	775	288	288		2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	19,001		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	2,210,378	627,192	26,344,474		4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	13,469	176,579	176,579		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	462,829	572,052	17,340,545		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	356,346	325,029	426,334		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	423,613	321,605	532,710		8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	1,322	283	35,379		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	650,014		10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	0	6,304	2,933	2,933		11.00
12.00	76.01	AGGREGATE-PULMONARY REHAB	0	41,385	7,455	7,455		12.00
13.00	90.00	AGGREGATE-CLINIC	0	28,166	35,544	153,602		13.00
14.00	90.01	AGGREGATE-FAMILY PRACTICE	0	0	0	282,886		14.00
15.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	0	63,450	0	923,942		15.00
16.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	23,184	2,942	362,232		16.00
17.00	90.06	AGGREGATE-WOUND CARE	0	1,220	0	247,702		17.00
18.00	90.07	AGGREGATE-SLEEP CENTER	0	26,539	0	1,505,066		18.00
19.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	106,149		19.00
20.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	0	5,389	414	419,820		20.00
21.00	91.00	AGGREGATE-EMERGENCY	0	7,752,187	2,437,982	17,199,933		21.00
22.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	0	0	0	1,327		22.00
200.00			0	11,659,497	4,608,557	67,385,839		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B
Part I
Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	39,468,292	39,468,292			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	137,812	0	137,812		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	33,938,046			33,938,046	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	39,708,289	105,372	9,865	26,982	39,850,508
5.00 00500	ADMINISTRATIVE & GENERAL	86,455,458	825,719	50,127	14,907,704	5,261,343
7.00 00700	OPERATION OF PLANT	6,940,463	27,797	0	241,359	471,666
8.00 00800	LAUNDRY & LINEN SERVICE	1,190,629	0	0	137,104	128,574
9.00 00900	HOUSEKEEPING	5,760,974	9,955	0	72,154	697,369
10.00 01000	DIETARY	4,416,487	174,452	0	158,043	280,678
11.00 01100	CAFETERIA	2,831,217	517,660	0	55,991	153,162
13.00 01300	NURSING ADMINISTRATION	6,031,361	0	12,423	975,194	575,240
14.00 01400	CENTRAL SERVICES & SUPPLY	3,400,153	11,197	0	703,058	291,428
15.00 01500	PHARMACY	6,479,605	0	0	950,381	1,169,909
16.00 01600	MEDICAL RECORDS & LIBRARY	991,312	12,463	0	202	293,512
17.00 01700	SOCIAL SERVICE	5,715,149	0	0	12,797	698,863
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,695,449	105,640	0	0	200,497
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,400,398	34,077	0	0	236,010
23.00 02300	PARAMED ED PRGM-PHARMACY	318,378	9,858	0	21,549	31,256
23.01 02301	PARAMED ED PRGM-CHAPLAIN	241,219	39,505	2,373	8,680	25,345
23.03 02303	PARAMED ED PRGM-NURSING	1,401,040	76,163	0	9,744	165,681
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	71,102,561	8,087,680	0	1,157,495	8,898,879
31.00 03100	INTENSIVE CARE UNIT	20,497,414	1,833,509	0	153,294	1,822,618
32.00 03200	CORONARY CARE UNIT	4,169,237	210,890	0	12,969	354,638
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	70,541,142	2,580,923	0	6,028,936	3,438,621
51.00 05100	RECOVERY ROOM	6,432,812	1,175,134	0	68,722	605,182
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,900,940	1,093,884	0	859,985	746,879
55.00 05500	RADIOLOGY-THERAPEUTIC	15,564,749	406,129	0	18,600	361,176
56.00 05600	RADIOISOTOPE	2,267,043	94,979	0	19,695	77,459
57.00 05700	CT SCAN	5,569,499	52,552	0	1,608,933	369,599
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,386,307	164,886	0	1,432,198	223,788
59.00 05900	CARDIAC CATHETERIZATION	13,840,666	848,405	0	1,137,372	661,657
60.00 06000	LABORATORY	47,250,241	928,049	0	1,417,086	2,044,023
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	4,708,337	39,067	0	1,433	98,831
64.00 06400	INTRAVENOUS THERAPY	2,628,253	31,035	0	21,601	209,036
65.00 06500	RESPIRATORY THERAPY	7,305,871	185,697	0	341,024	580,689
66.00 06600	PHYSICAL THERAPY	10,624,957	188,351	0	95,173	0
69.00 06900	ELECTROCARDIOLOGY	4,768,162	509,262	0	237,271	324,828
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,691,928	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	29,165,026	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	87,515,035	0	0	0	0
74.00 07400	RENAL DIALYSIS	2,264,016	14,312	0	14,321	17,785
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01 03160	PULMONARY REHAB	295,375	0	0	17,160	24,938
76.97 07697	CARDIAC REHABILITATION	679,784	122,484	0	17,155	55,534
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,941,776	226,079	0	2,724	298,544
90.01 09001	FAMILY PRACTICE	1,214,590	90,548	0	28,294	95,550
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	1,219,612	0	0	2,503	96,876
90.03 09003	CHEMO	2,549,067	312,855	0	61,182	216,596
90.04 09004	PRIMARY CARE FOR SENIORS	861,033	0	0	9,653	165,666
90.05 09005	PAIN MANAGEMENT	2,879,922	218,168	0	35,311	264,491
90.06 09006	WOUND CARE	1,906,973	87,481	0	8,189	165,681
90.07 09007	SLEEP CENTER	2,414,821	83,173	0	37,714	378,131
90.08 09008	HEMATOLOGY	839,407	109,267	0	260	90,809
90.09 09009	MULTI-SPECIALTY SERVICES	486,568	174,695	0	3,104	80,980
90.10 09010	DIABETES CENTER	305,522	0	0	453	24,263
91.00 09100	EMERGENCY	23,078,720	1,127,912	0	223,806	2,808,979
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	6,329,296	967,286	0	17,624	596,562
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	9,454,639	120,415	0	283,439	332,943
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	736,173,032	24,034,965	74,788	33,655,621	37,212,764
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,809,333	357,131	0	0	151,707

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	14,521,113	1,648,298	0	200,327	1,386,325	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	2,158	0	0	0	251,407	192.02
192.03 19203 FAMILY PHARMACY	38,217,761	88,674	0	11,214	183,692	192.03
194.00 07950 MISC NONREIMBURSABLE	3,557,747	626,196	49,403	5,068	180,751	194.00
194.01 07951 OCCUPATIONAL HEALTH	11,370	0	0	0	1,002	194.01
194.02 07952 OTHER FACILITIES	3,695,464	1,902,004	0	39,668	94,936	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	1,811,297	70,078	0	4,576	122,858	194.04
194.05 07955 CHILD CARE CENTER	2,922,289	0	0	21,572	265,066	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	8,519	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	319,962	0	0	0	194.08
194.09 07959 HOME OFFICE	0	10,412,465	13,621	0	0	194.09
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)	803,721,564	39,468,292	137,812	33,938,046	39,850,508	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet B Part I Date/Time Prepared: 2/25/2022 10:54 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	107,500,351					5.00
7.00	00700	OPERATION OF PLANT	7,505,424	15,186,709				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,065,128	318,364	2,839,799			8.00
9.00	00900	HOUSEKEEPING	1,403,665	5,070	0	7,949,187		9.00
10.00	01000	DIETARY	641,688	88,834	35,350	47,510	5,843,042	10.00
11.00	01100	CAFETERIA	1,086,891	263,603	0	140,980	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,955,863	89,008	0	47,603	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,852,302	5,702	23,675	3,049	0	14.00
15.00	01500	PHARMACY	2,948,936	176,256	0	94,265	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	599,373	6,346	0	3,394	0	16.00
17.00	01700	SOCIAL SERVICE	1,005,232	65,718	0	35,147	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	366,036	53,794	0	28,770	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	322,941	17,353	0	9,281	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	74,923	5,020	0	2,685	0	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	90,751	30,653	0	16,394	0	23.01
23.03	02303	PARAMED PRGM-NURSING	300,815	38,784	0	20,742	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,693,986	4,118,411	1,606,561	2,202,613	4,286,346	30.00
31.00	03100	INTENSIVE CARE UNIT	4,554,691	933,660	132,677	499,341	670,800	31.00
32.00	03200	CORONARY CARE UNIT	691,684	107,390	59,700	57,434	147,376	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,405,325	1,314,259	262,175	702,893	0	50.00
51.00	05100	RECOVERY ROOM	2,210,744	598,402	74,541	320,038	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,229,048	557,028	6,295	297,910	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	939,656	206,809	0	110,606	0	55.00
56.00	05600	RADIOISOTOPE	229,720	48,365	3,245	25,867	0	56.00
57.00	05700	CT SCAN	2,428,363	26,761	32,451	14,312	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,177,021	83,963	34,455	44,905	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,165,296	432,025	79,584	231,056	0	59.00
60.00	06000	LABORATORY	5,247,840	472,581	1,924	252,746	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	166,594	19,894	2,879	10,640	0	63.00
64.00	06400	INTRAVENOUS THERAPY	555,583	15,804	0	8,452	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,324,068	94,561	354	50,573	0	65.00
66.00	06600	PHYSICAL THERAPY	338,974	95,912	26,263	51,296	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,280,937	259,327	22,562	138,693	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	55,497	7,288	0	3,898	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	50,335	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	233,351	62,371	577	33,357	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	630,523	115,124	748	61,571	0	90.00
90.01	09001	FAMILY PRACTICE	256,335	46,109	1,329	24,660	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	118,828	0	0	0	0	90.02
90.03	09003	CHEMO	463,469	159,312	7,508	85,203	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	209,629	0	338	0	0	90.04
90.05	09005	PAIN MANAGEMENT	619,307	111,096	10,355	59,416	0	90.05
90.06	09006	WOUND CARE	312,487	44,547	5,430	23,825	0	90.06
90.07	09007	SLEEP CENTER	596,663	42,353	0	22,652	0	90.07
90.08	09008	HEMATOLOGY	239,529	55,641	0	29,758	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	309,401	88,958	0	47,577	0	90.09
90.10	09010	DIABETES CENTER	29,553	0	0	0	0	90.10
91.00	09100	EMERGENCY	4,974,799	574,356	338,996	307,177	66,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,890,848	492,562	26,222	263,432	476,318	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	880,941	61,318	0	32,794	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,730,993	12,410,692	2,796,194	6,464,515	5,647,799	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	824,216	181,858	0	97,262	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,867,810	839,347	3	448,900	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	88	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	300,608	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	339,065	45,155	0	24,150	0	192.03
194.00	07950	MISC NONREIMBURSABLE	1,029,915	538,163	31,790	287,821	195,243	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.01	07951	OCCUPATIONAL HEALTH	1,198	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	2,434,933	968,540	333	517,995	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	236,157	35,685	0	19,085	0	194.04
194.05	07955	CHILD CARE CENTER	342,732	0	11,391	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	10,185	4,338	0	2,320	0	194.07
194.08	07958	HEALTHSOUTH	382,539	162,931	0	87,139	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	107,500,351	15,186,709	2,839,799	7,949,187	5,843,042	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet B Part I Date/Time Prepared: 2/25/2022 10:54 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,049,504					11.00
13.00	01300	NURSING ADMINISTRATION	120,137	9,806,829				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79,657	0	6,370,221			14.00
15.00	01500	PHARMACY	181,145	0	57,454	12,057,951		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85,729	0	13	0	1,992,344	16.00
17.00	01700	SOCIAL SERVICE	109,150	0	173	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	32,962	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,433	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,337	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	8,674	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	29,781	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,290,422	4,487,402	230,870	976	142,636	30.00
31.00	03100	INTENSIVE CARE UNIT	299,981	1,043,173	158,441	348	53,467	31.00
32.00	03200	CORONARY CARE UNIT	61,153	212,656	31,389	78	12,430	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	361,422	1,256,835	974,876	5,343	288,987	50.00
51.00	05100	RECOVERY ROOM	93,970	0	34,144	61	14,917	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,339	0	90,857	1,566	101,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	65,056	0	107,906	25,400	67,908	55.00
56.00	05600	RADIOISOTOPE	10,698	0	38,936	9	13,068	56.00
57.00	05700	CT SCAN	55,370	0	67,962	0	107,238	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,142	0	25,343	0	30,051	58.00
59.00	05900	CARDIAC CATHETERIZATION	94,404	328,285	222,242	577	88,573	59.00
60.00	06000	LABORATORY	525,797	0	974,003	104	210,365	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,493	0	236,487	0	13,748	63.00
64.00	06400	INTRAVENOUS THERAPY	28,914	100,547	39,717	49	5,058	64.00
65.00	06500	RESPIRATORY THERAPY	95,849	0	69,461	2	52,716	65.00
66.00	06600	PHYSICAL THERAPY	0	0	20,476	200	56,129	66.00
69.00	06900	ELECTROCARDIOLOGY	54,358	0	66,706	284	49,993	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	551,329	0	27,794	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,849,922	0	66,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,542,036	276,495	73.00
74.00	07400	RENAL DIALYSIS	2,024	0	1,737	911	8,510	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	5,927	0	34	1	274	76.01
76.97	07697	CARDIAC REHABILITATION	13,734	0	253	2	2,245	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	48,431	168,416	4,686	0	2,623	90.00
90.01	09001	FAMILY PRACTICE	25,300	87,978	1,697	7,117	2,015	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	25,300	87,978	33	10	5,743	90.02
90.03	09003	CHEMO	34,841	121,159	22,179	0	19,974	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	22,264	77,421	176	803	509	90.04
90.05	09005	PAIN MANAGEMENT	48,720	169,421	14,036	0	15,926	90.05
90.06	09006	WOUND CARE	29,781	103,563	57,512	163	9,360	90.06
90.07	09007	SLEEP CENTER	50,599	175,957	3,071	0	5,755	90.07
90.08	09008	HEMATOLOGY	21,107	73,399	353	5	1,431	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	13,589	47,257	215	4	906	90.09
90.10	09010	DIABETES CENTER	5,638	19,607	368	0	373	90.10
91.00	09100	EMERGENCY	246,635	857,664	72,608	1,260	169,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	111,607	388,111	22,357	0	13,106	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	86,452	0	308,325	0	23,559	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,708,322	9,806,829	6,358,347	8,587,309	1,961,420	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,033	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	97,729	0	3,593	5,997	1,701	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	8,674	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	30,070	0	7,615	3,464,644	29,223	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.00 07950 MI SC NONREIMBURSABLE	38,600	0	627	1	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	6	0	0	194.01
194.02 07952 OTHER FACILITIES	4,192	0	30	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	21,107	0	3	0	0	194.04
194.05 07955 CHILD CARE CENTER	89,777	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
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)	5,049,504	9,806,829	6,370,221	12,057,951	1,992,344	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED PRGM-PHARMACY	PARAMED PRGM-CHAPLAIN	
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	7,642,229				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,483,148			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		3,032,493		22.00
23.00 02300	PARAMED PRGM-PHARMACY	0			468,006	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0				23.01
23.03 02303	PARAMED PRGM-NURSING	69,160				23.03
463,594						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,224,440	1,134,661	1,385,681	0	463,594
31.00 03100	INTENSIVE CARE UNIT	484,123	39,522	48,266	0	0
32.00 03200	CORONARY CARE UNIT	311,222	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	175,606	214,456	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	54,385	66,417	0	0
60.00 06000	LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	468,006	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01 03160	PULMONARY REHAB	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	FAMILY PRACTICE	0	898,493	1,097,265	0	0
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0
90.03 09003	CHEMO	0	0	0	0	0
90.04 09004	PRIMARY CARE FOR SENIORS	0	22,488	27,463	0	0
90.05 09005	PAIN MANAGEMENT	0	676	825	0	0
90.06 09006	WOUND CARE	0	0	0	0	0
90.07 09007	SLEEP CENTER	0	0	0	0	0
90.08 09008	HEMATOLOGY	0	0	0	0	0
90.09 09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0
90.10 09010	DIABETES CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	553,284	157,317	192,120	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,642,229	2,483,148	3,032,493	468,006	463,594
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HENDERSON ER PHYSICIANS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
		SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	192.03
194.00 07950 MISC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	7,642,229	2,483,148	3,032,493	468,006	463,594	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

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Cost Center Description		PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-PHARMACY				23.00
23.01	02301	PARAMED PRGM-CHAPLAIN				23.01
23.03	02303	PARAMED PRGM-NURSING	2,111,910			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,578,961	140,094,175	-2,520,342	137,573,833
31.00	03100	INTENSIVE CARE UNIT	254,993	33,480,318	-87,788	33,392,530
32.00	03200	CORONARY CARE UNIT	32,351	6,472,597	0	6,472,597
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,055	102,572,854	-390,062	102,182,792
51.00	05100	RECOVERY ROOM	15,911	11,644,578	0	11,644,578
54.00	05400	RADIOLOGY-DIAGNOSTIC	159	18,047,018	0	18,047,018
55.00	05500	RADIOLOGY-THERAPEUTIC	7,319	17,881,314	0	17,881,314
56.00	05600	RADIOISOTOPE	477	2,829,561	0	2,829,561
57.00	05700	CT SCAN	0	10,333,040	0	10,333,040
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,639,059	0	7,639,059
59.00	05900	CARDIAC CATHETERIZATION	17,342	21,268,286	-120,802	21,147,484
60.00	06000	LABORATORY	0	59,324,759	0	59,324,759
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,315,403	0	5,315,403
64.00	06400	INTRAVENOUS THERAPY	12,569	3,656,618	0	3,656,618
65.00	06500	RESPIRATORY THERAPY	0	10,100,865	0	10,100,865
66.00	06600	PHYSICAL THERAPY	0	11,497,731	0	11,497,731
69.00	06900	ELECTROCARDIOLOGY	4,296	7,716,679	0	7,716,679
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,271,051	0	9,271,051
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,081,439	0	31,081,439
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,801,572	0	96,801,572
74.00	07400	RENAL DIALYSIS	0	2,390,299	0	2,390,299
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0
76.01	03160	PULMONARY REHAB	0	394,044	0	394,044
76.97	07697	CARDIAC REHABILITATION	4,243	1,225,090	0	1,225,090
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,501,245	0	4,501,245
90.01	09001	FAMILY PRACTICE	0	3,877,280	-1,995,758	1,881,522
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,556,883	0	1,556,883
90.03	09003	CHEMO	902	4,054,247	0	4,054,247
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,397,443	-49,951	1,347,492
90.05	09005	PAIN MANAGEMENT	0	4,447,670	-1,501	4,446,169
90.06	09006	WOUND CARE	4,879	2,759,871	0	2,759,871
90.07	09007	SLEEP CENTER	0	3,810,889	0	3,810,889
90.08	09008	HEMATOLOGY	1,379	1,462,345	0	1,462,345
90.09	09009	MULTI-SPECIALTY SERVICES	0	1,253,254	0	1,253,254
90.10	09010	DIABETES CENTER	0	385,777	0	385,777
91.00	09100	EMERGENCY	91,432	35,843,943	-349,437	35,494,506
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	63,642	11,658,973	0	11,658,973
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	11,584,825	0	11,584,825
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,111,910	699,632,995	-5,515,641	694,117,354
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,472,540	0	4,472,540
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,021,143	0	23,021,143
192.01	19201	DEACONESS URGENT CARE	0	88	0	88

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
192.02	19202 HENDERSON ER PHYSICIANS	0	562,847	0	562,847	192.02
192.03	19203 FAMILY PHARMACY	0	42,441,263	0	42,441,263	192.03
194.00	07950 MI SC NONREIMBURSABLE	0	6,541,325	0	6,541,325	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	13,576	0	13,576	194.01
194.02	07952 OTHER FACILITIES	0	9,658,095	0	9,658,095	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	194.03
194.04	07954 PR	0	2,320,846	0	2,320,846	194.04
194.05	07955 CHILD CARE CENTER	0	3,652,827	0	3,652,827	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	25,362	0	25,362	194.07
194.08	07958 HEALTHSOUTH	0	952,571	0	952,571	194.08
194.09	07959 HOME OFFICE	0	10,426,086	0	10,426,086	194.09
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,111,910	803,721,564	-5,515,641	798,205,923	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet B Part II Date/Time Prepared: 2/25/2022 10:54 am			
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal			
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP				
	0	1.00	1.01	2.00	2A			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	105,372	9,865	26,982	142,219	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	825,719	50,127	14,907,704	15,783,550	5.00
7.00	00700	OPERATION OF PLANT	0	27,797	0	241,359	269,156	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	137,104	137,104	8.00
9.00	00900	HOUSEKEEPING	0	9,955	0	72,154	82,109	9.00
10.00	01000	DIETARY	0	174,452	0	158,043	332,495	10.00
11.00	01100	CAFETERIA	0	517,660	0	55,991	573,651	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	12,423	975,194	987,617	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,197	0	703,058	714,255	14.00
15.00	01500	PHARMACY	0	0	0	950,381	950,381	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,463	0	202	12,665	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	12,797	12,797	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	105,640	0	0	105,640	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	34,077	0	0	34,077	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	9,858	0	21,549	31,407	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	39,505	2,373	8,680	50,558	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	76,163	0	9,744	85,907	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,087,680	0	1,157,495	9,245,175	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,833,509	0	153,294	1,986,803	31.00
32.00	03200	CORONARY CARE UNIT	0	210,890	0	12,969	223,859	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,580,923	0	6,028,936	8,609,859	50.00
51.00	05100	RECOVERY ROOM	0	1,175,134	0	68,722	1,243,856	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,093,884	0	859,985	1,953,869	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	406,129	0	18,600	424,729	55.00
56.00	05600	RADIOISOTOPE	0	94,979	0	19,695	114,674	56.00
57.00	05700	CT SCAN	0	52,552	0	1,608,933	1,661,485	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	164,886	0	1,432,198	1,597,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	848,405	0	1,137,372	1,985,777	59.00
60.00	06000	LABORATORY	0	928,049	0	1,417,086	2,345,135	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	39,067	0	1,433	40,500	63.00
64.00	06400	INTRAVENOUS THERAPY	0	31,035	0	21,601	52,636	64.00
65.00	06500	RESPIRATORY THERAPY	0	185,697	0	341,024	526,721	65.00
66.00	06600	PHYSICAL THERAPY	0	188,351	0	95,173	283,524	66.00
69.00	06900	ELECTROCARDIOLOGY	0	509,262	0	237,271	746,533	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	14,312	0	14,321	28,633	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	17,160	17,160	76.01
76.97	07697	CARDIAC REHABILITATION	0	122,484	0	17,155	139,639	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	226,079	0	2,724	228,803	90.00
90.01	09001	FAMILY PRACTICE	0	90,548	0	28,294	118,842	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	2,503	2,503	90.02
90.03	09003	CHEMO	0	312,855	0	61,182	374,037	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	9,653	9,653	90.04
90.05	09005	PAIN MANAGEMENT	0	218,168	0	35,311	253,479	90.05
90.06	09006	WOUND CARE	0	87,481	0	8,189	95,670	90.06
90.07	09007	SLEEP CENTER	0	83,173	0	37,714	120,887	90.07
90.08	09008	HEMATOLOGY	0	109,267	0	260	109,527	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	174,695	0	3,104	177,799	90.09
90.10	09010	DIABETES CENTER	0	0	0	453	453	90.10
91.00	09100	EMERGENCY	0	1,127,912	0	223,806	1,351,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	967,286	0	17,624	984,910	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	120,415	0	283,439	403,854	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,034,965	74,788	33,655,621	57,765,374	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	357,131	0	0	357,131	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,648,298	0	200,327	1,848,625	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03 19203 FAMILY PHARMACY	0	88,674	0	11,214	99,888	192.03
194.00 07950 MISC NONREIMBURSABLE	0	626,196	49,403	5,068	680,667	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	1,902,004	0	39,668	1,941,672	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	70,078	0	4,576	74,654	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	21,572	21,572	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	8,519	0	0	8,519	194.07
194.08 07958 HEALTHSOUTH	0	319,962	0	0	319,962	194.08
194.09 07959 HOME OFFICE	0	10,412,465	13,621	0	10,426,086	194.09
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	39,468,292	137,812	33,938,046	73,544,150	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	142,219					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,775	15,802,325				5.00
7.00	00700	OPERATION OF PLANT	1,683	1,103,281	1,374,120			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	459	156,571	28,806	322,940		8.00
9.00	00900	HOUSEKEEPING	2,489	206,336	459	0	291,393	9.00
10.00	01000	DIETARY	1,002	94,327	8,038	4,020	1,742	10.00
11.00	01100	CAFETERIA	547	159,771	23,851	0	5,168	11.00
13.00	01300	NURSING ADMINISTRATION	2,053	287,508	8,054	0	1,745	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,040	272,284	516	2,692	112	14.00
15.00	01500	PHARMACY	4,175	433,487	15,948	0	3,455	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,047	88,107	574	0	124	16.00
17.00	01700	SOCIAL SERVICE	2,494	147,767	5,946	0	1,288	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	715	53,807	4,867	0	1,055	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	842	47,472	1,570	0	340	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	112	11,014	454	0	98	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	90	13,340	2,774	0	601	23.01
23.03	02303	PARAMED ED PRGM-NURSING	591	44,219	3,509	0	760	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,767	3,188,982	372,643	182,698	80,744	30.00
31.00	03100	INTENSIVE CARE UNIT	6,504	669,529	84,479	15,088	18,304	31.00
32.00	03200	CORONARY CARE UNIT	1,266	101,676	9,717	6,789	2,105	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,271	2,117,551	118,916	29,814	25,766	50.00
51.00	05100	RECOVERY ROOM	2,160	324,974	54,145	8,477	11,732	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,665	474,663	50,401	716	10,920	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,289	138,127	18,712	0	4,054	55.00
56.00	05600	RADIOISOTOPE	276	33,768	4,376	369	948	56.00
57.00	05700	CT SCAN	1,319	356,964	2,421	3,690	525	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	799	320,017	7,597	3,918	1,646	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,361	465,291	39,090	9,050	8,470	59.00
60.00	06000	LABORATORY	7,294	771,421	42,760	219	9,265	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	353	24,489	1,800	327	390	63.00
64.00	06400	INTRAVENOUS THERAPY	746	81,669	1,430	0	310	64.00
65.00	06500	RESPIRATORY THERAPY	2,072	194,635	8,556	40	1,854	65.00
66.00	06600	PHYSICAL THERAPY	0	49,828	8,678	2,987	1,880	66.00
69.00	06900	ELECTROCARDIOLOGY	1,159	188,295	23,464	2,566	5,084	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	63	8,158	659	0	143	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	89	7,399	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	198	34,302	5,643	66	1,223	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,065	92,685	10,417	85	2,257	90.00
90.01	09001	FAMILY PRACTICE	341	37,681	4,172	151	904	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	346	17,467	0	0	0	90.02
90.03	09003	CHEMO	773	68,129	14,415	854	3,123	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	591	30,815	0	38	0	90.04
90.05	09005	PAIN MANAGEMENT	944	91,037	10,052	1,178	2,178	90.05
90.06	09006	WOUND CARE	591	45,935	4,031	618	873	90.06
90.07	09007	SLEEP CENTER	1,349	87,708	3,832	0	830	90.07
90.08	09008	HEMATOLOGY	324	35,210	5,034	0	1,091	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	289	45,481	8,049	0	1,744	90.09
90.10	09010	DIABETES CENTER	87	4,344	0	0	0	90.10
91.00	09100	EMERGENCY	10,024	731,284	51,969	38,550	11,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,129	277,950	44,568	2,982	9,657	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,188	129,496	5,548	0	1,202	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	132,806	14,366,251	1,122,940	317,982	236,970	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	541	121,158	16,455	0	3,565	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,947	568,559	75,946	0	16,455	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	10	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	897	44,189	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	656	49,842	4,086	0	885	192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet B Part II Date/Time Prepared: 2/25/2022 10:54 am		
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4.00	5.00	7.00	8.00	9.00		
194.00	07950	MISC NONREIMBURSABLE	645	151,395	48,694	3,615	10,551	194.00
194.01	07951	OCCUPATIONAL HEALTH	4	176	0	0	0	194.01
194.02	07952	OTHER FACILITIES	339	357,930	87,635	38	18,988	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	438	34,715	3,229	0	700	194.04
194.05	07955	CHILD CARE CENTER	946	50,381	0	1,295	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	1,497	393	0	85	194.07
194.08	07958	HEALTHSOUTH	0	56,232	14,742	0	3,194	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	142,219	15,802,325	1,374,120	322,940	291,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet B Part II Date/Time Prepared: 2/25/2022 10:54 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	441,624					10.00
11.00	01100	CAFETERIA	0	762,988				11.00
13.00	01300	NURSING ADMINISTRATION	0	18,153	1,305,130			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,036	0	1,002,935		14.00
15.00	01500	PHARMACY	0	27,371	0	9,045	1,443,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,954	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,493	0	27	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,981	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,879	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	655	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	1,311	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	4,500	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	323,966	194,982	597,203	36,347	117	30.00
31.00	03100	INTENSIVE CARE UNIT	50,700	45,328	138,829	24,944	42	31.00
32.00	03200	CORONARY CARE UNIT	11,139	9,240	28,301	4,942	9	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,611	167,264	153,478	640	50.00
51.00	05100	RECOVERY ROOM	0	14,199	0	5,375	7	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,379	0	14,304	187	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,830	0	16,988	3,041	55.00
56.00	05600	RADIOISOTOPE	0	1,617	0	6,130	1	56.00
57.00	05700	CT SCAN	0	8,366	0	10,699	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,461	0	3,990	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,265	43,689	34,988	69	59.00
60.00	06000	LABORATORY	0	79,449	0	153,341	12	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,643	0	37,231	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,369	13,381	6,253	6	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,483	0	10,935	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,224	24	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,214	0	10,502	34	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	86,798	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	291,287	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,022,869	73.00
74.00	07400	RENAL DIALYSIS	0	306	0	273	109	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	896	0	5	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,075	0	40	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,318	22,413	738	0	90.00
90.01	09001	FAMILY PRACTICE	0	3,823	11,709	267	852	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	3,823	11,709	5	1	90.02
90.03	09003	CHEMO	0	5,265	16,124	3,492	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	3,364	10,303	28	96	90.04
90.05	09005	PAIN MANAGEMENT	0	7,362	22,547	2,210	0	90.05
90.06	09006	WOUND CARE	0	4,500	13,783	9,054	20	90.06
90.07	09007	SLEEP CENTER	0	7,646	23,417	483	0	90.07
90.08	09008	HEMATOLOGY	0	3,189	9,768	56	1	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	2,053	6,289	34	0	90.09
90.10	09010	DIABETES CENTER	0	852	2,609	58	0	90.10
91.00	09100	EMERGENCY	5,061	37,267	114,141	11,431	151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	36,001	16,864	51,651	3,520	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	13,063	0	48,541	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	426,867	711,435	1,305,130	1,001,065	1,028,288	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,711	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,767	0	566	718	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	1,311	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	4,544	0	1,199	414,856	192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet B Part II Date/Time Prepared: 2/25/2022 10:54 am
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MI SC NONREIMBURSABLE	14,757	5,833	0	99	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	1	0	194.01
194.02 07952 OTHER FACILITIES	0	633	0	5	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	3,189	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	13,565	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
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)	441,624	762,988	1,305,130	1,002,935	1,443,862	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	115,473				16.00
17.00 01700	SOCIAL SERVICE	0	186,812			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	171,065		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	86,180	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	1,691	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,377	152,154			30.00
31.00 03100	INTENSIVE CARE UNIT	3,140	11,834			31.00
32.00 03200	CORONARY CARE UNIT	730	7,608			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,439	0			50.00
51.00 05100	RECOVERY ROOM	876	0			51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,939	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,988	0			55.00
56.00 05600	RADIOISOTOPE	767	0			56.00
57.00 05700	CT SCAN	6,298	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,765	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	5,202	0			59.00
60.00 06000	LABORATORY	12,354	0			60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	807	0			63.00
64.00 06400	INTRAVENOUS THERAPY	297	0			64.00
65.00 06500	RESPIRATORY THERAPY	3,096	0			65.00
66.00 06600	PHYSICAL THERAPY	3,296	0			66.00
69.00 06900	ELECTROCARDIOLOGY	2,936	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,632	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,905	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,238	0			73.00
74.00 07400	RENAL DIALYSIS	500	0			74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0			76.00
76.01 03160	PULMONARY REHAB	16	0			76.01
76.97 07697	CARDIAC REHABILITATION	132	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	154	0			90.00
90.01 09001	FAMILY PRACTICE	118	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	337	0			90.02
90.03 09003	CHEMO	1,173	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	30	0			90.04
90.05 09005	PAIN MANAGEMENT	935	0			90.05
90.06 09006	WOUND CARE	550	0			90.06
90.07 09007	SLEEP CENTER	338	0			90.07
90.08 09008	HEMATOLOGY	84	0			90.08
90.09 09009	MULTI-SPECIALTY SERVICES	53	0			90.09
90.10 09010	DIABETES CENTER	22	0			90.10
91.00 09100	EMERGENCY	9,979	13,525			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	770	0			92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	1,384	0			96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	113,657	186,812	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	100	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
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To 09/30/2021

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
192.02 19202 HENDERSON ER PHYSICIANS	0	0				192.02
192.03 19203 FAMILY PHARMACY	1,716	0				192.03
194.00 07950 MISC NONREIMBURSABLE	0	0				194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0				194.01
194.02 07952 OTHER FACILITIES	0	0				194.02
194.03 07953 THE HEART HOSPITAL	0	0				194.03
194.04 07954 PR	0	0				194.04
194.05 07955 CHILD CARE CENTER	0	0				194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0				194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0				194.07
194.08 07958 HEALTHSOUTH	0	0				194.08
194.09 07959 HOME OFFICE	0	0				194.09
200.00 Cross Foot Adjustments			171,065	86,180	43,740	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	115,473	186,812	171,065	86,180	43,740	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B
Part II
Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-PHARMACY						23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	68,674					23.01
23.03	02303	PARAMED ED PRGM-NURSING		141,177				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			14,415,155	0	14,415,155	30.00
31.00	03100	INTENSIVE CARE UNIT			3,055,524	0	3,055,524	31.00
32.00	03200	CORONARY CARE UNIT			407,381	0	407,381	32.00
40.00	04000	SUBPROVIDER - IPF			0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			11,305,609	0	11,305,609	50.00
51.00	05100	RECOVERY ROOM			1,665,801	0	1,665,801	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,538,043	0	2,538,043	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			620,758	0	620,758	55.00
56.00	05600	RADIOISOTOPE			162,926	0	162,926	56.00
57.00	05700	CT SCAN			2,051,767	0	2,051,767	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			1,942,277	0	1,942,277	58.00
59.00	05900	CARDIAC CATHETERIZATION			2,608,252	0	2,608,252	59.00
60.00	06000	LABORATORY			3,421,250	0	3,421,250	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.			108,540	0	108,540	63.00
64.00	06400	INTRAVENOUS THERAPY			161,097	0	161,097	64.00
65.00	06500	RESPIRATORY THERAPY			762,392	0	762,392	65.00
66.00	06600	PHYSICAL THERAPY			353,441	0	353,441	66.00
69.00	06900	ELECTROCARDIOLOGY			988,787	0	988,787	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			88,430	0	88,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			295,192	0	295,192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,039,107	0	1,039,107	73.00
74.00	07400	RENAL DIALYSIS			38,844	0	38,844	74.00
76.00	03030	ANGIOCARDIOGRAPHY			0	0	0	76.00
76.01	03160	PULMONARY REHAB			25,565	0	25,565	76.01
76.97	07697	CARDIAC REHABILITATION			183,318	0	183,318	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			365,935	0	365,935	90.00
90.01	09001	FAMILY PRACTICE			178,860	0	178,860	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			36,191	0	36,191	90.02
90.03	09003	CHEMO			487,385	0	487,385	90.03
90.04	09004	PRIMARY CARE FOR SENIORS			54,918	0	54,918	90.04
90.05	09005	PAIN MANAGEMENT			391,922	0	391,922	90.05
90.06	09006	WOUND CARE			175,625	0	175,625	90.06
90.07	09007	SLEEP CENTER			246,490	0	246,490	90.07
90.08	09008	HEMATOLOGY			164,284	0	164,284	90.08
90.09	09009	MULTI-SPECIALTY SERVICES			241,791	0	241,791	90.09
90.10	09010	DIABETES CENTER			8,425	0	8,425	90.10
91.00	09100	EMERGENCY			2,386,360	0	2,386,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			1,431,002	0	1,431,002	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			604,276	0	604,276	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	55,012,920	0	55,012,920	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			506,561	0	506,561	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,530,683	0	2,530,683	192.00
192.01	19201	DEACONESS URGENT CARE			10	0	10	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B
Part II
Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description		PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
192.02	19202 HENDERSON ER PHYSICIANS			46,397	0	46,397	192.02
192.03	19203 FAMILY PHARMACY			577,672	0	577,672	192.03
194.00	07950 MI SC NONREIMBURSABLE			916,256	0	916,256	194.00
194.01	07951 OCCUPATIONAL HEALTH			181	0	181	194.01
194.02	07952 OTHER FACILITIES			2,407,240	0	2,407,240	194.02
194.03	07953 THE HEART HOSPITAL			0	0	0	194.03
194.04	07954 PR			116,925	0	116,925	194.04
194.05	07955 CHILD CARE CENTER			87,759	0	87,759	194.05
194.06	07956 CENTER OF LIFE BALANCE			0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA			10,494	0	10,494	194.07
194.08	07958 HEALTHSOUTH			394,130	0	394,130	194.08
194.09	07959 HOME OFFICE			10,426,086	0	10,426,086	194.09
200.00	Cross Foot Adjustments	68,674	141,177	510,836	0	510,836	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	68,674	141,177	73,544,150	0	73,544,150	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,621,475				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			32,131,565		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,329	3,533	25,546	336,985,983	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,923	17,952	14,114,179	44,491,126	89,915,104
7.00 00700	OPERATION OF PLANT	1,142	0	228,512	3,988,514	6,277,664
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	129,806	1,087,255	890,891
9.00 00900	HOUSEKEEPING	409	0	68,313	5,897,112	1,174,049
10.00 01000	DIETARY	7,167	0	149,631	2,373,475	536,719
11.00 01100	CAFETERIA	21,267	0	53,011	1,295,171	909,094
13.00 01300	NURSING ADMINISTRATION	0	4,449	923,286	4,864,364	1,635,917
14.00 01400	CENTRAL SERVICES & SUPPLY	460	0	665,635	2,464,382	1,549,297
15.00 01500	PHARMACY	0	0	899,794	9,893,020	2,466,540
16.00 01600	MEDICAL RECORDS & LIBRARY	512	0	191	2,482,005	501,326
17.00 01700	SOCIAL SERVICE	0	0	12,116	5,909,749	840,793
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,340	0	0	1,695,449	306,159
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	0	1,995,753	270,113
23.00 02300	PARAMED PRGM-PHARMACY	405	0	20,402	264,309	62,667
23.01 02301	PARAMED PRGM-CHAPLAIN	1,623	850	8,218	214,324	75,906
23.03 02303	PARAMED PRGM-NURSING	3,129	0	9,225	1,401,040	251,607
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	332,266	0	1,095,883	75,251,900	18,145,206
31.00 03100	INTENSIVE CARE UNIT	75,326	0	145,134	15,412,478	3,809,621
32.00 03200	CORONARY CARE UNIT	8,664	0	12,279	2,998,904	578,536
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	106,032	0	5,708,025	29,077,774	12,048,858
51.00 05100	RECOVERY ROOM	48,278	0	65,064	5,117,556	1,849,104
54.00 05400	RADIOLOGY-DIAGNOSTIC	44,940	0	814,209	6,315,784	2,700,830
55.00 05500	RADIOLOGY-THERAPEUTIC	16,685	0	17,610	3,054,184	785,944
56.00 05600	RADIOISOTOPE	3,902	0	18,647	655,014	192,142
57.00 05700	CT SCAN	2,159	0	1,523,292	3,125,413	2,031,124
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,774	0	1,355,964	1,892,407	1,820,897
59.00 05900	CARDIAC CATHETERIZATION	34,855	0	1,076,831	5,595,124	2,647,507
60.00 06000	LABORATORY	38,127	0	1,341,657	17,284,727	4,389,382
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	0	1,357	835,735	139,342
64.00 06400	INTRAVENOUS THERAPY	1,275	0	20,451	1,767,659	464,699
65.00 06500	RESPIRATORY THERAPY	7,629	0	322,872	4,910,437	1,107,473
66.00 06600	PHYSICAL THERAPY	7,738	0	90,107	0	283,524
69.00 06900	ELECTROCARDIOLOGY	20,922	0	224,641	2,746,820	1,071,397
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	588	0	13,559	150,390	46,419
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01 03160	PULMONARY REHAB	0	0	16,247	210,883	42,101
76.97 07697	CARDIAC REHABILITATION	5,032	0	16,242	469,607	195,179
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,288	0	2,579	2,524,556	527,380
90.01 09001	FAMILY PRACTICE	3,720	0	26,788	807,996	214,403
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	2,370	819,206	99,390
90.03 09003	CHEMO	12,853	0	57,925	1,831,586	387,653
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	9,139	1,400,906	175,337
90.05 09005	PAIN MANAGEMENT	8,963	0	33,431	2,236,598	517,999
90.06 09006	WOUND CARE	3,594	0	7,753	1,401,038	261,369
90.07 09007	SLEEP CENTER	3,417	0	35,707	3,197,560	499,059
90.08 09008	HEMATOLOGY	4,489	0	246	767,899	200,346
90.09 09009	MULTI-SPECIALTY SERVICES	7,177	0	2,939	684,788	258,788
90.10 09010	DIABETES CENTER	0	0	429	205,173	24,719
91.00 09100	EMERGENCY	46,338	0	211,893	23,753,372	4,161,006
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	39,739	0	16,686	5,044,663	1,581,537
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	268,352	2,815,442	736,834
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	987,428	26,784	31,864,173	314,680,627	81,743,847
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,672	0	0	1,282,868	689,388

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	67,717	0	189,664	11,723,080	3,235,102	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	2,125,954	251,434	192.02
192.03 19203 FAMILY PHARMACY	3,643	0	10,617	1,553,341	283,600	192.03
194.00 07950 MISC NONREIMBURSABLE	25,726	17,693	4,798	1,528,470	861,438	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	8,470	1,002	194.01
194.02 07952 OTHER FACILITIES	78,140	0	37,557	802,802	2,036,619	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	2,879	0	4,332	1,038,916	197,526	194.04
194.05 07955 CHILD CARE CENTER	0	0	20,424	2,241,455	286,667	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	0	0	8,519	194.07
194.08 07958 HEALTHSOUTH	13,145	0	0	0	319,962	194.08
194.09 07959 HOME OFFICE	427,775	4,878	0	0	0	194.09
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)	39,468,292	137,812	33,938,046	39,850,508	107,500,351	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.340981	2.792260	1.056221	0.118256	1.195576	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				142,219	15,802,325	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000422	0.175747	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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,225,236				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,685	4,431,978			8.00
9.00	00900	HOUSEKEEPING	409	0	1,199,142		9.00
10.00	01000	DIETARY	7,167	55,169	7,167	453,245	10.00
11.00	01100	CAFETERIA	21,267	0	21,267	0	34,928
13.00	01300	NURSING ADMINISTRATION	7,181	0	7,181	0	831
14.00	01400	CENTRAL SERVICES & SUPPLY	460	36,949	460	0	551
15.00	01500	PHARMACY	14,220	0	14,220	0	1,253
16.00	01600	MEDICAL RECORDS & LIBRARY	512	0	512	0	593
17.00	01700	SOCIAL SERVICE	5,302	0	5,302	0	755
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,340	0	4,340	0	228
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	1,400	0	86
23.00	02300	PARAMED ED PRGM-PHARMACY	405	0	405	0	30
23.01	02301	PARAMED ED PRGM-CHAPLAIN	2,473	0	2,473	0	60
23.03	02303	PARAMED ED PRGM-NURSING	3,129	0	3,129	0	206
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	332,266	2,507,305	332,266	332,492	8,926
31.00	03100	INTENSIVE CARE UNIT	75,326	207,064	75,326	52,034	2,075
32.00	03200	CORONARY CARE UNIT	8,664	93,172	8,664	11,432	423
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	106,032	409,168	106,032	0	2,500
51.00	05100	RECOVERY ROOM	48,278	116,334	48,278	0	650
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,940	9,825	44,940	0	1,116
55.00	05500	RADIOLOGY-THERAPEUTIC	16,685	0	16,685	0	450
56.00	05600	RADIOISOTOPE	3,902	5,064	3,902	0	74
57.00	05700	CT SCAN	2,159	50,645	2,159	0	383
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,774	53,772	6,774	0	250
59.00	05900	CARDIAC CATHETERIZATION	34,855	124,204	34,855	0	653
60.00	06000	LABORATORY	38,127	3,002	38,127	0	3,637
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	1,605	4,493	1,605	0	121
64.00	06400	INTRAVENOUS THERAPY	1,275	0	1,275	0	200
65.00	06500	RESPIRATORY THERAPY	7,629	553	7,629	0	663
66.00	06600	PHYSICAL THERAPY	7,738	40,988	7,738	0	0
69.00	06900	ELECTROCARDIOLOGY	20,922	35,211	20,922	0	376
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	588	0	588	0	14
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	0	0	0	0	41
76.97	07697	CARDIAC REHABILITATION	5,032	900	5,032	0	95
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,288	1,168	9,288	0	335
90.01	09001	FAMILY PRACTICE	3,720	2,074	3,720	0	175
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	175
90.03	09003	CHEMO	12,853	11,717	12,853	0	241
90.04	09004	PRIMARY CARE FOR SENIORS	0	527	0	0	154
90.05	09005	PAIN MANAGEMENT	8,963	16,161	8,963	0	337
90.06	09006	WOUND CARE	3,594	8,475	3,594	0	206
90.07	09007	SLEEP CENTER	3,417	0	3,417	0	350
90.08	09008	HEMATOLOGY	4,489	0	4,489	0	146
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	7,177	0	94
90.10	09010	DIABETES CENTER	0	0	0	0	39
91.00	09100	EMERGENCY	46,338	529,060	46,338	5,194	1,706
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	39,739	40,924	39,739	36,948	772
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	4,947	0	598
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,001,272	4,363,924	975,178	438,100	32,568
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,672	0	14,672	0	353
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,717	5	67,717	0	676
192.01	19201	DEACONESS URGENT CARE	0	138	0	0	0
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	60

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
192.03	19203 FAMILY PHARMACY	3,643	0	3,643	0	208	192.03
194.00	07950 MISC NONREIMBURSABLE	43,418	49,613	43,418	15,145	267	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	78,140	520	78,140	0	29	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	2,879	0	2,879	0	146	194.04
194.05	07955 CHILD CARE CENTER	0	17,778	0	0	621	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194.07
194.08	07958 HEALTHSOUTH	13,145	0	13,145	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	15,186,709	2,839,799	7,949,187	5,843,042	5,049,504	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.394926	0.640752	6.629062	12.891575	144.568942	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,374,120	322,940	291,393	441,624	762,988	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.121515	0.072866	0.243001	0.974360	21.844595	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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1
Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description			NURSING ADMINISTRATION (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	19,507					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100,429,414				14.00
15.00	01500	PHARMACY	0	905,793	123,847,460			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	205	0	3,249,317,468		16.00
17.00	01700	SOCIAL SERVICE	0	2,731	0	0	221	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED PRGM-NURSING	0	0	0	0	2	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,926	3,639,758	10,023	232,685,853	180	30.00
31.00	03100	INTENSIVE CARE UNIT	2,075	2,497,884	3,571	87,221,641	14	31.00
32.00	03200	CORONARY CARE UNIT	423	494,866	805	20,277,706	9	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,500	15,369,327	54,881	470,593,097	0	50.00
51.00	05100	RECOVERY ROOM	0	538,295	623	24,334,107	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,432,405	16,081	164,972,558	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,701,180	260,880	110,779,671	0	55.00
56.00	05600	RADIOISOTOPE	0	613,839	94	21,317,817	0	56.00
57.00	05700	CT SCAN	0	1,071,445	0	174,939,804	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	399,549	0	49,022,963	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	653	3,503,731	5,927	144,490,922	0	59.00
60.00	06000	LABORATORY	0	15,355,560	1,070	343,173,004	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,728,312	0	22,427,494	0	63.00
64.00	06400	INTRAVENOUS THERAPY	200	626,159	502	8,250,874	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,095,075	23	85,996,837	0	65.00
66.00	06600	PHYSICAL THERAPY	0	322,809	2,057	91,564,502	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,051,653	2,916	81,554,794	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,691,928	0	45,341,033	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,165,024	0	108,468,051	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	87,735,333	451,052,854	0	73.00
74.00	07400	RENAL DIALYSIS	0	27,381	9,353	13,882,117	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	541	9	446,940	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	3,986	19	3,662,615	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	335	73,872	0	4,278,777	0	90.00
90.01	09001	FAMILY PRACTICE	175	26,761	73,097	3,287,909	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	175	515	99	9,369,084	0	90.02
90.03	09003	CHEMO	241	349,667	0	32,583,796	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	154	2,775	8,245	829,537	0	90.04
90.05	09005	PAIN MANAGEMENT	337	221,283	0	25,979,860	0	90.05
90.06	09006	WOUND CARE	206	906,707	1,674	15,268,590	0	90.06
90.07	09007	SLEEP CENTER	350	48,408	0	9,389,038	0	90.07
90.08	09008	HEMATOLOGY	146	5,564	49	2,334,867	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	94	3,392	37	1,477,788	0	90.09
90.10	09010	DIABETES CENTER	39	5,800	0	608,983	0	90.10
91.00	09100	EMERGENCY	1,706	1,144,694	12,944	277,192,917	16	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	772	352,462	0	21,379,919	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	4,860,875	0	38,432,284	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,507	100,242,211	88,200,312	3,198,870,603	221	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	56,650	61,597	2,774,391	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description		NURSING ADMINISTRATION (FTE'S NURSING) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	
192.02	19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	0 192.02
192.03	19203 FAMILY PHARMACY	0	120,060	35,585,543	47,672,474	0	0 192.03
194.00	07950 MISC NONREIMBURSABLE	0	9,888	8	0	0	0 194.00
194.01	07951 OCCUPATIONAL HEALTH	0	95	0	0	0	0 194.01
194.02	07952 OTHER FACILITIES	0	469	0	0	0	0 194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	0 194.03
194.04	07954 PR	0	41	0	0	0	0 194.04
194.05	07955 CHILD CARE CENTER	0	0	0	0	0	0 194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0 194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0 194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	0 194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	0 194.09
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)	9,806,829	6,370,221	12,057,951	1,992,344	7,642,229	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	502.733839	0.063430	0.097361	0.000613	34,580.221719	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,305,130	1,002,935	1,443,862	115,473	186,812	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	66.905726	0.009986	0.011658	0.000036	845.303167	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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)							
	21.00	22.00	23.00	23.01	23.03				
GENERAL SERVICE COST CENTERS									
1.00 00100	CAP REL COSTS-BLDG & FIXT								1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT								1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP								2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT								4.00
5.00 00500	ADMINISTRATIVE & GENERAL								5.00
7.00 00700	OPERATION OF PLANT								7.00
8.00 00800	LAUNDRY & LINEN SERVICE								8.00
9.00 00900	HOUSEKEEPING								9.00
10.00 01000	DIETARY								10.00
11.00 01100	CAFETERIA								11.00
13.00 01300	NURSING ADMINISTRATION								13.00
14.00 01400	CENTRAL SERVICES & SUPPLY								14.00
15.00 01500	PHARMACY								15.00
16.00 01600	MEDICAL RECORDS & LIBRARY								16.00
17.00 01700	SOCIAL SERVICE								17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	51,457							21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		51,457						22.00
23.00 02300	PARAMED PRGM-PHARMACY			100					23.00
23.01 02301	PARAMED PRGM-CHAPLAIN				100				23.01
23.03 02303	PARAMED PRGM-NURSING						39,821		23.03
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	23,513	23,513	0	100		29,772		30.00
31.00 03100	INTENSIVE CARE UNIT	819	819	0	0		4,808		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0		610		32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0		0		40.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	3,639	3,639	0	0		397		50.00
51.00 05100	RECOVERY ROOM	0	0	0	0		300		51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		3		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		138		55.00
56.00 05600	RADIOISOTOPE	0	0	0	0		9		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	1,127	1,127	0	0		327		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		237		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
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0		81		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	0		0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0		0		74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0		0		76.00
76.01 03160	PULMONARY REHAB	0	0	0	0		0		76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0		80		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	0	0	0	0		0		90.00
90.01 09001	FAMILY PRACTICE	18,619	18,619	0	0		0		90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0		0		90.02
90.03 09003	CHEMO	0	0	0	0		17		90.03
90.04 09004	PRIMARY CARE FOR SENIORS	466	466	0	0		0		90.04
90.05 09005	PAIN MANAGEMENT	14	14	0	0		0		90.05
90.06 09006	WOUND CARE	0	0	0	0		92		90.06
90.07 09007	SLEEP CENTER	0	0	0	0		0		90.07
90.08 09008	HEMATOLOGY	0	0	0	0		26		90.08
90.09 09009	MULTI-SPECIALTY SERVICES	0	0	0	0		0		90.09
90.10 09010	DIABETES CENTER	0	0	0	0		0		90.10
91.00 09100	EMERGENCY	3,260	3,260	0	0		1,724		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0		92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		1,200		92.01
OTHER REIMBURSABLE COST CENTERS									
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		0		96.00
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51,457	51,457	100	100		39,821		118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		0		190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0		192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.03	
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	0 192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	0 192.02
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	0 192.03
194.00 07950 MISC NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	0 194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	0 194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	0 194.03
194.04 07954 PR	0	0	0	0	0	0 194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	0 194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0 194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0 194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0 194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0 194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,483,148	3,032,493	468,006	463,594	2,111,910	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	48.256758	58.932565	4,680.060000	4,635.940000	53.035082	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	171,065	86,180	43,740	68,674	141,177	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.324426	1.674796	437.400000	686.740000	3.545290	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE			
					Di sallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	137,573,833		137,573,833	627,192	138,201,025	30.00
31.00	03100	INTENSIVE CARE UNIT	33,392,530		33,392,530	176,579	33,569,109	31.00
32.00	03200	CORONARY CARE UNIT	6,472,597		6,472,597	0	6,472,597	32.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,182,792		102,182,792	572,052	102,754,844	50.00
51.00	05100	RECOVERY ROOM	11,644,578		11,644,578	0	11,644,578	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,047,018		18,047,018	325,029	18,372,047	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,881,314		17,881,314	0	17,881,314	55.00
56.00	05600	RADIOISOTOPE	2,829,561		2,829,561	0	2,829,561	56.00
57.00	05700	CT SCAN	10,333,040		10,333,040	0	10,333,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,639,059		7,639,059	0	7,639,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,147,484		21,147,484	0	21,147,484	59.00
60.00	06000	LABORATORY	59,324,759		59,324,759	321,605	59,646,364	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,315,403		5,315,403	0	5,315,403	63.00
64.00	06400	INTRAVENOUS THERAPY	3,656,618		3,656,618	0	3,656,618	64.00
65.00	06500	RESPIRATORY THERAPY	10,100,865	0	10,100,865	283	10,101,148	65.00
66.00	06600	PHYSICAL THERAPY	11,497,731	0	11,497,731	0	11,497,731	66.00
69.00	06900	ELECTROCARDIOLOGY	7,716,679		7,716,679	0	7,716,679	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,271,051		9,271,051	0	9,271,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,081,439		31,081,439	0	31,081,439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,801,572		96,801,572	0	96,801,572	73.00
74.00	07400	RENAL DIALYSIS	2,390,299		2,390,299	2,933	2,393,232	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0		0	0	0	76.00
76.01	03160	PULMONARY REHAB	394,044		394,044	7,455	401,499	76.01
76.97	07697	CARDIAC REHABILITATION	1,225,090		1,225,090	0	1,225,090	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,501,245		4,501,245	35,544	4,536,789	90.00
90.01	09001	FAMILY PRACTICE	1,881,522		1,881,522	0	1,881,522	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,556,883		1,556,883	0	1,556,883	90.02
90.03	09003	CHEMO	4,054,247		4,054,247	0	4,054,247	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,347,492		1,347,492	0	1,347,492	90.04
90.05	09005	PAIN MANAGEMENT	4,446,169		4,446,169	2,942	4,449,111	90.05
90.06	09006	WOUND CARE	2,759,871		2,759,871	0	2,759,871	90.06
90.07	09007	SLEEP CENTER	3,810,889		3,810,889	0	3,810,889	90.07
90.08	09008	HEMATOLOGY	1,462,345		1,462,345	0	1,462,345	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,253,254		1,253,254	414	1,253,668	90.09
90.10	09010	DIABETES CENTER	385,777		385,777	0	385,777	90.10
91.00	09100	EMERGENCY	35,494,506		35,494,506	2,437,982	37,932,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,867,050		11,867,050	0	11,867,050	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,658,973		11,658,973	0	11,658,973	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,584,825		11,584,825	0	11,584,825	96.00
200.00		Subtotal (see instructions)	705,984,404	0	705,984,404	4,510,010	710,494,414	200.00
201.00		Less Observation Beds	11,867,050		11,867,050		11,867,050	201.00
202.00		Total (see instructions)	694,117,354	0	694,117,354	4,510,010	698,627,364	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:54 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	214,581,561		214,581,561				30.00
31.00	03100	INTENSIVE CARE UNIT	85,237,948		85,237,948				31.00
32.00	03200	CORONARY CARE UNIT	19,864,245		19,864,245				32.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	186,192,326	284,400,771	470,593,097	0.217136	0.000000		50.00
51.00	05100	RECOVERY ROOM	11,173,873	13,160,234	24,334,107	0.478529	0.000000		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,127,210	135,845,349	164,972,559	0.109394	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,993,564	96,786,107	110,779,671	0.161413	0.000000		55.00
56.00	05600	RADIOISOTOPE	5,027,379	16,290,438	21,317,817	0.132732	0.000000		56.00
57.00	05700	CT SCAN	59,597,905	115,341,899	174,939,804	0.059066	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,647,419	36,375,544	49,022,963	0.155826	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	80,456,576	64,034,347	144,490,923	0.146359	0.000000		59.00
60.00	06000	LABORATORY	87,655,372	255,517,632	343,173,004	0.172871	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,716,610	4,710,884	22,427,494	0.237004	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	7,935,587	315,287	8,250,874	0.443179	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	78,531,037	7,465,800	85,996,837	0.117456	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	55,531,544	36,032,958	91,564,502	0.125570	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	31,031,126	50,523,668	81,554,794	0.094620	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,356,427	21,984,606	45,341,033	0.204474	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,111,947	46,356,104	108,468,051	0.286549	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,614,672	259,438,182	451,052,854	0.214612	0.000000		73.00
74.00	07400	RENAL DIALYSIS	11,944,325	1,937,792	13,882,117	0.172185	0.000000		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	0.000000		76.00
76.01	03160	PULMONARY REHAB	362	446,578	446,940	0.881649	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	940	3,661,675	3,662,615	0.334485	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	12,070	4,266,707	4,278,777	1.051993	0.000000		90.00
90.01	09001	FAMILY PRACTICE	7,099	3,280,810	3,287,909	0.572255	0.000000		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	9,369,084	9,369,084	0.166172	0.000000		90.02
90.03	09003	CHEMO	161,725	32,422,071	32,583,796	0.124425	0.000000		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	2,808	826,729	829,537	1.624390	0.000000		90.04
90.05	09005	PAIN MANAGEMENT	611	25,979,249	25,979,860	0.171139	0.000000		90.05
90.06	09006	WOUND CARE	623,967	14,644,623	15,268,590	0.180755	0.000000		90.06
90.07	09007	SLEEP CENTER	13,064	9,375,974	9,389,038	0.405887	0.000000		90.07
90.08	09008	HEMATOLOGY	9,245	2,325,622	2,334,867	0.626308	0.000000		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	387	1,477,401	1,477,788	0.848061	0.000000		90.09
90.10	09010	DIABETES CENTER	466	608,517	608,983	0.633477	0.000000		90.10
91.00	09100	EMERGENCY	103,803,469	173,389,448	277,192,917	0.128050	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,461,613	14,971,057	20,432,670	0.580788	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	12,636,425	8,743,494	21,379,919	0.545324	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	38,432,284	38,432,284	0.301435	0.000000		96.00
200.00		Subtotal (see instructions)	1,408,062,904	1,790,738,925	3,198,801,829				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,408,062,904	1,790,738,925	3,198,801,829				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/25/2022 10:54 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218352		50.00
51.00	05100	RECOVERY ROOM	0.478529		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111364		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161413		55.00
56.00	05600	RADIOISOTOPE	0.132732		56.00
57.00	05700	CT SCAN	0.059066		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.155826		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359		59.00
60.00	06000	LABORATORY	0.173808		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.237004		63.00
64.00	06400	INTRAVENOUS THERAPY	0.443179		64.00
65.00	06500	RESPIRATORY THERAPY	0.117460		65.00
66.00	06600	PHYSICAL THERAPY	0.125570		66.00
69.00	06900	ELECTROCARDIOLOGY	0.094620		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204474		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.286549		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214612		73.00
74.00	07400	RENAL DIALYSIS	0.172397		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000		76.00
76.01	03160	PULMONARY REHAB	0.898329		76.01
76.97	07697	CARDIAC REHABILITATION	0.334485		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.060300		90.00
90.01	09001	FAMILY PRACTICE	0.572255		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.166172		90.02
90.03	09003	CHEMO	0.124425		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.624390		90.04
90.05	09005	PAIN MANAGEMENT	0.171252		90.05
90.06	09006	WOUND CARE	0.180755		90.06
90.07	09007	SLEEP CENTER	0.405887		90.07
90.08	09008	HEMATOLOGY	0.626308		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.848341		90.09
90.10	09010	DIABETES CENTER	0.633477		90.10
91.00	09100	EMERGENCY	0.136845		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580788		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.545324		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.301435		96.00
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: 15-0082

Period:
From 10/01/2020
To 09/30/2021

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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	137,573,833		137,573,833	627,192	138,201,025	30.00
31.00	03100	INTENSIVE CARE UNIT	33,392,530		33,392,530	176,579	33,569,109	31.00
32.00	03200	CORONARY CARE UNIT	6,472,597		6,472,597	0	6,472,597	32.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,182,792		102,182,792	572,052	102,754,844	50.00
51.00	05100	RECOVERY ROOM	11,644,578		11,644,578	0	11,644,578	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,047,018		18,047,018	325,029	18,372,047	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,881,314		17,881,314	0	17,881,314	55.00
56.00	05600	RADIOISOTOPE	2,829,561		2,829,561	0	2,829,561	56.00
57.00	05700	CT SCAN	10,333,040		10,333,040	0	10,333,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,639,059		7,639,059	0	7,639,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,147,484		21,147,484	0	21,147,484	59.00
60.00	06000	LABORATORY	59,324,759		59,324,759	321,605	59,646,364	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,315,403		5,315,403	0	5,315,403	63.00
64.00	06400	INTRAVENOUS THERAPY	3,656,618		3,656,618	0	3,656,618	64.00
65.00	06500	RESPIRATORY THERAPY	10,100,865	0	10,100,865	283	10,101,148	65.00
66.00	06600	PHYSICAL THERAPY	11,497,731	0	11,497,731	0	11,497,731	66.00
69.00	06900	ELECTROCARDIOLOGY	7,716,679		7,716,679	0	7,716,679	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,271,051		9,271,051	0	9,271,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,081,439		31,081,439	0	31,081,439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,801,572		96,801,572	0	96,801,572	73.00
74.00	07400	RENAL DIALYSIS	2,390,299		2,390,299	2,933	2,393,232	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0		0	0	0	76.00
76.01	03160	PULMONARY REHAB	394,044		394,044	7,455	401,499	76.01
76.97	07697	CARDIAC REHABILITATION	1,225,090		1,225,090	0	1,225,090	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,501,245		4,501,245	35,544	4,536,789	90.00
90.01	09001	FAMILY PRACTICE	1,881,522		1,881,522	0	1,881,522	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,556,883		1,556,883	0	1,556,883	90.02
90.03	09003	CHEMO	4,054,247		4,054,247	0	4,054,247	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,347,492		1,347,492	0	1,347,492	90.04
90.05	09005	PAIN MANAGEMENT	4,446,169		4,446,169	2,942	4,449,111	90.05
90.06	09006	WOUND CARE	2,759,871		2,759,871	0	2,759,871	90.06
90.07	09007	SLEEP CENTER	3,810,889		3,810,889	0	3,810,889	90.07
90.08	09008	HEMATOLOGY	1,462,345		1,462,345	0	1,462,345	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,253,254		1,253,254	414	1,253,668	90.09
90.10	09010	DIABETES CENTER	385,777		385,777	0	385,777	90.10
91.00	09100	EMERGENCY	35,494,506		35,494,506	2,437,982	37,932,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,867,050		11,867,050	0	11,867,050	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,658,973		11,658,973	0	11,658,973	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,584,825		11,584,825	0	11,584,825	96.00
200.00		Subtotal (see instructions)	705,984,404	0	705,984,404	4,510,010	710,494,414	200.00
201.00		Less Observation Beds	11,867,050		11,867,050		11,867,050	201.00
202.00		Total (see instructions)	694,117,354	0	694,117,354	4,510,010	698,627,364	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet C
Part I
Date/Time Prepared:
2/25/2022 10:54 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			
		Hospital			PPS		
		Title XIX					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	214,581,561		214,581,561		30.00
31.00	03100	INTENSIVE CARE UNIT	85,237,948		85,237,948		31.00
32.00	03200	CORONARY CARE UNIT	19,864,245		19,864,245		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	186,192,326	284,400,771	470,593,097	0.217136	50.00
51.00	05100	RECOVERY ROOM	11,173,873	13,160,234	24,334,107	0.478529	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,127,210	135,845,349	164,972,559	0.109394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,993,564	96,786,107	110,779,671	0.161413	55.00
56.00	05600	RADIOISOTOPE	5,027,379	16,290,438	21,317,817	0.132732	56.00
57.00	05700	CT SCAN	59,597,905	115,341,899	174,939,804	0.059066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,647,419	36,375,544	49,022,963	0.155826	58.00
59.00	05900	CARDIAC CATHETERIZATION	80,456,576	64,034,347	144,490,923	0.146359	59.00
60.00	06000	LABORATORY	87,655,372	255,517,632	343,173,004	0.172871	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,716,610	4,710,884	22,427,494	0.237004	63.00
64.00	06400	INTRAVENOUS THERAPY	7,935,587	315,287	8,250,874	0.443179	64.00
65.00	06500	RESPIRATORY THERAPY	78,531,037	7,465,800	85,996,837	0.117456	65.00
66.00	06600	PHYSICAL THERAPY	55,531,544	36,032,958	91,564,502	0.125570	66.00
69.00	06900	ELECTROCARDIOLOGY	31,031,126	50,523,668	81,554,794	0.094620	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,356,427	21,984,606	45,341,033	0.204474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,111,947	46,356,104	108,468,051	0.286549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,614,672	259,438,182	451,052,854	0.214612	73.00
74.00	07400	RENAL DIALYSIS	11,944,325	1,937,792	13,882,117	0.172185	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	76.00
76.01	03160	PULMONARY REHAB	362	446,578	446,940	0.881649	76.01
76.97	07697	CARDIAC REHABILITATION	940	3,661,675	3,662,615	0.334485	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,070	4,266,707	4,278,777	1.051993	90.00
90.01	09001	FAMILY PRACTICE	7,099	3,280,810	3,287,909	0.572255	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	9,369,084	9,369,084	0.166172	90.02
90.03	09003	CHEMO	161,725	32,422,071	32,583,796	0.124425	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	2,808	826,729	829,537	1.624390	90.04
90.05	09005	PAIN MANAGEMENT	611	25,979,249	25,979,860	0.171139	90.05
90.06	09006	WOUND CARE	623,967	14,644,623	15,268,590	0.180755	90.06
90.07	09007	SLEEP CENTER	13,064	9,375,974	9,389,038	0.405887	90.07
90.08	09008	HEMATOLOGY	9,245	2,325,622	2,334,867	0.626308	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	387	1,477,401	1,477,788	0.848061	90.09
90.10	09010	DIABETES CENTER	466	608,517	608,983	0.633477	90.10
91.00	09100	EMERGENCY	103,803,469	173,389,448	277,192,917	0.128050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,461,613	14,971,057	20,432,670	0.580788	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	12,636,425	8,743,494	21,379,919	0.545324	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	38,432,284	38,432,284	0.301435	96.00
200.00		Subtotal (see instructions)	1,408,062,904	1,790,738,925	3,198,801,829		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,408,062,904	1,790,738,925	3,198,801,829		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/25/2022 10:54 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218352		50.00
51.00	05100	RECOVERY ROOM	0.478529		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111364		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161413		55.00
56.00	05600	RADIOISOTOPE	0.132732		56.00
57.00	05700	CT SCAN	0.059066		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.155826		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359		59.00
60.00	06000	LABORATORY	0.173808		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.237004		63.00
64.00	06400	INTRAVENOUS THERAPY	0.443179		64.00
65.00	06500	RESPIRATORY THERAPY	0.117460		65.00
66.00	06600	PHYSICAL THERAPY	0.125570		66.00
69.00	06900	ELECTROCARDIOLOGY	0.094620		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204474		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.286549		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214612		73.00
74.00	07400	RENAL DIALYSIS	0.172397		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000		76.00
76.01	03160	PULMONARY REHAB	0.898329		76.01
76.97	07697	CARDIAC REHABILITATION	0.334485		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.060300		90.00
90.01	09001	FAMILY PRACTICE	0.572255		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.166172		90.02
90.03	09003	CHEMO	0.124425		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.624390		90.04
90.05	09005	PAIN MANAGEMENT	0.171252		90.05
90.06	09006	WOUND CARE	0.180755		90.06
90.07	09007	SLEEP CENTER	0.405887		90.07
90.08	09008	HEMATOLOGY	0.626308		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.848341		90.09
90.10	09010	DIABETES CENTER	0.633477		90.10
91.00	09100	EMERGENCY	0.136845		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580788		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.545324		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.301435		96.00
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: 15-0082

Period: From 10/01/2020 To 09/30/2021

Worksheet C Part II Date/Time Prepared: 2/25/2022 10:54 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	102,182,792	11,305,609	90,877,183	0	0	50.00
51.00	05100	RECOVERY ROOM	11,644,578	1,665,801	9,978,777	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,047,018	2,538,043	15,508,975	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,881,314	620,758	17,260,556	0	0	55.00
56.00	05600	RADIOISOTOPE	2,829,561	162,926	2,666,635	0	0	56.00
57.00	05700	CT SCAN	10,333,040	2,051,767	8,281,273	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,639,059	1,942,277	5,696,782	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,147,484	2,608,252	18,539,232	0	0	59.00
60.00	06000	LABORATORY	59,324,759	3,421,250	55,903,509	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,315,403	108,540	5,206,863	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,656,618	161,097	3,495,521	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,100,865	762,392	9,338,473	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,497,731	353,441	11,144,290	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,716,679	988,787	6,727,892	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,271,051	88,430	9,182,621	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,081,439	295,192	30,786,247	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,801,572	1,039,107	95,762,465	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,390,299	38,844	2,351,455	0	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	394,044	25,565	368,479	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,225,090	183,318	1,041,772	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,501,245	365,935	4,135,310	0	0	90.00
90.01	09001	FAMILY PRACTICE	1,881,522	178,860	1,702,662	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,556,883	36,191	1,520,692	0	0	90.02
90.03	09003	CHEMO	4,054,247	487,385	3,566,862	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,347,492	54,918	1,292,574	0	0	90.04
90.05	09005	PAIN MANAGEMENT	4,446,169	391,922	4,054,247	0	0	90.05
90.06	09006	WOUND CARE	2,759,871	175,625	2,584,246	0	0	90.06
90.07	09007	SLEEP CENTER	3,810,889	246,490	3,564,399	0	0	90.07
90.08	09008	HEMATOLOGY	1,462,345	164,284	1,298,061	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,253,254	241,791	1,011,463	0	0	90.09
90.10	09010	DIABETES CENTER	385,777	8,425	377,352	0	0	90.10
91.00	09100	EMERGENCY	35,494,506	2,386,360	33,108,146	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,867,050	1,237,805	10,629,245	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,658,973	1,431,002	10,227,971	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,584,825	604,276	10,980,549	0	0	96.00
200.00		Subtotal (sum of lines 50 thru 199)	528,545,444	38,372,665	490,172,779	0	0	200.00
201.00		Less Observation Beds	11,867,050	1,237,805	10,629,245	0	0	201.00
202.00		Total (line 200 minus line 201)	516,678,394	37,134,860	479,543,534	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part II Date/Time Prepared: 2/25/2022 10:54 am
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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)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	102,182,792	470,593,097	0.217136	50.00
51.00	05100 RECOVERY ROOM	11,644,578	24,334,107	0.478529	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,047,018	164,972,559	0.109394	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	17,881,314	110,779,671	0.161413	55.00
56.00	05600 RADIOISOTOPE	2,829,561	21,317,817	0.132732	56.00
57.00	05700 CT SCAN	10,333,040	174,939,804	0.059066	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	7,639,059	49,022,963	0.155826	58.00
59.00	05900 CARDIAC CATHETERIZATION	21,147,484	144,490,923	0.146359	59.00
60.00	06000 LABORATORY	59,324,759	343,173,004	0.172871	60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	5,315,403	22,427,494	0.237004	63.00
64.00	06400 INTRAVENOUS THERAPY	3,656,618	8,250,874	0.443179	64.00
65.00	06500 RESPIRATORY THERAPY	10,100,865	85,996,837	0.117456	65.00
66.00	06600 PHYSICAL THERAPY	11,497,731	91,564,502	0.125570	66.00
69.00	06900 ELECTROCARDIOLOGY	7,716,679	81,554,794	0.094620	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,271,051	45,341,033	0.204474	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,081,439	108,468,051	0.286549	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	96,801,572	451,052,854	0.214612	73.00
74.00	07400 RENAL DIALYSIS	2,390,299	13,882,117	0.172185	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	0.000000	76.00
76.01	03160 PULMONARY REHAB	394,044	446,940	0.881649	76.01
76.97	07697 CARDIAC REHABILITATION	1,225,090	3,662,615	0.334485	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	4,501,245	4,278,777	1.051993	90.00
90.01	09001 FAMILY PRACTICE	1,881,522	3,287,909	0.572255	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,556,883	9,369,084	0.166172	90.02
90.03	09003 CHEMO	4,054,247	32,583,796	0.124425	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,347,492	829,537	1.624390	90.04
90.05	09005 PAIN MANAGEMENT	4,446,169	25,979,860	0.171139	90.05
90.06	09006 WOUND CARE	2,759,871	15,268,590	0.180755	90.06
90.07	09007 SLEEP CENTER	3,810,889	9,389,038	0.405887	90.07
90.08	09008 HEMATOLOGY	1,462,345	2,334,867	0.626308	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	1,253,254	1,477,788	0.848061	90.09
90.10	09010 DIABETES CENTER	385,777	608,983	0.633477	90.10
91.00	09100 EMERGENCY	35,494,506	277,192,917	0.128050	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,867,050	20,432,670	0.580788	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	11,658,973	21,379,919	0.545324	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,584,825	38,432,284	0.301435	96.00
200.00	Subtotal (sum of lines 50 thru 199)	528,545,444	2,879,118,075		200.00
201.00	Less Observation Beds	11,867,050	0		201.00
202.00	Total (line 200 minus line 201)	516,678,394	2,879,118,075		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part I Date/Time Prepared: 2/25/2022 10:54 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	14,415,155	0	14,415,155	135,802	106.15	30.00
31.00	INTENSIVE CARE UNIT	3,055,524		3,055,524	20,651	147.96	31.00
32.00	CORONARY CARE UNIT	407,381		407,381	4,538	89.77	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
200.00	Total (lines 30 through 199)	17,878,060		17,878,060	160,991		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	48,447	5,142,649				
31.00	INTENSIVE CARE UNIT	7,673	1,135,297				
32.00	CORONARY CARE UNIT	1,792	160,868				
40.00	SUBPROVIDER - IPF	0	0				
200.00	Total (lines 30 through 199)	57,912	6,438,814				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part II Date/Time Prepared: 2/25/2022 10:54 am		
Title XVIII			Hospital		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	11,305,609	470,593,097	0.024024	63,711,791	1,530,612	50.00	
51.00	05100	RECOVERY ROOM	1,665,801	24,334,107	0.068455	3,769,986	258,074	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,538,043	164,972,559	0.015385	11,319,675	174,153	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	620,758	110,779,671	0.005604	5,931,509	33,240	55.00	
56.00	05600	RADIOISOTOPE	162,926	21,317,817	0.007643	2,162,005	16,524	56.00	
57.00	05700	CT SCAN	2,051,767	174,939,804	0.011728	21,071,740	247,129	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,942,277	49,022,963	0.039620	4,419,386	175,096	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,608,252	144,490,923	0.018051	36,254,410	654,428	59.00	
60.00	06000	LABORATORY	3,421,250	343,173,004	0.009969	33,536,823	334,329	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	108,540	22,427,494	0.004840	6,989,568	33,830	63.00	
64.00	06400	INTRAVENOUS THERAPY	161,097	8,250,874	0.019525	2,904,672	56,714	64.00	
65.00	06500	RESPIRATORY THERAPY	762,392	85,996,837	0.008865	31,408,833	278,439	65.00	
66.00	06600	PHYSICAL THERAPY	353,441	91,564,502	0.003860	24,561,312	94,807	66.00	
69.00	06900	ELECTROCARDIOLOGY	988,787	81,554,794	0.012124	13,189,498	159,909	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,430	45,341,033	0.001950	7,729,797	15,073	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	295,192	108,468,051	0.002721	28,658,033	77,979	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,039,107	451,052,854	0.002304	72,934,221	168,040	73.00	
74.00	07400	RENAL DIALYSIS	38,844	13,882,117	0.002798	5,344,916	14,955	74.00	
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00	
76.01	03160	PULMONARY REHAB	25,565	446,940	0.057200	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	183,318	3,662,615	0.050051	886	44	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	365,935	4,278,777	0.085523	6,313	540	90.00	
90.01	09001	FAMILY PRACTICE	178,860	3,287,909	0.054399	1,229	67	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	36,191	9,369,084	0.003863	0	0	90.02	
90.03	09003	CHEMO	487,385	32,583,796	0.014958	89,642	1,341	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	54,918	829,537	0.066203	1,229	81	90.04	
90.05	09005	PAIN MANAGEMENT	391,922	25,979,860	0.015086	488	7	90.05	
90.06	09006	WOUND CARE	175,625	15,268,590	0.011502	244,285	2,810	90.06	
90.07	09007	SLEEP CENTER	246,490	9,389,038	0.026253	606	16	90.07	
90.08	09008	HEMATOLOGY	164,284	2,334,867	0.070361	5,387	379	90.08	
90.09	09009	MULTI-SPECIALTY SERVICES	241,791	1,477,788	0.163617	118	19	90.09	
90.10	09010	DIABETES CENTER	8,425	608,983	0.013835	0	0	90.10	
91.00	09100	EMERGENCY	2,386,360	277,192,917	0.008609	37,707,708	324,626	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,237,805	20,432,670	0.060580	2,620,760	158,766	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,431,002	21,379,919	0.066932	5,178,732	346,623	92.01	
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	604,276	38,432,284	0.015723	0	0	96.00	
200.00		Total (lines 50 through 199)	38,372,665	2,879,118,075		421,755,558	5,158,650	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part III Date/Time Prepared: 2/25/2022 10:54 am
Title XVIII		Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	2,042,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	254,993	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32,351	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
200.00		Total (lines 30 through 199)	0	0	2,329,899	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,042,555	135,802	15.04	30.00
31.00	03100	INTENSIVE CARE UNIT		254,993	20,651	12.35	31.00
32.00	03200	CORONARY CARE UNIT		32,351	4,538	7.13	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	40.00
200.00		Total (lines 30 through 199)		2,329,899	160,991		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	728,643
31.00	03100	INTENSIVE CARE UNIT	94,762
32.00	03200	CORONARY CARE UNIT	12,777
40.00	04000	SUBPROVIDER - IPF	0
200.00		Total (lines 30 through 199)	836,182

30.00	03000	ADULTS & PEDIATRICS	728,643	30.00
31.00	03100	INTENSIVE CARE UNIT	94,762	31.00
32.00	03200	CORONARY CARE UNIT	12,777	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
200.00		Total (lines 30 through 199)	836,182	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:54 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	21,055	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	15,911	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	159	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	7,319	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	477	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	17,342	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	12,569	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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,296	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	468,006	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01 03160 PULMONARY REHAB	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	4,243	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 CHEMO	0	0	0	0	902	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06 09006 WOUND CARE	0	0	0	0	4,879	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0	0	0	0	1,379	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0	90.10
91.00 09100 EMERGENCY	0	0	0	0	91,432	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	175,395	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	63,642	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (Lines 50 through 199)	0	0	0	889,006	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:54 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	21,055	21,055	470,593,097	0.000045		50.00
51.00 05100 RECOVERY ROOM	0	15,911	15,911	24,334,107	0.000654		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	159	159	164,972,559	0.000001		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	7,319	7,319	110,779,671	0.000066		55.00
56.00 05600 RADIOISOTOPE	0	477	477	21,317,817	0.000022		56.00
57.00 05700 CT SCAN	0	0	0	174,939,804	0.000000		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	49,022,963	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	17,342	17,342	144,490,923	0.000120		59.00
60.00 06000 LABORATORY	0	0	0	343,173,004	0.000000		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	22,427,494	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	12,569	12,569	8,250,874	0.001523		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	85,996,837	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	91,564,502	0.000000		66.00
69.00 06900 ELECTROCARDIOLOGY	0	4,296	4,296	81,554,794	0.000053		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	45,341,033	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	108,468,051	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	468,006	468,006	451,052,854	0.001038		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	13,882,117	0.000000		74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0.000000		76.00
76.01 03160 PULMONARY REHAB	0	0	0	446,940	0.000000		76.01
76.97 07697 CARDIAC REHABILITATION	0	4,243	4,243	3,662,615	0.001158		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	4,278,777	0.000000		90.00
90.01 09001 FAMILY PRACTICE	0	0	0	3,287,909	0.000000		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	9,369,084	0.000000		90.02
90.03 09003 CHEMO	0	902	902	32,583,796	0.000028		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	829,537	0.000000		90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	25,979,860	0.000000		90.05
90.06 09006 WOUND CARE	0	4,879	4,879	15,268,590	0.000320		90.06
90.07 09007 SLEEP CENTER	0	0	0	9,389,038	0.000000		90.07
90.08 09008 HEMATOLOGY	0	1,379	1,379	2,334,867	0.000591		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	1,477,788	0.000000		90.09
90.10 09010 DIABETES CENTER	0	0	0	608,983	0.000000		90.10
91.00 09100 EMERGENCY	0	91,432	91,432	277,192,917	0.000330		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	175,395	175,395	20,432,670	0.008584		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	63,642	63,642	21,379,919	0.002977		92.01
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	38,432,284	0.000000		96.00
200.00 Total (lines 50 through 199)	0	889,006	889,006	2,879,118,075			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 10:54 am

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 before Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	PPS	
		9.00	10.00	11.00	12.00	12.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000045	63,711,791	2,867	52,851,905	0 50.00	
51.00	05100	RECOVERY ROOM	0.000654	3,769,986	2,466	2,942,694	0 51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000001	11,319,675	11	23,166,328	0 54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000066	5,931,509	391	35,632,566	0 55.00	
56.00	05600	RADIOISOTOPE	0.000022	2,162,005	48	4,582,940	0 56.00	
57.00	05700	CT SCAN	0.000000	21,071,740	0	32,694,332	0 57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,419,386	0	11,034,348	0 58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000120	36,254,410	4,351	25,235,915	0 59.00	
60.00	06000	LABORATORY	0.000000	33,536,823	0	14,569,577	0 60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	6,989,568	0	832,310	0 63.00	
64.00	06400	INTRAVENOUS THERAPY	0.001523	2,904,672	4,424	51,837	0 64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	31,408,833	0	1,849,758	0 65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	24,561,312	0	315,087	0 66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000053	13,189,498	699	17,256,439	0 69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,729,797	0	4,460,113	0 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,658,033	0	14,187,913	0 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001038	72,934,221	75,706	88,987,855	0 73.00	
74.00	07400	RENAL DIALYSIS	0.000000	5,344,916	0	1,178	0 74.00	
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0 76.00	
76.01	03160	PULMONARY REHAB	0.000000	0	0	187,479	0 76.01	
76.97	07697	CARDIAC REHABILITATION	0.001158	886	1	1,433,316	0 76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	6,313	0	1,539,432	0 90.00	
90.01	09001	FAMILY PRACTICE	0.000000	1,229	0	151,642	0 90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	388,876	0 90.02	
90.03	09003	CHEMO	0.000028	89,642	3	11,043,711	0 90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0.000000	1,229	0	422,023	0 90.04	
90.05	09005	PAIN MANAGEMENT	0.000000	488	0	9,124,209	0 90.05	
90.06	09006	WOUND CARE	0.000320	244,285	78	6,253,678	0 90.06	
90.07	09007	SLEEP CENTER	0.000000	606	0	2,483,183	0 90.07	
90.08	09008	HEMATOLOGY	0.000591	5,387	3	804,660	0 90.08	
90.09	09009	MULTI-SPECIALTY SERVICES	0.000000	118	0	232,826	0 90.09	
90.10	09010	DIABETES CENTER	0.000000	0	0	54,919	0 90.10	
91.00	09100	EMERGENCY	0.000330	37,707,708	12,444	28,058,374	0 91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.008584	2,620,760	22,497	2,695,603	0 92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.002977	5,178,732	15,417	1,699,386	0 92.01	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00	
200.00		Total (lines 50 through 199)		421,755,558	141,406	397,226,412	0 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:54 am
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Title XVIII	Hospital	PPS
		13.00	13.01			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,378	0			50.00
51.00	05100 RECOVERY ROOM	1,925	0			51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,352	0			55.00
56.00	05600 RADIOISOTOPE	101	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	3,028	0			59.00
60.00	06000 LABORATORY	0	0			60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	79	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
69.00	06900 ELECTROCARDIOLOGY	915	0			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,369	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0			76.00
76.01	03160 PULMONARY REHAB	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	1,660	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 FAMILY PRACTICE	0	0			90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0			90.02
90.03	09003 CHEMO	309	0			90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0			90.04
90.05	09005 PAIN MANAGEMENT	0	0			90.05
90.06	09006 WOUND CARE	2,001	0			90.06
90.07	09007 SLEEP CENTER	0	0			90.07
90.08	09008 HEMATOLOGY	476	0			90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0			90.09
90.10	09010 DIABETES CENTER	0	0			90.10
91.00	09100 EMERGENCY	9,259	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	23,139	0			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	5,059	0			92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
200.00	Total (lines 50 through 199)	145,073	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/25/2022 10:54 am
		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	0.217136	52,851,905	0	213	11,476,051
51.00 05100 RECOVERY ROOM	0.478529	2,942,694	0	1	1,408,164
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.109394	23,166,328	0	2,555	2,534,257
55.00 05500 RADIOLOGY-THERAPEUTIC	0.161413	35,632,566	0	213	5,751,559
56.00 05600 RADIOISOTOPE	0.132732	4,582,940	0	0	608,303
57.00 05700 CT SCAN	0.059066	32,694,332	1	4,045	1,931,123
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.155826	11,034,348	0	1,277	1,719,438
59.00 05900 CARDIAC CATHETERIZATION	0.146359	25,235,915	0	213	3,693,503
60.00 06000 LABORATORY	0.172871	14,569,577	0	0	2,518,657
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.237004	832,310	0	0	197,261
64.00 06400 INTRAVENOUS THERAPY	0.443179	51,837	0	0	22,973
65.00 06500 RESPIRATORY THERAPY	0.117456	1,849,758	0	0	217,265
66.00 06600 PHYSICAL THERAPY	0.125570	315,087	0	0	39,565
69.00 06900 ELECTROCARDIOLOGY	0.094620	17,256,439	0	1,490	1,632,804
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204474	4,460,113	0	0	911,977
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.286549	14,187,913	0	0	4,065,532
73.00 07300 DRUGS CHARGED TO PATIENTS	0.214612	88,987,855	35	199,928	19,097,862
74.00 07400 RENAL DIALYSIS	0.172185	1,178	0	0	203
76.00 03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0
76.01 03160 PULMONARY REHAB	0.881649	187,479	0	0	165,291
76.97 07697 CARDIAC REHABILITATION	0.334485	1,433,316	0	0	479,423
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.051993	1,539,432	0	0	1,619,472
90.01 09001 FAMILY PRACTICE	0.572255	151,642	0	2	86,778
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0.166172	388,876	0	0	64,620
90.03 09003 CHEMO	0.124425	11,043,711	0	277	1,374,114
90.04 09004 PRIMARY CARE FOR SENIORS	1.624390	422,023	0	8	685,530
90.05 09005 PAIN MANAGEMENT	0.171139	9,124,209	0	0	1,561,508
90.06 09006 WOUND CARE	0.180755	6,253,678	1	2,981	1,130,384
90.07 09007 SLEEP CENTER	0.405887	2,483,183	0	0	1,007,892
90.08 09008 HEMATOLOGY	0.626308	804,660	0	1	503,965
90.09 09009 MULTI-SPECIALTY SERVICES	0.848061	232,826	0	0	197,451
90.10 09010 DIABETES CENTER	0.633477	54,919	0	0	34,790
91.00 09100 EMERGENCY	0.128050	28,058,374	0	9	3,592,875
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.580788	2,695,603	0	1	1,565,574
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.545324	1,699,386	0	1	926,716
OTHER REIMBURSABLE COST CENTERS					
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.301435	0	0	0	0
200.00		397,226,412	37	213,215	72,822,880
201.00			0	0	
202.00		397,226,412	37	213,215	72,822,880

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/25/2022 10:54 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	46	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	280	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	34	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	239	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	199	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	31	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
69.00	06900 ELECTROCARDIOLOGY	0	141	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8	42,907	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	76.00
76.01	03160 PULMONARY REHAB	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 FAMILY PRACTICE	0	1	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	90.02
90.03	09003 CHEMO	0	34	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	13	90.04
90.05	09005 PAIN MANAGEMENT	0	0	90.05
90.06	09006 WOUND CARE	0	539	90.06
90.07	09007 SLEEP CENTER	0	0	90.07
90.08	09008 HEMATOLOGY	0	1	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0	90.09
90.10	09010 DIABETES CENTER	0	0	90.10
91.00	09100 EMERGENCY	0	1	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1	92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	8	44,468	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	8	44,468	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part I Date/Time Prepared: 2/25/2022 10:54 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XIX Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	14,415,155	0	14,415,155	135,802	106.15	30.00	
31.00	INTENSIVE CARE UNIT	3,055,524		3,055,524	20,651	147.96	31.00	
32.00	CORONARY CARE UNIT	407,381		407,381	4,538	89.77	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
200.00	Total (lines 30 through 199)	17,878,060		17,878,060	160,991		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	4,578	485,955					30.00
31.00	INTENSIVE CARE UNIT	160	23,674					31.00
32.00	CORONARY CARE UNIT	9	808					32.00
40.00	SUBPROVIDER - IPF	0	0					40.00
200.00	Total (lines 30 through 199)	4,747	510,437					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part II Date/Time Prepared: 2/25/2022 10:54 am	
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	11,305,609	470,593,097	0.024024	3,550,649	85,301	50.00
51.00	05100	RECOVERY ROOM	1,665,801	24,334,107	0.068455	206,991	14,170	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,538,043	164,972,559	0.015385	639,665	9,841	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	620,758	110,779,671	0.005604	365,388	2,048	55.00
56.00	05600	RADIOISOTOPE	162,926	21,317,817	0.007643	90,863	694	56.00
57.00	05700	CT SCAN	2,051,767	174,939,804	0.011728	1,210,157	14,193	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,942,277	49,022,963	0.039620	301,454	11,944	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,608,252	144,490,923	0.018051	689,787	12,451	59.00
60.00	06000	LABORATORY	3,421,250	343,173,004	0.009969	2,110,530	21,040	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	108,540	22,427,494	0.004840	496,429	2,403	63.00
64.00	06400	INTRAVENOUS THERAPY	161,097	8,250,874	0.019525	234,626	4,581	64.00
65.00	06500	RESPIRATORY THERAPY	762,392	85,996,837	0.008865	2,064,267	18,300	65.00
66.00	06600	PHYSICAL THERAPY	353,441	91,564,502	0.003860	1,177,530	4,545	66.00
69.00	06900	ELECTROCARDIOLOGY	988,787	81,554,794	0.012124	509,281	6,175	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,430	45,341,033	0.001950	388,588	758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	295,192	108,468,051	0.002721	728,954	1,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,039,107	451,052,854	0.002304	5,339,793	12,303	73.00
74.00	07400	RENAL DIALYSIS	38,844	13,882,117	0.002798	452,206	1,265	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00
76.01	03160	PULMONARY REHAB	25,565	446,940	0.057200	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	183,318	3,662,615	0.050051	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	365,935	4,278,777	0.085523	0	0	90.00
90.01	09001	FAMILY PRACTICE	178,860	3,287,909	0.054399	581	32	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	36,191	9,369,084	0.003863	0	0	90.02
90.03	09003	CHEMO	487,385	32,583,796	0.014958	485	7	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	54,918	829,537	0.066203	0	0	90.04
90.05	09005	PAIN MANAGEMENT	391,922	25,979,860	0.015086	0	0	90.05
90.06	09006	WOUND CARE	175,625	15,268,590	0.011502	33,296	383	90.06
90.07	09007	SLEEP CENTER	246,490	9,389,038	0.026253	0	0	90.07
90.08	09008	HEMATOLOGY	164,284	2,334,867	0.070361	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	241,791	1,477,788	0.163617	0	0	90.09
90.10	09010	DIABETES CENTER	8,425	608,983	0.013835	0	0	90.10
91.00	09100	EMERGENCY	2,386,360	277,192,917	0.008609	2,284,353	19,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,237,805	20,432,670	0.060580	132,215	8,010	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,431,002	21,379,919	0.066932	121,881	8,158	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	604,276	38,432,284	0.015723	0	0	96.00
200.00		Total (lines 50 through 199)	38,372,665	2,879,118,075		23,129,969	260,251	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part III Date/Time Prepared: 2/25/2022 10:54 am
Title XIX			Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	2,042,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	254,993	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32,351	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
200.00		Total (lines 30 through 199)	0	0	2,329,899	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,042,555	135,802	15.04	30.00
31.00	03100	INTENSIVE CARE UNIT		254,993	20,651	12.35	31.00
32.00	03200	CORONARY CARE UNIT		32,351	4,538	7.13	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	40.00
200.00		Total (lines 30 through 199)		2,329,899	160,991	4,747	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	68,853
31.00	03100	INTENSIVE CARE UNIT	1,976
32.00	03200	CORONARY CARE UNIT	64
40.00	04000	SUBPROVIDER - IPF	0
200.00		Total (lines 30 through 199)	70,893

30.00	03000	ADULTS & PEDIATRICS	68,853	30.00
31.00	03100	INTENSIVE CARE UNIT	1,976	31.00
32.00	03200	CORONARY CARE UNIT	64	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
200.00		Total (lines 30 through 199)	70,893	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:54 am
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	21,055		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	15,911		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	159		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	7,319		55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	477		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	17,342		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	12,569		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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,296		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	468,006		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0		74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0		76.00
76.01 03160 PULMONARY REHAB	0	0	0	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	4,243		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 FAMILY PRACTICE	0	0	0	0	0		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0		90.02
90.03 09003 CHEMO	0	0	0	0	902		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0		90.05
90.06 09006 WOUND CARE	0	0	0	0	4,879		90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0		90.07
90.08 09008 HEMATOLOGY	0	0	0	0	1,379		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0		90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0		90.10
91.00 09100 EMERGENCY	0	0	0	0	91,432		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	175,395		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	63,642		92.01
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
200.00	Total (Lines 50 through 199)	0	0	0	889,006		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:54 am
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Cost Center Description	All Other Medical Education Cost	Title XIX		Hospital	PPS	
		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	21,055	21,055	470,593,097	0.000045	50.00
51.00 05100 RECOVERY ROOM	0	15,911	15,911	24,334,107	0.000654	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	159	159	164,972,559	0.000001	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	7,319	7,319	110,779,671	0.000066	55.00
56.00 05600 RADIOISOTOPE	0	477	477	21,317,817	0.000022	56.00
57.00 05700 CT SCAN	0	0	0	174,939,804	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	49,022,963	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	17,342	17,342	144,490,923	0.000120	59.00
60.00 06000 LABORATORY	0	0	0	343,173,004	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	22,427,494	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	12,569	12,569	8,250,874	0.001523	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	85,996,837	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	91,564,502	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	4,296	4,296	81,554,794	0.000053	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	45,341,033	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	108,468,051	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	468,006	468,006	451,052,854	0.001038	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	13,882,117	0.000000	74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0.000000	76.00
76.01 03160 PULMONARY REHAB	0	0	0	446,940	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	4,243	4,243	3,662,615	0.001158	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,278,777	0.000000	90.00
90.01 09001 FAMILY PRACTICE	0	0	0	3,287,909	0.000000	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	9,369,084	0.000000	90.02
90.03 09003 CHEMO	0	902	902	32,583,796	0.000028	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	829,537	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	25,979,860	0.000000	90.05
90.06 09006 WOUND CARE	0	4,879	4,879	15,268,590	0.000320	90.06
90.07 09007 SLEEP CENTER	0	0	0	9,389,038	0.000000	90.07
90.08 09008 HEMATOLOGY	0	1,379	1,379	2,334,867	0.000591	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	1,477,788	0.000000	90.09
90.10 09010 DIABETES CENTER	0	0	0	608,983	0.000000	90.10
91.00 09100 EMERGENCY	0	91,432	91,432	277,192,917	0.000330	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	175,395	175,395	20,432,670	0.008584	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	63,642	63,642	21,379,919	0.002977	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	38,432,284	0.000000	96.00
200.00 Total (lines 50 through 199)	0	889,006	889,006	2,879,118,075		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:54 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 before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000045	3,550,649	160	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000654	206,991	135	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000001	639,665	1	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000066	365,388	24	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000022	90,863	2	0	0	56.00
57.00 05700 CT SCAN	0.000000	1,210,157	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	301,454	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000120	689,787	83	0	0	59.00
60.00 06000 LABORATORY	0.000000	2,110,530	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	496,429	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.001523	234,626	357	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	2,064,267	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	1,177,530	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000053	509,281	27	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	388,588	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	728,954	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001038	5,339,793	5,543	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	452,206	0	0	0	74.00
76.00 03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01 03160 PULMONARY REHAB	0.000000	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0.001158	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE	0.000000	581	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03 09003 CHEMO	0.000028	485	0	0	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.000000	0	0	0	0	90.05
90.06 09006 WOUND CARE	0.000320	33,296	11	0	0	90.06
90.07 09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0.000591	0	0	0	0	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0.000000	0	0	0	0	90.09
90.10 09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
91.00 09100 EMERGENCY	0.000330	2,284,353	754	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.008584	132,215	1,135	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.002977	121,881	363	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00 Total (lines 50 through 199)		23,129,969	8,595	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 10:54 am
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	
		13.00	13.01	
Title XIX				
		Hospital		PPS
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
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	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	76.00
76.01	03160 PULMONARY REHAB	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 FAMILY PRACTICE	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	90.02
90.03	09003 CHEMO	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	90.05
90.06	09006 WOUND CARE	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0	90.09
90.10	09010 DIABETES CENTER	0	0	90.10
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/25/2022 10:54 am
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		Title XIX		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	0.217136	0	0	2,265,475	0	50.00
51.00	05100	RECOVERY ROOM	0.478529	0	0	211,231	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109394	0	0	1,324,122	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161413	0	0	1,061,791	0	55.00
56.00	05600	RADIOISOTOPE	0.132732	0	0	1,839,868	0	56.00
57.00	05700	CT SCAN	0.059066	0	0	2,246,056	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.155826	0	0	485,749	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	0	0	282,814	0	59.00
60.00	06000	LABORATORY	0.172871	0	0	3,144,522	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.237004	0	0	87,059	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.443179	0	0	8,908	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.117456	0	0	117,903	0	65.00
66.00	06600	PHYSICAL THERAPY	0.125570	0	0	111,657	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094620	0	0	270,916	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204474	0	0	232,531	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.286549	0	0	193,350	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214612	0	0	2,819,708	0	73.00
74.00	07400	RENAL DIALYSIS	0.172185	0	0	44,532	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0.881649	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.334485	0	0	6,127	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.051993	0	0	17,985	0	90.00
90.01	09001	FAMILY PRACTICE	0.572255	0	0	143,629	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.166172	0	0	0	0	90.02
90.03	09003	CHEMO	0.124425	0	0	298,362	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.624390	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.171139	0	0	101,802	0	90.05
90.06	09006	WOUND CARE	0.180755	0	0	161,231	0	90.06
90.07	09007	SLEEP CENTER	0.405887	0	0	81,436	0	90.07
90.08	09008	HEMATOLOGY	0.626308	0	0	22,838	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.848061	0	0	9,327	0	90.09
90.10	09010	DIABETES CENTER	0.633477	0	0	5,341	0	90.10
91.00	09100	EMERGENCY	0.128050	0	0	5,193,130	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580788	0	0	491,144	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.545324	0	0	212,660	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.301435	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	0	23,493,204	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	23,493,204	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/25/2022 10:54 am
		Title XIX	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	491,916	50.00
51.00 05100	RECOVERY ROOM	0	101,080	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	144,851	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	171,387	55.00
56.00 05600	RADIOISOTOPE	0	244,209	56.00
57.00 05700	CT SCAN	0	132,666	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	75,692	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	41,392	59.00
60.00 06000	LABORATORY	0	543,597	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	20,633	63.00
64.00 06400	INTRAVENOUS THERAPY	0	3,948	64.00
65.00 06500	RESPIRATORY THERAPY	0	13,848	65.00
66.00 06600	PHYSICAL THERAPY	0	14,021	66.00
69.00 06900	ELECTROCARDIOLOGY	0	25,634	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,547	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,404	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	605,143	73.00
74.00 07400	RENAL DIALYSIS	0	7,668	74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0	76.00
76.01 03160	PULMONARY REHAB	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	2,049	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	18,920	90.00
90.01 09001	FAMILY PRACTICE	0	82,192	90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	90.02
90.03 09003	CHEMO	0	37,124	90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	90.04
90.05 09005	PAIN MANAGEMENT	0	17,422	90.05
90.06 09006	WOUND CARE	0	29,143	90.06
90.07 09007	SLEEP CENTER	0	33,054	90.07
90.08 09008	HEMATOLOGY	0	14,304	90.08
90.09 09009	MULTI-SPECIALTY SERVICES	0	7,910	90.09
90.10 09010	DIABETES CENTER	0	3,383	90.10
91.00 09100	EMERGENCY	0	664,980	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	285,251	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	115,969	92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	0	4,052,337	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	4,052,337	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:54 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)		135,802	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		135,802	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)		124,141	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)		48,447	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)		138,201,025	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)		138,201,025	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)		138,201,025	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,017.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		49,303,058	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)		49,303,058	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:54 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	33,569,109	20,651	1,625.54	7,673	12,472,768	43.00	
44.00	6,472,597	4,538	1,426.31	1,792	2,555,948	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					78,195,913	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					142,527,687	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)					7,274,996	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,300,056	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,575,052	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					129,952,635	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)					11,661	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,017.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,867,050	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/25/2022 10:54 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	14,415,155	138,201,025	0.104306	11,867,050	1,237,805	90.00
91.00	Nursing Program cost	0	138,201,025	0.000000	11,867,050	0	91.00
92.00	Allied health cost	2,042,555	138,201,025	0.014780	11,867,050	175,395	92.00
93.00	All other Medical Education	0	138,201,025	0.000000	11,867,050	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:54 am
Cost Center Description		Title XIX	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)		135,802	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		135,802	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)		124,141	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)		4,578	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)		138,201,025	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)		138,201,025	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)		138,201,025	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,017.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,658,893	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,658,893	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 10:54 am
Cost Center Description			Title XIX	Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	33,569,109	20,651	1,625.54	160	260,086
44.00	6,472,597	4,538	1,426.31	9	12,837
45.00					
46.00					
47.00					
Cost Center Description					
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				4,237,555
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				9,169,371
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				581,330
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				268,846
52.00	Total Program excludable cost (sum of lines 50 and 51)				850,176
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				8,319,195
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
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)				11,661
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,017.67
89.00	Observation bed cost (line 87 x line 88) (see instructions)				11,867,050

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/25/2022 10:54 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	14,415,155	138,201,025	0.104306	11,867,050	1,237,805	90.00
91.00	Nursing Program cost	0	138,201,025	0.000000	11,867,050	0	91.00
92.00	Allied health cost	2,042,555	138,201,025	0.014780	11,867,050	175,395	92.00
93.00	All other Medical Education	0	138,201,025	0.000000	11,867,050	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 10:54 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		75,215,657	30.00
31.00	03100	INTENSIVE CARE UNIT		30,740,158	31.00
32.00	03200	CORONARY CARE UNIT		7,393,823	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218352	63,711,791	50.00
51.00	05100	RECOVERY ROOM	0.478529	3,769,986	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111364	11,319,675	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161413	5,931,509	55.00
56.00	05600	RADIOISOTOPE	0.132732	2,162,005	56.00
57.00	05700	CT SCAN	0.059066	21,071,740	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.155826	4,419,386	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	36,254,410	59.00
60.00	06000	LABORATORY	0.173808	33,536,823	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.237004	6,989,568	63.00
64.00	06400	INTRAVENOUS THERAPY	0.443179	2,904,672	64.00
65.00	06500	RESPIRATORY THERAPY	0.117460	31,408,833	65.00
66.00	06600	PHYSICAL THERAPY	0.125570	24,561,312	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094620	13,189,498	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204474	7,729,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.286549	28,658,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214612	72,934,221	73.00
74.00	07400	RENAL DIALYSIS	0.172397	5,344,916	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.898329	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.334485	886	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.060300	6,313	90.00
90.01	09001	FAMILY PRACTICE	0.572255	1,229	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.166172	0	90.02
90.03	09003	CHEMO	0.124425	89,642	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.624390	1,229	90.04
90.05	09005	PAIN MANAGEMENT	0.171252	488	90.05
90.06	09006	WOUND CARE	0.180755	244,285	90.06
90.07	09007	SLEEP CENTER	0.405887	606	90.07
90.08	09008	HEMATOLOGY	0.626308	5,387	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.848341	118	90.09
90.10	09010	DIABETES CENTER	0.633477	0	90.10
91.00	09100	EMERGENCY	0.136845	37,707,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580788	2,620,760	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.545324	5,178,732	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.301435	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		421,755,558	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)		421,755,558	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 10:54 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		7,017,705	30.00
31.00	03100	INTENSIVE CARE UNIT		2,709,958	31.00
32.00	03200	CORONARY CARE UNIT		362,351	32.00
40.00	04000	SUBPROVIDER - I/P		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218352	3,550,649	50.00
51.00	05100	RECOVERY ROOM	0.478529	206,991	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111364	639,665	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161413	365,388	55.00
56.00	05600	RADIOISOTOPE	0.132732	90,863	56.00
57.00	05700	CT SCAN	0.059066	1,210,157	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.155826	301,454	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	689,787	59.00
60.00	06000	LABORATORY	0.173808	2,110,530	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.237004	496,429	63.00
64.00	06400	INTRAVENOUS THERAPY	0.443179	234,626	64.00
65.00	06500	RESPIRATORY THERAPY	0.117460	2,064,267	65.00
66.00	06600	PHYSICAL THERAPY	0.125570	1,177,530	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094620	509,281	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204474	388,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.286549	728,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214612	5,339,793	73.00
74.00	07400	RENAL DIALYSIS	0.172397	452,206	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.898329	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.334485	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.060300	0	90.00
90.01	09001	FAMILY PRACTICE	0.572255	581	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.166172	0	90.02
90.03	09003	CHEMO	0.124425	485	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.624390	0	90.04
90.05	09005	PAIN MANAGEMENT	0.171252	0	90.05
90.06	09006	WOUND CARE	0.180755	33,296	90.06
90.07	09007	SLEEP CENTER	0.405887	0	90.07
90.08	09008	HEMATOLOGY	0.626308	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.848341	0	90.09
90.10	09010	DIABETES CENTER	0.633477	0	90.10
91.00	09100	EMERGENCY	0.136845	2,284,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580788	132,215	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.545324	121,881	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.301435	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		23,129,969	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)		23,129,969	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 10:54 am	
		Title XVIII	Hospital	PPS	
		Before GEO Reclass	1.00	On/After GEO Reclass	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		126,319,122	3,313,569	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount		0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,528,036	34,835	2.04
3.00	Managed Care Simulated Payments		62,232,065	2,230,958	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		516.92		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)		15.30		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)		15.30		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.35		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)		15.30		12.00
13.00	Total allowable FTE count for the prior year.		18.27		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.		16.19		14.00
15.00	Sum of lines 12 through 14 divided by 3.		16.59		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		16.59		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.032094		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.032225		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.032094		21.00
22.00	IME payment adjustment (see instructions)		2,195,805	57,600	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,081,780	38,781	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).		2.22		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.05		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)		2.22		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004295		26.00
27.00	IME payments adjustment factor. (see instructions)		0.001146		27.00
28.00	IME add-on adjustment amount (see instructions)		144,762	3,797	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		71,318	2,557	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,340,567	61,397	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,153,098	41,338	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.63		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.57		31.00
32.00	Sum of lines 30 and 31		25.20		32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.01	10.01	33.00
34.00	Disproportionate share adjustment (see instructions)		3,161,136	82,922	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 10:54 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)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000605574	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	5,020,219	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	5,020,219	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,020,219		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
		Before GEO Recl ass	On/After GEO Recl ass		
		1.00	1.01		
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)		138,231,541	3,630,262	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0	48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			143,056,239	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			10,682,638	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).			976,369	52.00
53.00	Nursing and Allied Health Managed Care payment			199,241	53.00
54.00	Special add-on payments for new technologies			318,610	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).			836,182	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			141,406	58.00
59.00	Total (sum of amounts on lines 49 through 58)			156,210,685	59.00
60.00	Primary payer payments			49,723	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			156,160,962	61.00
62.00	Deductibles billed to program beneficiaries			11,953,679	62.00
63.00	Coinsurance billed to program beneficiaries			371,180	63.00
64.00	Allowable bad debts (see instructions)			1,243,167	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			808,059	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			790,200	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			144,644,162	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-1,035,865	70.93
70.94	HRR adjustment amount (see instructions)			-961,643	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 10:54 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		142,646,654	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		140,597,457	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		2,049,197	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,002,293	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
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		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	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 10:54 am

		Title XVIII			Hospital		PPS		
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	On/After 10/01	Urban	Rural	
		line	E, Part A)	Entitlement	to 10/01				
		0	1.00	2.00	3.00	4.00		4.01	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	129,632,691	0		126,319,122		3,313,569	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0				1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00							2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0		0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0				2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,562,871	0		1,528,036		34,835	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	64,463,023	0	0	62,232,065		2,230,958	4.00
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032094	0.032094	0.032094	0.032094		0.032094	5.00
6.00	IME payment adjustment (see instructions)	22.00	2,253,405	0	0	2,195,805		57,600	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,120,561	0	0	1,081,780		38,781	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.001146	0.001146	0.001146	0.001146		0.001146	7.00
8.00	IME adjustment (see instructions)	28.00	148,559	0	0	144,762		3,797	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	73,875	0	0	71,318		2,557	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,401,964	0	0	2,340,567		61,397	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,194,436	0	0	1,153,098		41,338	9.01
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1001	0.1001	0.1001	0.1001		0.1001	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,244,058	0	0	3,161,136		82,922	11.00
11.01	Uncompensated care payments	36.00	5,020,219	0	0	4,882,680		137,539	11.01
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	141,861,803	0	0	138,231,541		3,630,262	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	143,056,239	0	0	139,384,639		3,671,600	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,682,638	0	0	10,425,462		257,176	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 10:54 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
17.00	Special add-on payments for new technologies	54.00	318,610	0	0	318,610	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	150,128,711	3,928,776	19.00
		W/S L, line	(Amounts from L)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
20.00	Capital DRG other than outlier	1.00	9,821,756	0	0	9,573,508	248,248	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	231,523	0	0	225,847	5,676	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0131	0.0131	0.0131	0.0131	0.0131	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	128,665	0	0	125,413	3,252	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0523	0.0523	0.0523	0.0523	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	500,694	0	0	500,694	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,682,638	0	0	10,425,462	257,176	26.00
		W/S E, Part A line	(Amounts to E, Part A)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
27.00	Low volume adjustment factor				0.000000	0.000000	0.000000	27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

LOW VOLUME CALCULATION EXHIBIT 4		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Exhibit 4 Date/Time Prepared: 2/25/2022 10:54 am
		Title XVIII	Hospital	PPS
		Total (Col 2 through 4) 5.00		
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	0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	129,632,691		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0		1.04
2.00	Outlier payments for discharges (see instructions)			2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0		2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	0		2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	1,562,871		2.03
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	64,463,023		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	2,253,405		6.00
6.01	IME payment adjustment for managed care (see instructions)	1,120,561		6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	IME payment adjustment factor (see instructions)			7.00
8.00	IME adjustment (see instructions)	148,559		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	73,875		8.01
9.00	Total IME payment (sum of lines 6 and 8)	2,401,964		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,194,436		9.01
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	3,244,058		11.00
11.01	Uncompensated care payments	5,020,219		11.01
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	141,861,803		13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs (see instructions)	143,056,239		15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. 1, if applicable)	10,682,638		16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 10:54 am

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
17.00	Special add-on payments for new technologies	318,610			17.00
17.01	Net organ acquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	154,057,487			19.00
		5.00			
20.00	Capital DRG other than outlier	9,821,756			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	231,523			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	128,665			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	500,694			25.00
26.00	Total prospective capital payments (see instructions)	10,682,638			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 10:54 am

				Title XVIII		Hospital		PPS	
				On/After 10/01					
				Urban	Rural				
				0	1.00	2.00	3.00	3.01	
Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01							
1.00	DRG amounts other than outlier payments	1.00							1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0			0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	129,632,691			126,319,122		3,313,569	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0				0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0			0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00							2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0		0		0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0					2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,562,871			1,528,036		34,835	2.03
3.00	Operating outlier reconciliation	2.01	0	0		0		0	3.00
4.00	Managed care simulated payments	3.00	64,463,023	0		62,232,065		2,230,958	4.00
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032094	0.032094		0.032094		0.032094	5.00
6.00	IME payment adjustment (see instructions)	22.00	2,253,405	0		2,195,805		57,600	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,120,561	0		1,081,780		38,781	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.001146	0.001146		0.001146		0.001146	7.00
8.00	IME adjustment (see instructions)	28.00	148,559	0		144,762		3,797	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	73,875	0		71,318		2,557	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,401,964	0		2,340,567		61,397	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,194,436	0		1,153,098		41,338	9.01
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1001	0.1001		0.1001		0.1001	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,244,058	0		3,161,136		82,922	11.00
11.01	Uncompensated care payments	36.00	5,020,219	0		4,282,660		107,306	11.01
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0		0		0	12.00
13.00	Subtotal (see instructions)	47.00	141,861,803	0		138,261,774		3,600,029	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0		0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	143,056,239	0		139,414,872		3,641,367	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,682,638	0		10,425,462		257,176	16.00
17.00	Special add-on payments for new technologies	54.00	318,610	0		283,137		35,473	17.00
17.01	Net organ acquisition cost								17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0		0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0		0	18.00
19.00	SUBTOTAL			0		150,123,471		3,934,016	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 10:54 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural		
		0	1.00	2.00	3.00	3.01		
20.00	Capital DRG other than outlier	1.00	9,821,756	0	9,573,508	248,248	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	231,523	0	225,847	5,676	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0131	0.0131	0.0131	0.0131	22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	128,665	0	125,413	3,252	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0523	0.0523	0.0523	0.0000	24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	500,694	0	500,694	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	10,682,638	0	10,425,462	257,176	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural		
		0	1.00	2.00	3.00	3.01		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-1,035,865	0	-1,009,169	-26,696	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-961,643	0	-24,783	-936,860	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
		0	1.00	2.00	Urban 3.00	Rural 3.01		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/25/2022 10:54 am
	Title XVIII	Hospital	PPS

		Total (cols. 2 and 3)	
		4.00	
1.00	DRG amounts other than outlier payments		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	129,632,691	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0	1.04
2.00	Outlier payments for discharges (see instructions)		2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	1,562,871	2.03
3.00	Operating outlier reconciliation	0	3.00
4.00	Managed care simulated payments	64,463,023	4.00
Indirect Medical Education Adjustment			
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)		5.00
6.00	IME payment adjustment (see instructions)	2,253,405	6.00
6.01	IME payment adjustment for managed care (see instructions)	1,120,561	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
7.00	IME payment adjustment factor (see instructions)		7.00
8.00	IME adjustment (see instructions)	148,559	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	73,875	8.01
9.00	Total IME payment (sum of lines 6 and 8)	2,401,964	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,194,436	9.01
Disproportionate Share Adjustment			
10.00	Allowable disproportionate share percentage (see instructions)		10.00
11.00	Disproportionate share adjustment (see instructions)	3,244,058	11.00
11.01	Uncompensated care payments	4,389,966	11.01
Additional payment for high percentage of ESRD beneficiary discharges			
12.00	Total ESRD additional payment (see instructions)	0	12.00
13.00	Subtotal (see instructions)	141,861,803	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	143,056,239	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	10,682,638	16.00
17.00	Special add-on payments for new technologies	318,610	17.00
17.01	Net organ acquisition cost		17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0	18.00
19.00	SUBTOTAL	154,057,487	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/25/2022 10:54 am
		Title XVIII	Hospital	PPS
		4.00		
20.00	Capital DRG other than outlier	9,821,756		20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0		20.01
21.00	Capital DRG outlier payments	231,523		21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0		21.01
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (see instructions)	128,665		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (see instructions)	500,694		25.00
26.00	Total prospective capital payments (see instructions)	10,682,638		26.00
		4.00		
27.00				27.00
28.00	Low volume adjustment prior to October 1	0		28.00
29.00	Low volume adjustment on or after October 1	0		29.00
30.00	HVBP payment adjustment (see instructions)	-1,035,865		30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0		30.01
31.00	HRR adjustment (see instructions)	-961,643		31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	0		31.01
		(Amt. to Wkst. E, Pt. A)		
		4.00		
32.00	HAC Reduction Program adjustment (see instructions)	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/25/2022 10:54 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		44,476	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		72,677,807	2.00
3.00	OPPS payments		85,588,917	3.00
4.00	Outlier payment (see instructions)		33,111	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		145,073	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		44,476	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		213,252	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)		213,252	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)		213,252	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		168,776	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)		44,476	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)		85,767,101	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)		14,890,521	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)		70,921,056	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		499,195	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)		71,420,251	30.00
31.00	Primary payer payments		21,661	31.00
32.00	Subtotal (line 30 minus line 31)		71,398,590	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)		995,788	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		647,262	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		681,483	36.00
37.00	Subtotal (see instructions)		72,045,852	37.00
38.00	MSP-LCC reconciliation amount from PS&R		59	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		23,357	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		72,045,793	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		72,246,781	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-200,988	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		325,131	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet E-1
Part I
Date/Time Prepared:
2/25/2022 10:54 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		140,597,457		72,198,681	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	07/21/2021	48,100	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		48,100	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)		140,597,457		72,246,781	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		2,049,197		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		200,988	6.02	
7.00	Total Medicare program liability (see instructions)		142,646,654		72,045,793	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: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E-1 Part II Date/Time Prepared: 2/25/2022 10:54 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 through 12, and 32.			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 32.			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082		Period: From 10/01/2020 To 09/30/2021		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 2/25/2022 10:54 am	
						PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					21.57	6.00
7.00	Enter the lesser of line 5 or line 6					16.60	7.00
		Primary Care	Other			Total	
		1.00	2.00			3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.11	0.46			21.57	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.25	0.35			16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00				10.01
11.00	Total weighted FTE count	16.25	0.35				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	19.53	0.14				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.53	0.00				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	17.77	0.16				14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00				15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00				16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00				16.01
17.00	Adjusted rolling average FTE count	17.77	0.16				17.00
18.00	Per resident amount	137,745.92	137,745.92				18.00
19.00	Approved amount for resident costs	2,447,745	22,039			2,469,784	19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					4.97	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					2,469,784	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1			Total
		1.00	2.00	2.01			3.00
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	57,912	7,784	24,849			26.00
27.00	Total Inpatient Days (see instructions)	149,330	149,330	149,330			27.00
28.00	Ratio of inpatient days to total inpatient days	0.387812	0.052126	0.166403			28.00
29.00	Program direct GME amount	957,812	128,740	410,979	1,497,531		29.00
29.01	Percent reduction for MA DGME		4.07	4.07			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,240	16,727	21,967		30.00
31.00	Net Program direct GME amount				1,475,564		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 10:54 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		13,882,117	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		142,527,687	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		49,723	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		142,477,964	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		72,867,356	42.00
43.00	Primary payer payments (see instructions)		21,661	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		72,845,695	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		215,323,659	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.661692	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.338308	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,475,564	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		976,369	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		499,195	50.00

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

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet G

Date/Time Prepared:
2/25/2022 10:54 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	229,664,440	0	0	0	1.00
2.00	Temporary investments	77,030	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	164,228,740	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	9,859,049	0	0	0	7.00
8.00	Prepaid expenses	16,389,635	0	0	0	8.00
9.00	Other current assets	90,909,559	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)	511,128,453	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,079,813	0	0	0	12.00
13.00	Land improvements	6,800,885	0	0	0	13.00
14.00	Accumulated depreciation	-3,619,129	0	0	0	14.00
15.00	Buildings	741,118,341	0	0	0	15.00
16.00	Accumulated depreciation	-387,666,724	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	296,088,442	0	0	0	19.00
20.00	Accumulated depreciation	-218,954,594	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)	452,847,034	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,054,621,470	18,870,765	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	196,690,259	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,251,311,729	18,870,765	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,215,287,216	18,870,765	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	55,045,065	0	0	0	37.00
38.00	Salaries, wages, and fees payable	54,396,849	0	0	0	38.00
39.00	Payroll taxes payable	2,509,269	0	0	0	39.00
40.00	Notes and loans payable (short term)	86,387,496	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	16,922,555	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	215,261,234	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	321,346,839	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	103,147,425	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	424,494,264	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	639,755,498	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,575,531,718				52.00
53.00	Specific purpose fund		18,870,765			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,575,531,718	18,870,765	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,215,287,216	18,870,765	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-1

Date/Time Prepared:
2/25/2022 10:54 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		1,200,335,736		16,894,751	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		393,040,838			2.00
3.00	Total (sum of line 1 and line 2)		1,593,376,574		16,894,751	3.00
4.00	RESTRICTED CONTRIBUTIONS	0		324,304		4.00
5.00	INVESTMENT RETURN	0		356,626		5.00
6.00	BENEFIT RELATED CHANGES	41,940,979		0		6.00
7.00	FOUNDATION INCOME	0		1,295,084		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		41,940,979		1,976,014	10.00
11.00	Subtotal (line 3 plus line 10)		1,635,317,553		18,870,765	11.00
12.00	TRANSFERS	59,785,834		0		12.00
13.00	ROUNDING	1		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		59,785,835		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,575,531,718		18,870,765	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	RESTRICTED CONTRIBUTIONS		0			4.00
5.00	INVESTMENT RETURN		0			5.00
6.00	BENEFIT RELATED CHANGES		0			6.00
7.00	FOUNDATION INCOME		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFERS		0			12.00
13.00	ROUNDING		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2022 10:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	264,215,470		264,215,470	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	264,215,470		264,215,470	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	85,988,750		85,988,750	11.00
12.00	CORONARY CARE UNIT	20,044,935		20,044,935	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)	106,033,685		106,033,685	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	370,249,155		370,249,155	17.00
18.00	Ancillary services	994,027,175	1,461,512,702	2,455,539,877	18.00
19.00	Outpatient services	117,206,935	471,585,427	588,792,362	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,481,483,265	1,933,098,129	3,414,581,394	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,048,674,590		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)		1,048,674,590		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-3

Date/Time Prepared:
2/25/2022 10:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,414,581,394	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,279,206,721	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,135,374,673	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,048,674,590	4.00
5.00	Net income from service to patients (line 3 minus line 4)	86,700,083	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	223,446,925	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	44,807	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	22,630	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,345,218	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	35,534	21.00
22.00	Rental of hospital space	10,949,605	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	57,926,226	24.00
24.50	COVID-19 PHE Funding	11,569,810	24.50
25.00	Total other income (sum of lines 6-24)	306,340,755	25.00
26.00	Total (line 5 plus line 25)	393,040,838	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)	393,040,838	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/25/2022 10:54 am	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		9,573,508	248,248	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		231,523		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)		409.12		3.00
4.00	Number of interns & residents (see instructions)		18.81		4.00
5.00	Indirect medical education percentage (see instructions)		1.31		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)		128,665		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.63		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.57		8.00
9.00	Sum of lines 7 and 8		25.20		9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.23		10.00
11.00	Disproportionate share adjustment (see instructions)		500,694		11.00
12.00	Total prospective capital payments (see instructions)		10,682,638		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