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: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 1:09 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 5/26/2022 Time: 1:09 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH BLOOMINGTON HOSPITAL (15-0051) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1	Michael Craig		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	Michael Craig			2
3	Signatory Title	CHIEF FINANCIAL OFFICER			3
4	Date	(Dated when report is electronica			4

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	809,071	-31,657	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	9,566	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	818,637	-31,657	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 601 WEST SECOND STREET	PO Box: 1149			1.00
2.00	City: BLOOMINGTON	State: IN	Zip Code: 47402	County: MONROE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									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)	01/01/2021	12/31/2021	20.00
21.00	Type of Control (see instructions)	2		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,591	768	2	59	15,151	37	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	24	0	0	215		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:09 pm

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

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:09 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:09 pm

				V	XIX	
				1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00
				1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00
		1.00		2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00
	Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	402,522	0		0	118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.00		122.00
	Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

		1.00	2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 W. 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202-3082	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	1,183	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part II | Date/Time Prepared: 5/26/2022 1:09 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/02/2022	Y	05/02/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 1:09 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2022 1:09 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	206	75,190	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)		206	75,190	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	15	5,475	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	18	6,570	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		255	93,075	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			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)		270				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)		12	4,380			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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,688	834	47,755			1.00
2.00	HMO and other (see instructions)	11,925	14,812				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	189	215				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)	15,688	834	47,755			7.00
8.00	INTENSIVE CARE UNIT	1,512	1,294	4,293			8.00
9.00	CORONARY CARE UNIT	1,589	0	4,188			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	313	3,527			12.00
13.00	NURSERY		1,318	2,816			13.00
14.00	Total (see instructions)	18,789	3,759	62,579	0.00	1,677.67	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	596	24	1,357	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			94			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,677.67	27.00
28.00	Observation Bed Days		91	3,812			28.00
29.00	Ambulance Trips	3,333					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	37	1,463			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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,650	344	12,006	1.00
2.00	HMO and other (see instructions)			2,011	2,606		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				15		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,650	344	12,006	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	38	0	89	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part II | Date/Time Prepared: 5/26/2022 1:09 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	131,217,636	-493,273	130,724,363	3,489,559.17	37.46	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		83,362	0	83,362	882.24	94.49	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		14,046,642	1,110,984	15,157,626	473,413.61	32.02	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,785,664	0	1,785,664	21,628.00	82.56	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,043,922	0	1,043,922	8,874.50	117.63	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		36,179,383	0	36,179,383	888,139.00	40.74	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		27,968,518	0	27,968,518			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		4,064,943	0	4,064,943			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		12,165	0	12,165			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		10,633,403	0	10,633,403			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	389,293	-76,889	312,404	8,210.34	38.05	26.00
27.00	Administrative & General	5.00	7,247,105	-652,989	6,594,116	118,923.34	55.45	27.00
28.00	Administrative & General under contract (see inst.)		2,363,970	0	2,363,970	12,946.00	182.60	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,406,805	-4,704	2,402,101	84,964.82	28.27	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,965,421	-5,821	1,959,600	113,341.95	17.29	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,120,708	-572,397	1,548,311	81,110.48	19.09	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	566,418	566,418	33,601.61	16.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	15,238,873	-89,621	15,149,252	212,935.04	71.14	38.00
39.00	Central Services and Supply	14.00	-150	150	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	6,290,092	-573,387	5,716,705	128,762.39	44.40	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	720,701	-5,799	714,902	33,659.71	21.24	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part III Date/Time Prepared: 5/26/2022 1:09 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		133,498,244	-493,273	133,004,971	3,501,622.93	37.98	1.00
2.00	Excluded area salaries (see instructions)		14,046,642	1,110,984	15,157,626	473,413.61	32.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)		119,451,602	-1,604,257	117,847,345	3,028,209.32	38.92	3.00
4.00	Subtotal other wages & related costs (see inst.)		39,008,969	0	39,008,969	918,641.50	42.46	4.00
5.00	Subtotal wage-related costs (see inst.)		38,601,921	0	38,601,921	0.00	32.76	5.00
6.00	Total (sum of lines 3 thru 5)		197,062,492	-1,604,257	195,458,235	3,946,850.82	49.52	6.00
7.00	Total overhead cost (see instructions)		38,742,818	-1,415,039	37,327,779	828,455.68	45.06	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 1:09 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,927,885	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,395,267	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	369,893	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)	445,655	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	488,802	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	9,412,678	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,446	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	32,045,626	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part V Date/Time Prepared: 5/26/2022 1:09 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	1,785,664	32,045,626	1.00
2.00	Hospital	1,785,664	27,968,518	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	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	4,077,108	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-10 | Date/Time Prepared: 5/26/2022 1:09 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.179729	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	63,383,212	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	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	366,093,746	6.00
7.00	Medicaid cost (line 1 times line 6)	65,797,663	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	2,414,451	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)	56,497	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	304,360	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	54,702	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,414,451	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)	28,767,041	2,895,879	31,662,920	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,170,272	2,895,879	8,066,151	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,170,272	2,895,879	8,066,151	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	12,853,010	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	890,592	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,370,141	27.01
28.00	Non-Medicare bad debt expense (see instructions)	11,482,869	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,543,354	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,609,505	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	13,023,956	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	6,858,404	6,858,404	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,958,260	7,958,260	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	389,293	809,939	1,199,232	22,268,960	23,468,192	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,247,105	91,949,860	99,196,965	-5,551,490	93,645,475	5.00
7.00	00700	OPERATION OF PLANT	2,406,805	17,714,182	20,120,987	-6,250,035	13,870,952	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	231,079	231,079	-6,411	224,668	8.00
9.00	00900	HOUSEKEEPING	1,965,421	2,220,289	4,185,710	-582,376	3,603,334	9.00
10.00	01000	DIETARY	2,120,708	1,916,893	4,037,601	-1,542,846	2,494,755	10.00
11.00	01100	CAFETERIA	0	0	0	1,019,965	1,019,965	11.00
13.00	01300	NURSING ADMINISTRATION	15,238,873	4,205,889	19,444,762	-2,464,211	16,980,551	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-150	235,487	235,337	13,668,486	13,903,823	14.00
15.00	01500	PHARMACY	6,290,092	38,137,935	44,428,027	-36,228,710	8,199,317	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	720,701	636,348	1,357,049	-215,957	1,141,092	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	127,654	28,788	156,442	204,265	360,707	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,829,462	23,203,784	49,033,246	-6,493,192	42,540,054	30.00
31.00	03100	INTENSIVE CARE UNIT	3,801,228	2,542,319	6,343,547	-1,065,825	5,277,722	31.00
32.00	03200	CORONARY CARE UNIT	3,205,928	2,129,702	5,335,630	-953,252	4,382,378	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,019,019	1,281,952	3,300,971	-632,004	2,668,967	35.00
41.00	04100	SUBPROVIDER - IRF	1,112,216	624,115	1,736,331	-768,302	968,029	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	826,256	826,256	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,764,649	31,277,382	38,042,031	-22,624,918	15,417,113	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,771,098	1,512,255	5,283,353	-1,154,257	4,129,096	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,957,963	1,821,059	4,779,022	-1,043,892	3,735,130	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,580,848	4,424,667	8,005,515	-2,551,744	5,453,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,281,029	2,818,650	5,099,679	-1,782,939	3,316,740	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	634,664	1,071,556	1,706,220	-773,368	932,852	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	558,052	385,409	943,461	-207,014	736,447	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,429,967	12,437,931	13,867,898	-12,063,000	1,804,898	59.00
60.00	06000	LABORATORY	2,129	16,997,368	16,999,497	259,530	17,259,027	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,156,008	1,622,564	4,778,572	-1,269,200	3,509,372	65.00
66.00	06600	PHYSICAL THERAPY	6,534,888	2,661,434	9,196,322	-1,942,234	7,254,088	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	563,930	527,920	1,091,850	-434,039	657,811	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	143,545	1,683,926	1,827,471	-103,839	1,723,632	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,554,509	9,554,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,318,551	14,318,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,375,676	37,375,676	73.00
73.01	07302	OP PHARMACY	425,422	1,382,800	1,808,222	-129,465	1,678,757	73.01
74.00	07400	RENAL DIALYSIS	40	1,641,076	1,641,116	-13,161	1,627,955	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	508,328	142,351	650,679	-93,951	556,728	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,510,546	438,739	1,949,285	-331,697	1,617,588	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,739,511	1,995,279	5,734,790	-1,440,181	4,294,609	90.01
90.02	09002	WOUND CARE CENTER	564,810	430,013	994,823	-315,900	678,923	90.02
90.03	09003	PAIN CLINIC	309,712	740,794	1,050,506	-171,316	879,190	90.03
90.05	09005	OP PSYCH CLINIC	862,811	783,328	1,646,139	-254,019	1,392,120	90.05
91.00	09100	EMERGENCY	5,636,559	7,755,013	13,391,572	-2,030,842	11,360,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,218,780	1,968,000	5,186,780	-1,217,103	3,969,677	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,629,644	284,388,075	406,017,719	-389,828	405,627,891	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	198,401	138,105	336,506	-44,769	291,737	190.00
190.01	19001	PROMPTCARE	2,179,610	1,304,659	3,484,269	-814,233	2,670,036	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	2,927	2,927	190.02
190.03	19003	OLCOTT	365,615	187,109	552,724	-88,806	463,918	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	2,341	2,341	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	40,820	40,820	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	4,417,985	3,948,650	8,366,635	-6,772,961	1,593,674	190.11
191.00	19100	RESEARCH	0	0	0	6,250	6,250	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	5,866,966	5,866,966	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,416,574	507,623	2,924,197	-596,173	2,328,024	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	872,924	872,924	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	1,785,797	1,785,797	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	3,902	470	4,372	131,213	135,585	194.03
194.04	07954	HOME CARE	2,407	198	2,605	-14	2,591	194.04
194.05	07955	HOSPICE	3,498	21,433	24,931	-2,454	22,477	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	131,217,636	290,496,322	421,713,958	0	421,713,958	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,830,896	8,689,300		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,801,946	9,760,206		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,873,295	25,341,487		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-27,932,609	65,712,866		5.00
7.00	00700	OPERATION OF PLANT	-647,098	13,223,854		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	224,668		8.00
9.00	00900	HOUSEKEEPING	-38,194	3,565,140		9.00
10.00	01000	DIETARY	-53,284	2,441,471		10.00
11.00	01100	CAFETERIA	-204,864	815,101		11.00
13.00	01300	NURSING ADMINISTRATION	-91,731	16,888,820		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,903,823		14.00
15.00	01500	PHARMACY	-244	8,199,073		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		16.00
18.00	01850	SOCIAL SERVICES	0	0		18.00
18.01	01851	CENTRAL STERILIZATION	0	1,141,092		18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	44,595	405,302		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,768,318	35,771,736		30.00
31.00	03100	INTENSIVE CARE UNIT	-14	5,277,708		31.00
32.00	03200	CORONARY CARE UNIT	-9	4,382,369		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-197,250	2,471,717		35.00
41.00	04100	SUBPROVIDER - IRF	-14	968,015		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	826,256		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-3,230,586	12,186,527		50.00
50.01	05001	CV SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	-370	4,128,726		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-8,137	3,726,993		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-653,859	4,799,912		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-352,280	2,964,460		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-62,631	870,221		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-32,164	704,283		58.00
59.00	05900	CARDIAC CATHETERIZATION	-109	1,804,789		59.00
60.00	06000	LABORATORY	-428,312	16,830,715		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	-13	3,509,359		65.00
66.00	06600	PHYSICAL THERAPY	-172,528	7,081,560		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	2,665	660,476		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-935,462	788,170		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,554,509		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,318,551		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,375,676		73.00
73.01	07302	OP PHARMACY	-16,616	1,662,141		73.01
74.00	07400	RENAL DIALYSIS	0	1,627,955		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	556,728		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-36,335	1,581,253		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	4,294,609		90.01
90.02	09002	WOUND CARE CENTER	-2,827	676,096		90.02
90.03	09003	PAIN CLINIC	-265,414	613,776		90.03
90.05	09005	OP PSYCH CLINIC	-28,240	1,363,880		90.05
91.00	09100	EMERGENCY	-1,379,843	9,980,887		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	-979,476	2,990,201		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-38,965,434	366,662,457		118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	291,737		190.00
190.01	19001	PROMPTCARE	-25,650	2,644,386		190.01
190.02	19002	RENTAL PROPERTIES	0	2,927		190.02
190.03	19003	OLCOTT	0	463,918		190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0		190.04
190.05	19005	FOUNDATION	0	2,341		190.05
190.06	19006	MARKETING	0	0		190.06
190.07	19007	HME STORE	0	0		190.07
190.08	19008	UNUSED SPACE	0	40,820		190.08
190.09	19009	CLINICAL TRIALS	0	0		190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0		190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	1,593,674		190.11
191.00	19100	RESEARCH	0	6,250		191.00
191.01	19101	RESEARCH	0	0		191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	5,866,966		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,328,024	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	872,924		194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	1,785,797		194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0		194.02
194.03	07953	IU HEALTH SIP	0	135,585		194.03
194.04	07954	HOME CARE	0	2,591		194.04
194.05	07955	HOSPICE	0	22,477		194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-41,319,108	380,394,850		200.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,681,396		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	6		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
	0		0	21,681,402		
	B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,590,963		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,759,492		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

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	13,350,455		
	C - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		9,554,509		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00		521		2.00
3.00	AMBULANCE SERVICES	95.00		3,316		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
	0		0	9,558,346		
	D - NONBILLABLE MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00		13,629,580		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		169,101		2.00
3.00	OPERATION OF PLANT	7.00		98,423		3.00
4.00	DIETARY	10.00		1,384		4.00
5.00	CENTRAL STERILIZATION	18.01		9,719		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00		29,003		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		897		7.00
8.00	LABORATORY	60.00		4,335		8.00
9.00	OP PSYCH CLINIC	90.05		39		9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00		29		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

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	13,942,510		
	E - IMPLANTS SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,318,551		1.00
2.00	EMERGENCY	91.00	0	504		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
	0		0	14,319,055		
	F - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		1,440,663		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		59,669		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	1,500,332		
	G - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	37,375,676		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

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	37,375,676		
	H - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	1,438,295		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
	0		0	1,438,295		
	J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	595		1.00
	0		0	595		
	K - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	200,113	15,309		1.00
2.00		0.00	0	0		2.00
	0		200,113	15,309		
	L - PSYCH ADMIN					
1.00	OP PSYCH CLINIC	90.05	87,332	39,728		1.00
	0		87,332	39,728		
	M - SOFTWARE LICENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	233,548		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

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	233,548	
	N - CAFETERIA				
1.00	CAFETERIA	11.00	566,418	453,547	1.00
	0		566,418	453,547	
	O - SHORT TERM DISABILITY/FLMA				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,914	1.00
2.00	OPERATION OF PLANT	7.00	0	4,704	2.00
3.00	HOUSEKEEPING	9.00	0	5,821	3.00
4.00	DIETARY	10.00	0	5,979	4.00
5.00	NURSING ADMINISTRATION	13.00	0	14,685	5.00
6.00	PHARMACY	15.00	0	8,701	6.00
7.00	CENTRAL STERILIZATION	18.01	0	5,799	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	76,257	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	30,837	9.00
10.00	CORONARY CARE UNIT	32.00	0	23,861	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	26,852	11.00
12.00	SUBPROVIDER - IRF	41.00	0	16,471	12.00
13.00	OPERATING ROOM	50.00	0	15,477	13.00
14.00	RECOVERY ROOM	51.00	0	17,517	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,819	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,166	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,942	17.00
18.00	CT SCAN	57.00	0	2,107	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	10,625	19.00
20.00	RESPIRATORY THERAPY	65.00	0	17,733	20.00
21.00	PHYSICAL THERAPY	66.00	0	40,502	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	560	22.00
23.00	CLINIC	90.00	0	472	23.00
24.00	OP ONCOLOGY INFUSION CENTER	90.01	0	17,631	24.00
25.00	WOUND CARE CENTER	90.02	0	3,773	25.00
26.00	PAIN CLINIC	90.03	0	19,514	26.00
27.00	OP PSYCH CLINIC	90.05	0	3,129	27.00
28.00	EMERGENCY	91.00	0	22,376	28.00
29.00	AMBULANCE SERVICES	95.00	0	14,546	29.00
30.00	PROMPTCARE	190.01	0	7,540	30.00
31.00	OLCOTT	190.03	0	10,570	31.00
32.00	COMMUNITY HEALTH SERVICES	190.11	0	5,275	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,268	33.00
	0		0	493,423	
	P - UTILITIES EXPENSE				
1.00	OPERATION OF PLANT	7.00	0	293,278	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
	0		0	293,278	
	Q - BCC DEPRECIATION				
1.00	RENTAL PROPERTIES	190.02	0	2,927	1.00
2.00	FOUNDATION	190.05	0	2,341	2.00
3.00	UNUSED SPACE	190.08	0	40,820	3.00
	0		0	46,088	

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	R - OCCUPATIONAL HEALTH ADMIN				
1.00	ADMINISTRATIVE & GENERAL	5.00	255,639	0	1.00
	0		255,639	0	
	S - NURSERY				
1.00	NURSERY	43.00	692,507	133,749	1.00
2.00		0.00	0	0	2.00
	0		692,507	133,749	
	T - BEDFORD ALLOCATION				
1.00	IU HEALTH BEDFORD HOSPITAL	194.01	1,100,943	684,854	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
	0		1,100,943	684,854	
	U - PAOLI ALLOCATION				
1.00	IU HEALTH PAOLI HOSPITAL	194.00	539,867	333,057	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
	0		539,867	333,057	
	V - LIBERTY BUILDING DEPRECIATION				
1.00	IU HEALTH SIP	194.03	0	131,369	1.00
2.00		0.00	0	0	2.00
	0		0	131,369	
	X - ACCRUED PTO				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		739,601	1.00
2.00	OPERATION OF PLANT	7.00		12,421	2.00
3.00	HOUSEKEEPING	9.00		12,521	3.00
4.00	INTENSIVE CARE UNIT	31.00		23,458	4.00
5.00	SUBPROVIDER - IRF	41.00		31,318	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		28,968	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		5,472	7.00
8.00	PHYSICAL THERAPY	66.00		72,806	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00		3,446	9.00
10.00	CARDIAC REHABILITATION	76.97		1,847	10.00
11.00	WOUND CARE CENTER	90.02		9,674	11.00
12.00	PAIN CLINIC	90.03		5,320	12.00
13.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		597	13.00
14.00	OLCOTT	190.03		2,616	14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00		83,965	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	0		0	1,034,030	
	Y - REHAB - COVID				
1.00	ADULTS & PEDIATRICS	30.00	413,630	134,935	1.00
	0		413,630	134,935	
	Z - CENTRAL SUPPLY SALARY				
1.00	CENTRAL SERVICES & SUPPLY	14.00	150	0	1.00
	TOTALS		150	0	
	AA - BLOOD STORAGE				
1.00	LABORATORY	60.00		4,448	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	4,448	
	AB - PACU RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	99,450	14,434	1.00
	TOTALS		99,450	14,434	
	AC - GRANT				
1.00	RESEARCH	191.00	0	6,250	1.00
2.00	OTHER SPONSORED ACTIVITIES	191.02	2,819,349	3,047,617	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		2,819,349	3,053,867		
	AD - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	94,944		1.00
2.00	OPERATING ROOM	50.00	0	1,729,545		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	518,874		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,080		4.00
5.00	LABORATORY	60.00	0	282,854		5.00
6.00	RESPIRATORY THERAPY	65.00	0	15,600		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	16,500		7.00
	TOTALS		0	2,672,397		
500.00	Grand Total: Increases		6,775,398	122,938,727		500.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00		629,319	0		1.00
2.00	OPERATION OF PLANT	7.00		514,582	0		2.00
3.00	HOUSEKEEPING	9.00		579,809	0		3.00
4.00	DIETARY	10.00		463,155	0		4.00
5.00	NURSING ADMINISTRATION	13.00		1,927,101	0		5.00
6.00	PHARMACY	15.00		901,445	0		6.00
7.00	CENTRAL STERILIZATION	18.01		128,115	0		7.00
8.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00		10,908	0		8.00
9.00	ADULTS & PEDIATRICS	30.00		4,400,437	0		9.00
10.00	INTENSIVE CARE UNIT	31.00		560,854	0		10.00
11.00	CORONARY CARE UNIT	32.00		430,955	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00		412,774	0		12.00
13.00	SUBPROVIDER - IRF	41.00		203,730	0		13.00
14.00	OPERATING ROOM	50.00		1,276,481	0		14.00
15.00	RECOVERY ROOM	51.00		666,414	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00		546,319	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00		644,145	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00		381,721	0		18.00
19.00	CT SCAN	57.00		102,891	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		94,384	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00		213,943	0		21.00
22.00	LABORATORY	60.00		90	0		22.00
23.00	RESPIRATORY THERAPY	65.00		454,301	0		23.00
24.00	PHYSICAL THERAPY	66.00		1,101,451	0		24.00
25.00	ELECTROCARDIOLOGY	69.00		120,451	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00		35,607	0		26.00
27.00	OP PHARMACY	73.01		88,135	0		27.00
28.00	RENAL DIALYSIS	74.00		2	0		28.00
29.00	CARDIAC REHABILITATION	76.97		88,886	0		29.00
30.00	CLINIC	90.00		277,998	0		30.00
31.00	OP ONCOLOGY INFUSION CENTER	90.01		639,529	0		31.00
32.00	WOUND CARE CENTER	90.02		120,526	0		32.00
33.00	PAIN CLINIC	90.03		68,771	0		33.00
34.00	OP PSYCH CLINIC	90.05		287,704	0		34.00
35.00	EMERGENCY	91.00		761,256	0		35.00
36.00	AMBULANCE SERVICES	95.00		687,798	0		36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		42,378	0		37.00
38.00	PROMPTCARE	190.01		328,138	0		38.00
39.00	OLCOTT	190.03		85,018	0		39.00
40.00	COMMUNITY HEALTH SERVICES	190.11		993,654	0		40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00		407,603	0		41.00
42.00	IU HEALTH SIP	194.03		156	0		42.00
43.00	HOME CARE	194.04		14	0		43.00
44.00	HOSPICE	194.05		2,454	0		44.00
	0		0	21,681,402			
	B - CAPITAL RELATED						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,513	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	975,665	9		2.00
3.00	OPERATION OF PLANT	7.00	0	5,852,797	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	6,411	0		4.00
5.00	HOUSEKEEPING	9.00	0	8,334	0		5.00
6.00	DIETARY	10.00	0	37,202	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	184,671	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,107	0		8.00
9.00	PHARMACY	15.00	0	226,701	0		9.00
10.00	CENTRAL STERILIZATION	18.01	0	90,054	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	86,772	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	52,394	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	60,473	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	51,225	0		14.00
15.00	OPERATING ROOM	50.00	0	2,321,919	0		15.00
16.00	RECOVERY ROOM	51.00	0	7,161	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116,056	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	440,902	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	968,435	0		19.00
20.00	CT SCAN	57.00	0	341,756	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	56,648	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	385,518	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	133,501	0		23.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	PHYSICAL THERAPY	66.00	0	23,953	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	173,066	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	66,352	0		26.00
27.00	OP PHARMACY	73.01	0	16,119	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	6,107	0		28.00
29.00	CLINIC	90.00	0	7,472	0		29.00
30.00	OP ONCOLOGY INFUSION CENTER	90.01	0	41,119	0		30.00
31.00	WOUND CARE CENTER	90.02	0	22,755	0		31.00
32.00	PAIN CLINIC	90.03	0	26,254	0		32.00
33.00	OP PSYCH CLINIC	90.05	0	4,404	0		33.00
34.00	EMERGENCY	91.00	0	269,460	0		34.00
35.00	AMBULANCE SERVICES	95.00	0	260,847	0		35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,988	0		36.00
37.00	PROMPTCARE	190.01	0	8,363	0		37.00
38.00	OLCOTT	190.03	0	114	0		38.00
39.00	COMMUNITY HEALTH SERVICES	190.11	0	8,867	0		39.00
	0		0	13,350,455			
	C - BILLABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		311	0		1.00
2.00	OPERATION OF PLANT	7.00		198	0		2.00
3.00	HOUSEKEEPING	9.00		62	0		3.00
4.00	DIETARY	10.00		1	0		4.00
5.00	NURSING ADMINISTRATION	13.00		23,713	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00		3,247	0		6.00
7.00	PHARMACY	15.00		2,887	0		7.00
8.00	CENTRAL STERILIZATION	18.01		2,744	0		8.00
9.00	ADULTS & PEDIATRICS	30.00		395,615	0		9.00
10.00	INTENSIVE CARE UNIT	31.00		51,386	0		10.00
11.00	CORONARY CARE UNIT	32.00		33,160	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00		6,378	0		12.00
13.00	SUBPROVIDER - IRF	41.00		8,926	0		13.00
14.00	OPERATING ROOM	50.00		3,428,646	0		14.00
15.00	RECOVERY ROOM	51.00		11,017	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00		67,146	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00		1,231,857	0		17.00
18.00	CT SCAN	57.00		3,819	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		432	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00		4,042,188	0		20.00
21.00	RESPIRATORY THERAPY	65.00		552	0		21.00
22.00	PHYSICAL THERAPY	66.00		10,608	0		22.00
23.00	ELECTROCARDIOLOGY	69.00		2,273	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00		224	0		24.00
25.00	RENAL DIALYSIS	74.00		2,453	0		25.00
26.00	CARDIAC REHABILITATION	76.97		42	0		26.00
27.00	CLINIC	90.00		1,054	0		27.00
28.00	OP ONCOLOGY INFUSION CENTER	90.01		78,435	0		28.00
29.00	WOUND CARE CENTER	90.02		60,125	0		29.00
30.00	PAIN CLINIC	90.03		1,028	0		30.00
31.00	OP PSYCH CLINIC	90.05		36	0		31.00
32.00	EMERGENCY	91.00		82,032	0		32.00
33.00	PROMPTCARE	190.01		5,176	0		33.00
34.00	COMMUNITY HEALTH SERVICES	190.11		575	0		34.00
	0		0	9,558,346			
	D - NONBILLABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		5,031	0		1.00
2.00	HOUSEKEEPING	9.00		3,240	0		2.00
3.00	NURSING ADMINISTRATION	13.00		65,319	0		3.00
4.00	PHARMACY	15.00		156,808	0		4.00
5.00	ADULTS & PEDIATRICS	30.00		1,010,910	0		5.00
6.00	INTENSIVE CARE UNIT	31.00		289,331	0		6.00
7.00	CORONARY CARE UNIT	32.00		218,744	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00		109,666	0		8.00
9.00	SUBPROVIDER - IRF	41.00		30,550	0		9.00
10.00	OPERATING ROOM	50.00		8,778,028	0		10.00
11.00	RECOVERY ROOM	51.00		168,544	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00		161,580	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00		554,089	0		13.00
14.00	CT SCAN	57.00		55,800	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00		962,499	0		15.00
16.00	RESPIRATORY THERAPY	65.00		609,828	0		16.00
17.00	PHYSICAL THERAPY	66.00		7,294	0		17.00
18.00	ELECTROCARDIOLOGY	69.00		14,223	0		18.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	ELECTROENCEPHALOGRAPHY	70.00		5,050	0		19.00
20.00	OP PHARMACY	73.01		1,607	0		20.00
21.00	RENAL DIALYSIS	74.00		2,006	0		21.00
22.00	CARDIAC REHABILITATION	76.97		316	0		22.00
23.00	CLINIC	90.00		4,415	0		23.00
24.00	OP ONCOLOGY INFUSION CENTER	90.01		117,762	0		24.00
25.00	WOUND CARE CENTER	90.02		18,135	0		25.00
26.00	PAIN CLINIC	90.03		13,869	0		26.00
27.00	EMERGENCY	91.00		461,531	0		27.00
28.00	AMBULANCE SERVICES	95.00		87,086	0		28.00
29.00	PROMPTCARE	190.01		17,209	0		29.00
30.00	OLCOTT	190.03		2,593	0		30.00
31.00	COMMUNITY HEALTH SERVICES	190.11		9,447	0		31.00
	0		0	13,942,510			
	E - IMPLANTS SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00		5,776	0		1.00
2.00	ADULTS & PEDIATRICS	30.00		6,838	0		2.00
3.00	CORONARY CARE UNIT	32.00		167	0		3.00
4.00	OPERATING ROOM	50.00		8,072,192	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00		10,819	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		23,145	0		6.00
7.00	CT SCAN	57.00		1,415	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		66	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00		6,195,718	0		9.00
10.00	OP ONCOLOGY INFUSION CENTER	90.01		2,919	0		10.00
	0		0	14,319,055			
	F - LEASE EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		31,140	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		13,569	10		2.00
3.00	OPERATION OF PLANT	7.00		257,974	0		3.00
4.00	NURSING ADMINISTRATION	13.00		20,330	0		4.00
5.00	OPERATING ROOM	50.00		4,576	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		9,196	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00		1,925	0		7.00
8.00	LABORATORY	60.00		31,757	0		8.00
9.00	RESPIRATORY THERAPY	65.00		1,524	0		9.00
10.00	PHYSICAL THERAPY	66.00		622,159	0		10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00		45	0		11.00
12.00	OP ONCOLOGY INFUSION CENTER	90.01		92,673	0		12.00
13.00	WOUND CARE CENTER	90.02		92,775	0		13.00
14.00	PAIN CLINIC	90.03		48,030	0		14.00
15.00	OP PSYCH CLINIC	90.05		86,319	0		15.00
16.00	AMBULANCE SERVICES	95.00		68,020	0		16.00
17.00	PROMPTCARE	190.01		41,693	0		17.00
18.00	COMMUNITY HEALTH SERVICES	190.11		76,627	0		18.00
	0		0	1,500,332			
	G - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		13,608	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		8,870	0		2.00
3.00	OPERATION OF PLANT	7.00		25,355	0		3.00
4.00	NURSING ADMINISTRATION	13.00		30,925	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00		1,308	0		5.00
6.00	PHARMACY	15.00		35,593,727	0		6.00
7.00	CENTRAL STERILIZATION	18.01		48	0		7.00
8.00	ADULTS & PEDIATRICS	30.00		118,549	0		8.00
9.00	INTENSIVE CARE UNIT	31.00		20,270	0		9.00
10.00	CORONARY CARE UNIT	32.00		13,045	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00		15,019	0		11.00
12.00	SUBPROVIDER - IRF	41.00		3,172	0		12.00
13.00	OPERATING ROOM	50.00		203,984	0		13.00
14.00	RECOVERY ROOM	51.00		30,267	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00		26,566	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00		68,747	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00		271,925	0		17.00
18.00	CT SCAN	57.00		237,515	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		50,724	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00		88,929	0		20.00
21.00	LABORATORY	60.00		260	0		21.00
22.00	RESPIRATORY THERAPY	65.00		23,464	0		22.00
23.00	PHYSICAL THERAPY	66.00		182	0		23.00
24.00	ELECTROCARDIOLOGY	69.00		133,811	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00		7	0		25.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	RENAL DIALYSIS	74.00		5,817	0		26.00
27.00	CARDIAC REHABILITATION	76.97		1	0		27.00
28.00	CLINIC	90.00		14,210	0		28.00
29.00	OP ONCOLOGY INFUSION CENTER	90.01		146,379	0		29.00
30.00	WOUND CARE CENTER	90.02		11,033	0		30.00
31.00	PAIN CLINIC	90.03		10,385	0		31.00
32.00	OP PSYCH CLINIC	90.05		89	0		32.00
33.00	EMERGENCY	91.00		57,558	0		33.00
34.00	AMBULANCE SERVICES	95.00		22,309	0		34.00
35.00	PROMPTCARE	190.01		84,342	0		35.00
36.00	COMMUNITY HEALTH SERVICES	190.11		43,276	0		36.00
	0		0	37,375,676			
	H - NON-BILLABLE DRUGS						
1.00	ADMINISTRATIVE & GENERAL	5.00		468	0		1.00
2.00	NURSING ADMINISTRATION	13.00		1,269	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		7,331	0		3.00
4.00	ADULTS & PEDIATRICS	30.00		230,874	0		4.00
5.00	INTENSIVE CARE UNIT	31.00		114,725	0		5.00
6.00	CORONARY CARE UNIT	32.00		40,825	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00		15,050	0		7.00
8.00	SUBPROVIDER - IRF	41.00		4,635	0		8.00
9.00	OPERATING ROOM	50.00		120,544	0		9.00
10.00	RECOVERY ROOM	51.00		88,431	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00		38,381	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		63,862	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		6,646	0		13.00
14.00	CT SCAN	57.00		19,930	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		11,041	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00		41,481	0		16.00
17.00	RESPIRATORY THERAPY	65.00		84	0		17.00
18.00	PHYSICAL THERAPY	66.00		270	0		18.00
19.00	ELECTROCARDIOLOGY	69.00		3,218	0		19.00
20.00	RENAL DIALYSIS	74.00		2,849	0		20.00
21.00	CLINIC	90.00		2,681	0		21.00
22.00	OP ONCOLOGY INFUSION CENTER	90.01		253,457	0		22.00
23.00	WOUND CARE CENTER	90.02		225	0		23.00
24.00	PAIN CLINIC	90.03		540	0		24.00
25.00	EMERGENCY	91.00		352,086	0		25.00
26.00	AMBULANCE SERVICES	95.00		17,360	0		26.00
27.00	PROMPTCARE	190.01		32	0		27.00
	0		0	1,438,295			
	J - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	595	11		1.00
	0		0	595			
	K - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	187,488	14,343	0		1.00
2.00	CLINIC	90.00	12,625	966	0		2.00
	0		200,113	15,309			
	L - PSYCH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	87,332	39,728	0		1.00
	0		87,332	39,728			
	M - SOFTWARE LICENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	977	14		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,065	0		2.00
3.00	OPERATION OF PLANT	7.00	0	3,251	0		3.00
4.00	DIETARY	10.00	0	8,696	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	15,527	0		5.00
6.00	PHARMACY	15.00	0	986	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	6,238	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	191	0		8.00
9.00	OPERATING ROOM	50.00	0	51,244	0		9.00
10.00	RECOVERY ROOM	51.00	0	2,253	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	391	0		12.00
13.00	CT SCAN	57.00	0	3,310	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	61,741	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	34	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	1,378	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	54	0		17.00
18.00	OP PHARMACY	73.01	0	11,458	0		18.00
19.00	RENAL DIALYSIS	74.00	0	34	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	446	0		20.00
21.00	CLINIC	90.00	0	635	0		21.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	OP ONCOLOGY INFUSION CENTER	90.01	0	1,326	0		22.00
23.00	PAIN CLINIC	90.03	0	733	0		23.00
24.00	EMERGENCY	91.00	0	4,026	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	159	0		25.00
26.00	PROMPTCARE	190.01	0	48,640	0		26.00
27.00	COMMUNITY HEALTH SERVICES	190.11	0	6,657	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	64	0		28.00
	0		0	233,548			
	N - CAFETERIA						
1.00	DIETARY	10.00	566,418	453,547	0		1.00
	0		566,418	453,547			
	O - SHORT TERM DISABILITY/FLMA						
1.00	ADMINISTRATIVE & GENERAL	5.00	7,914	0	0		1.00
2.00	OPERATION OF PLANT	7.00	4,704	0	0		2.00
3.00	HOUSEKEEPING	9.00	5,821	0	0		3.00
4.00	DIETARY	10.00	5,979	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	14,685	0	0		5.00
6.00	PHARMACY	15.00	8,701	0	0		6.00
7.00	CENTRAL STERILIZATION	18.01	5,799	0	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	76,257	0	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	30,837	0	0		9.00
10.00	CORONARY CARE UNIT	32.00	23,861	0	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	26,852	0	0		11.00
12.00	SUBPROVIDER - IRF	41.00	16,471	0	0		12.00
13.00	OPERATING ROOM	50.00	15,477	0	0		13.00
14.00	RECOVERY ROOM	51.00	17,517	0	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	20,819	0	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	19,166	0	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	9,942	0	0		17.00
18.00	CT SCAN	57.00	2,107	0	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	10,625	0	0		19.00
20.00	RESPIRATORY THERAPY	65.00	17,733	0	0		20.00
21.00	PHYSICAL THERAPY	66.00	40,502	0	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	560	0	0		22.00
23.00	CLINIC	90.00	472	0	0		23.00
24.00	OP ONCOLOGY INFUSION CENTER	90.01	17,631	0	0		24.00
25.00	WOUND CARE CENTER	90.02	3,773	0	0		25.00
26.00	PAIN CLINIC	90.03	19,514	0	0		26.00
27.00	OP PSYCH CLINIC	90.05	3,129	0	0		27.00
28.00	EMERGENCY	91.00	22,376	0	0		28.00
29.00	AMBULANCE SERVICES	95.00	14,546	0	0		29.00
30.00	PROMPTCARE	190.01	7,540	0	0		30.00
31.00	OLCOTT	190.03	10,570	0	0		31.00
32.00	COMMUNITY HEALTH SERVICES	190.11	5,275	0	0		32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,268	0	0		33.00
	0		493,423	0			
	P - UTILITIES EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,545	0		2.00
3.00	HOUSEKEEPING	9.00	0	3,452	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	579	0		4.00
5.00	PHARMACY	15.00	0	70	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	993	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	132	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	179	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	42	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	42	0		10.00
11.00	OPERATING ROOM	50.00	0	899	0		11.00
12.00	RECOVERY ROOM	51.00	0	81	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	85	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,572	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	186,974	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	88	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	590	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	121	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	26,209	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	78	0		20.00
21.00	OP ONCOLOGY INFUSION CENTER	90.01	0	129	0		21.00
22.00	PAIN CLINIC	90.03	0	7,026	0		22.00
23.00	OP PSYCH CLINIC	90.05	0	47	0		23.00
24.00	AMBULANCE SERVICES	95.00	0	15,514	0		24.00
25.00	PROMPTCARE	190.01	0	36	0		25.00
26.00	COMMUNITY HEALTH SERVICES	190.11	0	31,759	0		26.00

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		0	293,278			
	Q - BCC DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	46,088	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	46,088			
	R - OCCUPATIONAL HEALTH ADMIN						
1.00	PROMPTCARE	190.01	255,639	0	0		1.00
	0		255,639	0			
	S - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	665,042	125,550	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	27,465	8,199	0		2.00
	0		692,507	133,749			
	T - BEDFORD ALLOCATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	50,643	33,375	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	601,305	471,102	0		2.00
3.00	NURSING ADMINISTRATION	13.00	55,419	14,802	0		3.00
4.00	PHARMACY	15.00	285,973	131,429	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	17,658	13,323	0		5.00
6.00	PHYSICAL THERAPY	66.00	89,945	20,823	0		6.00
	0		1,100,943	684,854			
	U - PAOLI ALLOCATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	26,246	17,297	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	299,409	238,701	0		2.00
3.00	NURSING ADMINISTRATION	13.00	19,517	5,205	0		3.00
4.00	PHARMACY	15.00	91,225	42,969	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	9,151	6,905	0		5.00
6.00	PHYSICAL THERAPY	66.00	89,945	20,823	0		6.00
7.00	CLINIC	90.00	4,374	1,157	0		7.00
	0		539,867	333,057			
	V - LIBERTY BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	127,729	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,640	9		2.00
	0		0	131,369			
	X - ACCRUED PTO						
1.00	ADMINISTRATIVE & GENERAL	5.00		60,220	0		1.00
2.00	DIETARY	10.00		15,211	0		2.00
3.00	NURSING ADMINISTRATION	13.00		99,834	0		3.00
4.00	PHARMACY	15.00		30,954	0		4.00
5.00	CENTRAL STERILIZATION	18.01		4,715	0		5.00
6.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00		249	0		6.00
7.00	ADULTS & PEDIATRICS	30.00		75,707	0		7.00
8.00	CORONARY CARE UNIT	32.00		155,704	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00		21,850	0		9.00
10.00	OPERATING ROOM	50.00		95,950	0		10.00
11.00	RECOVERY ROOM	51.00		66,205	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00		41,276	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		8,526	0		13.00
14.00	CT SCAN	57.00		6,932	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00		70,393	0		15.00
16.00	RESPIRATORY THERAPY	65.00		61,391	0		16.00
17.00	ELECTROCARDIOLOGY	69.00		3,335	0		17.00
18.00	OP PHARMACY	73.01		12,146	0		18.00
19.00	CLINIC	90.00		4,110	0		19.00
20.00	OP ONCOLOGY INFUSION CENTER	90.01		66,453	0		20.00
21.00	OP PSYCH CLINIC	90.05		2,519	0		21.00
22.00	EMERGENCY	91.00		43,397	0		22.00
23.00	AMBULANCE SERVICES	95.00		61,326	0		23.00
24.00	PROMPTCARE	190.01		24,965	0		24.00
25.00	COMMUNITY HEALTH SERVICES	190.11		662	0		25.00
	0		0	1,034,030			
	Y - REHAB - COVID						
1.00	SUBPROVIDER - IRF	41.00	413,630	134,935	0		1.00
	0		413,630	134,935			
	Z - CENTRAL SUPPLY SALARY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	150	0		1.00
	TOTALS		0	150			
	AA - BLOOD STORAGE						
1.00	ELECTROCARDIOLOGY	69.00		30	0		1.00
2.00	COMMUNITY HEALTH SERVICES	190.11		4,418	0		2.00
	TOTALS		0	4,448			

RECLASSIFICATIONS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/26/2022 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AB - PACU RECLASS						
1.00	RECOVERY ROOM	51.00	99,450	14,434	0		1.00
	TOTALS		99,450	14,434			
	AC - GRANT						
1.00	COMMUNITY HEALTH SERVICES	190.11	2,819,349	2,777,670	0		1.00
2.00	OLCOTT	190.03	0	3,697	0		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	272,500	0		3.00
	TOTALS		2,819,349	3,053,867			
	AD - PHYSICIAN						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,672,397	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
	TOTALS		0	2,672,397			
500.00	Grand Total: Decreases		7,268,671	122,445,454			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-7 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,741,447	0	0	0	0	1.00
2.00	Land Improvements	2,058,207	0	0	0	0	2.00
3.00	Buildings and Fixtures	150,733,671	346,440,250	0	346,440,250	0	3.00
4.00	Building Improvements	11,327,645	3,673,354	0	3,673,354	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	139,282,710	107,666,652	0	107,666,652	10,458,786	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	323,143,680	457,780,256	0	457,780,256	10,458,786	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	323,143,680	457,780,256	0	457,780,256	10,458,786	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	19,741,447	0	1.00
2.00	Land Improvements	2,058,207	2,047,204	2.00
3.00	Buildings and Fixtures	497,173,921	143,654,369	3.00
4.00	Building Improvements	15,000,999	9,163,727	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	236,490,576	97,455,921	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	770,465,150	252,321,221	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	770,465,150	252,321,221	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-7 Part II | Date/Time Prepared: 5/26/2022 1:09 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	0		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-7 Part III Date/Time Prepared: 5/26/2022 1:09 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	533,974,573	0	533,974,573	0.693055	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	236,490,577	0	236,490,577	0.306945	0	2.00
3.00	Total (sum of lines 1-2)	770,465,150	0	770,465,150	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,859,939	1,440,663	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,557,798	-31,140	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,417,737	1,409,523	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-611,302	0	0	0	8,689,300	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	233,548	9,760,206	2.00
3.00	Total (sum of lines 1-2)	-611,302	0	0	233,548	18,449,506	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8 | Date/Time Prepared: 5/26/2022 1:09 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-123,514	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-18,414,000			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	36,737,292			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-204,864	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
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-2,050	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8 | Date/Time Prepared: 5/26/2022 1:09 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	MISCELLANEOUS INCOME	B	146,241	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-646,251	OPERATION OF PLANT	7.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-38,000	HOUSEKEEPING	9.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-53,284	DIETARY	10.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-77,822	NURSING ADMINISTRATION	13.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-244	PHARMACY	15.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-13,875	ADULTS & PEDIATRICS	30.00	0	33.07
33.10	MISCELLANEOUS INCOME	B	-32,139	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-428,312	LABORATORY	60.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-89	PHYSICAL THERAPY	66.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	2,679	ELECTROCARDIOLOGY	69.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-64,500	ELECTROENCEPHALOGRAPHY	70.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-16,616	OP PHARMACY	73.01	0	33.15
33.16	MISCELLANEOUS INCOME	B	-35,161	CLINIC	90.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-978,294	AMBULANCE SERVICES	95.00	0	33.17
33.19	MISCELLANEOUS INCOME	B	-25,650	PROMPTCARE	190.01	0	33.19
33.20	MISCELLANEOUS INCOME	B	-2,328,024	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.20
33.21	UNNECESSARY BORROWING	A	-484,072	CAP REL COSTS-BLDG & FIXT	1.00	11	33.21
33.22	TELEPHONE EXPENSE	A	-344	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	TELEPHONE EXPENSE	A	-39	OPERATION OF PLANT	7.00	0	33.23
33.24	TELEPHONE EXPENSE	A	-194	HOUSEKEEPING	9.00	0	33.24
33.25	TELEPHONE EXPENSE	A	-127	NURSING ADMINISTRATION	13.00	0	33.25
33.26	TELEPHONE EXPENSE	A	-180	ADULTS & PEDIATRICS	30.00	0	33.26
33.27	TELEPHONE EXPENSE	A	-14	INTENSIVE CARE UNIT	31.00	0	33.27
33.28	TELEPHONE EXPENSE	A	-9	CORONARY CARE UNIT	32.00	0	33.28
33.29	TELEPHONE EXPENSE	A	-14	NEONATAL INTENSIVE CARE UNIT	35.00	0	33.29
33.30	TELEPHONE EXPENSE	A	-14	SUBPROVIDER - IRF	41.00	0	33.30
33.31	TELEPHONE EXPENSE	A	-143	OPERATING ROOM	50.00	0	33.31
33.32	TELEPHONE EXPENSE	A	-370	RECOVERY ROOM	51.00	0	33.32
33.33	TELEPHONE EXPENSE	A	-25	DELIVERY ROOM & LABOR ROOM	52.00	0	33.33
33.34	TELEPHONE EXPENSE	A	-175	RADIOLOGY-DIAGNOSTIC	54.00	0	33.34
33.35	TELEPHONE EXPENSE	A	-25	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.35
33.36	TELEPHONE EXPENSE	A	-109	CARDIAC CATHETERIZATION	59.00	0	33.36
33.37	TELEPHONE EXPENSE	A	-13	RESPIRATORY THERAPY	65.00	0	33.37
33.38	TELEPHONE EXPENSE	A	-27	PHYSICAL THERAPY	66.00	0	33.38
33.39	TELEPHONE EXPENSE	A	-14	ELECTROCARDIOLOGY	69.00	0	33.39
33.40	TELEPHONE EXPENSE	A	-14	OP PSYCH CLINIC	90.05	0	33.40
33.41	PHYSICIAN RECRUITMENT	A	-12,204	ADMINISTRATIVE & GENERAL	5.00	0	33.41
33.42	PHYSICIAN RECRUITMENT	A	-2,098	ADULTS & PEDIATRICS	30.00	0	33.42
33.43	HAF FEES	A	-17,288,681	ADMINISTRATIVE & GENERAL	5.00	0	33.43
33.44	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11	33.44
33.45	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11	33.45
33.46	OTHER CARRYFORWARD ADJUSTMENTS	A	98,927	CAP REL COSTS-BLDG & FIXT	1.00	9	33.46
33.47	START UP COSTS	A	-15,499,720	ADMINISTRATIVE & GENERAL	5.00	0	33.47
33.48	NEW HOSPITAL START UP - AMORTIZATION	A	593,286	ADMINISTRATIVE & GENERAL	5.00	0	33.48
33.49	NONALLOWABLE MARKETING	A	-287,058	ADMINISTRATIVE & GENERAL	5.00	0	33.49
33.50	NONALLOWABLE MARKETING	A	-5,570	OPERATING ROOM	50.00	0	33.50
33.51	SIP PHARMACY RESIDENCY	A	44,595	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0	33.51
33.52	BENEFIT EXPENSE	A	-21,767,208	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.52
33.53	CONTRIBUTION EXPENSE	A	-86,705	ADMINISTRATIVE & GENERAL	5.00	0	33.53
33.54	CONTRIBUTION EXPENSE	A	-808	OPERATION OF PLANT	7.00	0	33.54
33.55	CONTRIBUTION EXPENSE	A	-772	AMBULANCE SERVICES	95.00	0	33.55
33.56	UNWONTED SITUATIONS	A	-4,600	ADMINISTRATIVE & GENERAL	5.00	0	33.56
33.57	UNWONTED SITUATIONS	A	-13,782	NURSING ADMINISTRATION	13.00	0	33.57
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,319,108				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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8-1 | Date/Time Prepared: 5/26/2022 1:09 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO ALLOCATION	2,343,866	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	1,801,946	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	23,642,553	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	63,536,109	59,028,933	3.01
3.02	30.00	ADULTS & PEDIATRICS	HO ALLOCATION	0	36,148	3.02
3.03	54.00	RADIOLOGY-DIAGNOSTIC	HO ALLOCATION	0	57,387	3.03
3.04	90.00	CLINIC	HO ALLOCATION	0	1,174	3.04
4.00	91.00	EMERGENCY	SIP ER	6,603,885	2,067,425	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	138,814	138,814	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	266,283	266,283	4.02
4.03	13.00	NURSING ADMINISTRATION	SHARED EMPLOYEES	70	70	4.03
4.04	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	5,585,427	5,585,427	4.04
4.05	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	340,898	340,898	4.05
4.06	50.00	OPERATING ROOM	SHARED EMPLOYEES	2,007,595	2,007,595	4.06
4.07	55.00	RADIOLOGY-THERAPEUTIC	SHARED EMPLOYEES	431,798	431,798	4.07
4.08	57.00	CT SCAN	SHARED EMPLOYEES	17,500	17,500	4.08
4.09	59.00	CARDIAC CATHETERIZATION	SHARED EMPLOYEES	464	464	4.09
4.10	60.00	LABORATORY	SHARED EMPLOYEES	16,032,143	16,032,143	4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	1,439,334	1,439,334	4.11
4.12	90.01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	162,520	162,520	4.12
4.13	90.02	WOUND CARE CENTER	SHARED EMPLOYEES	2,314	2,314	4.13
4.14	90.03	PAIN CLINIC	SHARED EMPLOYEES	2,314	2,314	4.14
4.16	95.00	AMBULANCE SERVICES	SHARED EMPLOYEES	265,341	265,341	4.16
4.17	190.01	PROMPTCARE	SHARED EMPLOYEES	398,374	398,374	4.17
4.18	190.11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	54,674	54,674	4.18
5.00	0		0	125,074,222	88,336,930	5.00

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

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
6.00	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8-1 | Date/Time Prepared: 5/26/2022 1:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,343,866	9		1.00
2.00	1,801,946	9		2.00
3.00	23,642,553	0		3.00
3.01	4,507,176	0		3.01
3.02	-36,148	0		3.02
3.03	-57,387	0		3.03
3.04	-1,174	0		3.04
4.00	4,536,460	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
5.00	36,737,292			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	PHYSICIAN GROUP		6.00
7.00	HOSPITAL		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8-2 | Date/Time Prepared: 5/26/2022 1:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	6,795,431	6,624,478	170,953	211,500	781	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	327,285	113,725	213,560	169,700	1,594	2.00
3.00	50.00	OPERATING ROOM	3,224,873	3,224,873	0	246,400	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	8,112	8,112	0	246,400	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	596,297	596,297	0	246,400	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	352,280	352,280	0	271,900	0	6.00
7.00	57.00	CT SCAN	62,631	62,631	0	271,900	0	7.00
8.00	66.00	PHYSICAL THERAPY	172,412	172,412	0	211,500	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	870,962	870,962	0	271,900	0	9.00
10.00	90.02	WOUND CARE CENTER	2,827	2,827	0	181,300	0	10.00
11.00	90.03	PAIN CLINIC	265,414	265,414	0	181,300	0	11.00
12.00	90.05	OP PSYCH CLINIC	28,226	28,226	0	181,300	0	12.00
13.00	91.00	EMERGENCY	5,916,303	5,916,303	0	211,500	0	13.00
14.00	95.00	AMBULANCE SERVICES	410	410	0	211,500	0	14.00
200.00			18,623,463	18,238,950	384,513		2,375	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	79,414	3,971	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	130,049	6,502	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	57.00	CT SCAN	0	0	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	90.02	WOUND CARE CENTER	0	0	0	0	0	10.00
11.00	90.03	PAIN CLINIC	0	0	0	0	0	11.00
12.00	90.05	OP PSYCH CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	14.00
200.00			209,463	10,473	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	79,414	91,539	6,716,017		1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	130,049	83,511	197,236		2.00
3.00	50.00	OPERATING ROOM	0	0	0	3,224,873		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	8,112		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	596,297		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	352,280		6.00
7.00	57.00	CT SCAN	0	0	0	62,631		7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	172,412		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	870,962		9.00
10.00	90.02	WOUND CARE CENTER	0	0	0	2,827		10.00
11.00	90.03	PAIN CLINIC	0	0	0	265,414		11.00
12.00	90.05	OP PSYCH CLINIC	0	0	0	28,226		12.00
13.00	91.00	EMERGENCY	0	0	0	5,916,303		13.00
14.00	95.00	AMBULANCE SERVICES	0	0	0	410		14.00
200.00			0	209,463	175,050	18,414,000		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,689,300	8,689,300				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,760,206		9,760,206			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,341,487	56,366	66,650	25,464,503		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	65,712,866	1,688,147	1,996,158	1,287,580	70,684,751	5.00
7.00	00700	OPERATION OF PLANT	13,223,854	1,374,716	1,625,540	469,039	16,693,149	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	224,668	14,858	17,569	0	257,095	8.00
9.00	00900	HOUSEKEEPING	3,565,140	32,891	38,892	382,635	4,019,558	9.00
10.00	01000	DIETARY	2,441,471	90,296	106,771	302,326	2,940,864	10.00
11.00	01100	CAFETERIA	815,101	55,468	65,588	110,600	1,046,757	11.00
13.00	01300	NURSING ADMINISTRATION	16,888,820	160,252	189,490	2,958,073	20,196,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,903,823	50,096	59,236	0	14,013,155	14.00
15.00	01500	PHARMACY	8,199,073	41,988	49,648	1,116,255	9,406,964	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,640	39,778	0	73,418	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	1,141,092	28,667	33,898	139,593	1,343,250	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	405,302	9,077	10,733	64,000	489,112	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,771,736	1,167,284	1,380,261	4,981,900	43,301,181	30.00
31.00	03100	INTENSIVE CARE UNIT	5,277,708	98,903	116,948	736,214	6,229,773	31.00
32.00	03200	CORONARY CARE UNIT	4,382,369	148,290	175,346	621,337	5,327,342	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,471,717	64,035	75,718	388,995	3,000,465	35.00
41.00	04100	SUBPROVIDER - IRF	968,015	71,564	84,621	133,191	1,257,391	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	826,256	41,349	48,893	135,220	1,051,718	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,186,527	477,790	564,965	1,317,857	14,547,139	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,128,726	43,945	51,963	713,513	4,938,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,726,993	325,546	384,943	568,150	5,005,632	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,799,912	181,770	214,935	690,226	5,886,843	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,964,460	226,054	267,299	443,457	3,901,270	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	870,221	17,115	20,237	123,514	1,031,087	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	704,283	19,461	23,012	108,966	855,722	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,804,789	74,669	88,293	277,144	2,244,895	59.00
60.00	06000	LABORATORY	16,830,715	165,284	195,441	416	17,191,856	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,509,359	12,172	14,393	612,786	4,148,710	65.00
66.00	06600	PHYSICAL THERAPY	7,081,560	96,367	113,949	1,232,981	8,524,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	660,476	23,225	27,463	110,005	821,169	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	788,170	39,911	47,193	28,029	903,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,554,509	0	0	0	9,554,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,318,551	0	0	0	14,318,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,375,676	0	0	0	37,375,676	73.00
73.01	07302	OP PHARMACY	1,662,141	0	0	83,069	1,745,210	73.01
74.00	07400	RENAL DIALYSIS	1,627,955	7,369	8,714	8	1,644,046	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	556,728	34,958	41,336	99,257	732,279	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,581,253	212,744	251,560	291,541	2,337,098	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	4,294,609	188,120	222,444	726,742	5,431,915	90.01
90.02	09002	WOUND CARE CENTER	676,096	46,631	55,139	109,549	887,415	90.02
90.03	09003	PAIN CLINIC	613,776	29,955	35,421	56,665	735,817	90.03
90.05	09005	OP PSYCH CLINIC	1,363,880	121,080	143,172	184,916	1,813,048	90.05
91.00	09100	EMERGENCY	9,980,887	268,680	317,703	1,096,237	11,663,507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,990,201	74,879	88,541	625,665	3,779,286	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	366,662,457	7,915,612	9,359,854	23,327,651	363,351,565	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	291,737	8,697	10,284	38,740	349,458	190.00
190.01	19001	PROMPTCARE	2,644,386	64,264	75,990	374,206	3,158,846	190.01
190.02	19002	RENTAL PROPERTIES	2,927	177,306	0	0	180,233	190.02
190.03	19003	OLCOTT	463,918	27,459	0	69,327	560,704	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	2,341	11,982	0	0	14,323	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	40,820	0	0	0	40,820	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	1,593,674	142,019	0	311,123	2,046,816	190.11
191.00	19100	RESEARCH	6,250	0	0	0	6,250	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	5,866,966	0	0	550,512	6,417,478	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	470,641	470,641	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	872,924	89,886	106,287	105,416	1,174,513	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	1,785,797	175,729	207,791	214,972	2,384,289	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	135,585	4,493	0	762	140,840	194.03
194.04	07954	HOME CARE	2,591	23,964	0	470	27,025	194.04
194.05	07955	HOSPICE	22,477	47,889	0	683	71,049	194.05
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)	380,394,850	8,689,300	9,760,206	25,464,503	380,394,850	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	70,684,751					5.00
7.00	00700	OPERATION OF PLANT	3,809,861	20,503,010				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	58,677	54,691	370,463			8.00
9.00	00900	HOUSEKEEPING	917,380	121,070	1	5,058,009		9.00
10.00	01000	DIETARY	671,190	332,372	0	15,697	3,960,123	10.00
11.00	01100	CAFETERIA	238,900	204,172	0	7,558	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,609,458	589,875	61	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,198,208	184,398	0	139,531	0	14.00
15.00	01500	PHARMACY	2,146,942	154,553	1,150	52,324	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,756	123,826	0	23,255	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	306,569	105,522	621	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	111,630	33,410	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,882,507	4,296,688	106,083	2,508,077	3,283,657	30.00
31.00	03100	INTENSIVE CARE UNIT	1,421,815	364,054	14,848	220,925	295,189	31.00
32.00	03200	CORONARY CARE UNIT	1,215,854	545,843	13,232	0	287,969	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	684,793	235,707	3,095	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	286,973	263,420	10,386	0	93,308	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	240,033	152,201	4,172	80,812	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,320,079	1,758,708	37,788	465,104	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,127,028	161,757	32,596	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,142,430	1,198,311	20,367	195,925	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,343,548	669,081	30,578	139,531	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	890,383	832,088	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	235,324	62,997	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	195,301	71,635	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	512,350	274,851	7,230	0	0	59.00
60.00	06000	LABORATORY	3,923,680	608,399	64	23,255	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	946,856	44,804	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,945,620	354,719	0	52,324	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	187,415	85,491	4,781	139,531	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206,160	146,908	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,180,616	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,267,909	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,530,213	0	0	0	0	73.00
73.01	07302	OP PHARMACY	398,308	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	375,219	27,125	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	167,127	128,678	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	533,394	783,094	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,239,721	692,457	5,717	0	0	90.01
90.02	09002	WOUND CARE CENTER	202,534	171,644	0	34,883	0	90.02
90.03	09003	PAIN CLINIC	167,935	110,264	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	413,790	445,686	0	0	0	90.05
91.00	09100	EMERGENCY	2,661,951	988,993	51,959	906,953	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	862,543	275,623	25,734	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,794,980	17,655,115	370,463	5,005,685	3,960,123	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,756	32,013	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	720,940	236,553	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	41,134	652,652	0	0	0	190.02
190.03	19003	OLCOTT	127,969	101,075	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	3,269	44,106	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	52,324	0	190.07
190.08	19008	UNUSED SPACE	9,316	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	467,143	522,761	0	0	0	190.11
191.00	19100	RESEARCH	1,426	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	1,464,655	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107,414	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	268,058	330,865	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	544,164	646,844	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	32,144	16,540	0	0	0	194.03
194.04	07954	HOME CARE	6,168	88,211	0	0	0	194.04
194.05	07955	HOSPICE	16,215	176,275	0	0	0	194.05
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)	70,684,751	20,503,010	370,463	5,058,009	3,960,123	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,497,387					11.00
13.00	01300	NURSING ADMINISTRATION	100,764	25,496,793				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,535,292			14.00
15.00	01500	PHARMACY	60,932	0	76,884	11,899,749		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	237,255	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	15,928	0	6,100	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	3,971	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	336,970	10,064,851	451,026	70,508	24,849	30.00
31.00	03100	INTENSIVE CARE UNIT	45,691	1,571,537	139,335	35,181	3,702	31.00
32.00	03200	CORONARY CARE UNIT	36,976	1,263,587	99,933	12,519	3,318	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,861	800,462	53,975	4,615	2,026	35.00
41.00	04100	SUBPROVIDER - IRF	8,841	276,058	8,948	907	408	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,603	228,515	29,336	1,715	500	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,722	2,058,082	4,114,390	36,966	28,719	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	47,077	1,556,970	78,705	26,390	4,400	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,100	1,028,761	84,325	11,588	4,645	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,449	302,614	283,518	19,584	6,178	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,450	149,928	9,232	2,038	11,671	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	8,243	18	38,216	6,112	4,453	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,603	72	1,631	3,386	1,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,117	455,805	621,274	12,720	8,718	59.00
60.00	06000	LABORATORY	54,397	0	0	0	15,198	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,603	4,633	284,039	26	2,556	65.00
66.00	06600	PHYSICAL THERAPY	81,347	0	5,758	83	3,768	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,825	4,760	7,782	987	3,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,663	0	2,709	0	922	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,316,259	0	10,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,468,402	0	17,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,461,466	39,712	73.00
73.01	07302	OP PHARMACY	4,602	541	1,145	0	224	73.01
74.00	07400	RENAL DIALYSIS	0	0	2,288	874	529	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	7,418	98,473	472	0	340	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	19,707	274,002	2,640	822	311	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	51,079	1,488,893	55,202	77,724	5,186	90.01
90.02	09002	WOUND CARE CENTER	8,834	229,579	12,079	69	988	90.02
90.03	09003	PAIN CLINIC	5,669	78,389	7,270	166	210	90.03
90.05	09005	OP PSYCH CLINIC	17,306	163,918	247	0	508	90.05
91.00	09100	EMERGENCY	79,425	2,660,732	213,790	107,969	26,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	61,552	34,020	41,866	5,324	3,451	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,347,725	24,795,200	17,518,776	11,899,739	237,255	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,846	15,216	0	0	0	190.00
190.01	19001	PROMPTCARE	24,796	207,963	10,221	10	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	5,169	117,873	1,185	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	72,185	356,340	5,110	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,041	1,983	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	4,744	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	9,720	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	58	2,218	0	0	0	194.03
194.04	07954	HOME CARE	34	0	0	0	0	194.04
194.05	07955	HOSPICE	69	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,497,387	25,496,793	17,535,292	11,899,749	237,255	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			18.00	18.01	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
18.00	01850	SOCIAL SERVICES	0					18.00
18.01	01851	CENTRAL STERILIZATION	0	1,777,990				18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	638,123			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	74,326,397	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10,342,050	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	8,806,573	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	4,807,999	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,206,640	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,795,605	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,777,990	0	28,230,687	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	7,973,070	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,722,084	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	8,725,924	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	5,827,060	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	1,386,450	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,135,461	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,153,960	0	59.00
60.00	06000	LABORATORY	0	0	0	21,816,849	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,467,227	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,968,476	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,265,122	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,262,665	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,062,060	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,072,581	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	638,123	58,045,190	0	73.00
73.01	07302	OP PHARMACY	0	0	0	2,150,030	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,050,081	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,134,787	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	3,951,068	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	9,047,894	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	1,548,025	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,105,720	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	2,854,503	0	90.05
91.00	09100	EMERGENCY	0	0	0	19,362,157	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	5,089,399	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			18.00	18.01	23.00	24.00	25.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,777,990	638,123	355,693,794	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	482,289	0	190.00
190.01	19001	PROMPTCARE	0	0	0	4,359,329	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	874,019	0	190.02
190.03	19003	OLCOTT	0	0	0	913,975	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	61,698	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	52,324	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	50,136	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	0	3,470,355	0	190.11
191.00	19100	RESEARCH	0	0	0	7,676	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	7,882,133	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	607,079	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	1,778,180	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	3,585,017	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	191,800	0	194.03
194.04	07954	HOME CARE	0	0	0	121,438	0	194.04
194.05	07955	HOSPICE	0	0	0	263,608	0	194.05
200.00		Cross Foot Adjustments			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)	0	1,777,990	638,123	380,394,850	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01850	SOCIAL SERVICES			18.00
18.01	01851	CENTRAL STERILIZATION			18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	74,326,397		30.00
31.00	03100	INTENSIVE CARE UNIT	10,342,050		31.00
32.00	03200	CORONARY CARE UNIT	8,806,573		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,807,999		35.00
41.00	04100	SUBPROVIDER - IRF	2,206,640		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	1,795,605		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	28,230,687		50.00
50.01	05001	CV SURGERY	0		50.01
51.00	05100	RECOVERY ROOM	7,973,070		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,722,084		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,725,924		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,827,060		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	1,386,450		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,135,461		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,153,960		59.00
60.00	06000	LABORATORY	21,816,849		60.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	5,467,227		65.00
66.00	06600	PHYSICAL THERAPY	10,968,476		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	1,265,122		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262,665		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,062,060		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,072,581		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,045,190		73.00
73.01	07302	OP PHARMACY	2,150,030		73.01
74.00	07400	RENAL DIALYSIS	2,050,081		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		75.01
76.97	07697	CARDIAC REHABILITATION	1,134,787		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	3,951,068		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	9,047,894		90.01
90.02	09002	WOUND CARE CENTER	1,548,025		90.02
90.03	09003	PAIN CLINIC	1,105,720		90.03
90.05	09005	OP PSYCH CLINIC	2,854,503		90.05
91.00	09100	EMERGENCY	19,362,157		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
95.00	09500	AMBULANCE SERVICES	5,089,399		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	355,693,794		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	482,289		190.00
190.01	19001	PROMPTCARE	4,359,329		190.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Total		
			26.00		
190.02	19002	RENTAL PROPERTIES	874,019		190.02
190.03	19003	OLCOTT	913,975		190.03
190.04	19004	PHYSICIAN RECRUITMENT	0		190.04
190.05	19005	FOUNDATION	61,698		190.05
190.06	19006	MARKETING	0		190.06
190.07	19007	HME STORE	52,324		190.07
190.08	19008	UNUSED SPACE	50,136		190.08
190.09	19009	CLINICAL TRIALS	0		190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0		190.10
190.11	19011	COMMUNITY HEALTH SERVICES	3,470,355		190.11
191.00	19100	RESEARCH	7,676		191.00
191.01	19101	RESEARCH	0		191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	7,882,133		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	607,079		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	1,778,180		194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	3,585,017		194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0		194.02
194.03	07953	IU HEALTH SIP	191,800		194.03
194.04	07954	HOME CARE	121,438		194.04
194.05	07955	HOSPICE	263,608		194.05
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	380,394,850		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	56,366	66,650	123,016	123,016	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,688,147	1,996,158	3,684,305	6,218	5.00
7.00	00700	OPERATION OF PLANT	0	1,374,716	1,625,540	3,000,256	2,265	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,858	17,569	32,427	0	8.00
9.00	00900	HOUSEKEEPING	0	32,891	38,892	71,783	1,848	9.00
10.00	01000	DIETARY	0	90,296	106,771	197,067	1,460	10.00
11.00	01100	CAFETERIA	0	55,468	65,588	121,056	534	11.00
13.00	01300	NURSING ADMINISTRATION	0	160,252	189,490	349,742	14,286	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	50,096	59,236	109,332	0	14.00
15.00	01500	PHARMACY	0	41,988	49,648	91,636	5,391	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,640	39,778	73,418	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	28,667	33,898	62,565	674	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	9,077	10,733	19,810	309	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,167,284	1,380,261	2,547,545	24,098	30.00
31.00	03100	INTENSIVE CARE UNIT	0	98,903	116,948	215,851	3,555	31.00
32.00	03200	CORONARY CARE UNIT	0	148,290	175,346	323,636	3,001	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	64,035	75,718	139,753	1,879	35.00
41.00	04100	SUBPROVIDER - IRF	0	71,564	84,621	156,185	643	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	41,349	48,893	90,242	653	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	477,790	564,965	1,042,755	6,364	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	43,945	51,963	95,908	3,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	325,546	384,943	710,489	2,744	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	181,770	214,935	396,705	3,333	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	226,054	267,299	493,353	2,142	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	17,115	20,237	37,352	597	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,461	23,012	42,473	526	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,669	88,293	162,962	1,338	59.00
60.00	06000	LABORATORY	0	165,284	195,441	360,725	2	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,172	14,393	26,565	2,959	65.00
66.00	06600	PHYSICAL THERAPY	0	96,367	113,949	210,316	5,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,225	27,463	50,688	531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	39,911	47,193	87,104	135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	401	73.01
74.00	07400	RENAL DIALYSIS	0	7,369	8,714	16,083	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	34,958	41,336	76,294	479	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	212,744	251,560	464,304	1,408	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	188,120	222,444	410,564	3,510	90.01
90.02	09002	WOUND CARE CENTER	0	46,631	55,139	101,770	529	90.02
90.03	09003	PAIN CLINIC	0	29,955	35,421	65,376	274	90.03
90.05	09005	OP PSYCH CLINIC	0	121,080	143,172	264,252	893	90.05
91.00	09100	EMERGENCY	0	268,680	317,703	586,383	5,294	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	74,879	88,541	163,420	3,022	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,915,612	9,359,854	17,275,466	112,696	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,697	10,284	18,981	187	190.00
190.01	19001	PROMPTCARE	0	64,264	75,990	140,254	1,807	190.01
190.02	19002	RENTAL PROPERTIES	0	177,306	0	177,306	0	190.02
190.03	19003	OLCOTT	0	27,459	0	27,459	335	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	11,982	0	11,982	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	142,019	0	142,019	1,503	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	2,659	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,273	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	89,886	106,287	196,173	509	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	175,729	207,791	383,520	1,038	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	4,493	0	4,493	4	194.03
194.04	07954	HOME CARE	0	23,964	0	23,964	2	194.04
194.05	07955	HOSPICE	0	47,889	0	47,889	3	194.05
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	8,689,300	9,760,206	18,449,506	123,016	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,690,523					5.00
7.00	00700	OPERATION OF PLANT	198,916	3,201,437				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,064	8,540	44,031			8.00
9.00	00900	HOUSEKEEPING	47,897	18,904	0	140,432		9.00
10.00	01000	DIETARY	35,043	51,898	0	436	285,904	10.00
11.00	01100	CAFETERIA	12,473	31,880	0	210	0	11.00
13.00	01300	NURSING ADMINISTRATION	240,663	92,106	7	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	166,981	28,793	0	3,874	0	14.00
15.00	01500	PHARMACY	112,093	24,133	137	1,453	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	875	19,335	0	646	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	16,006	16,477	74	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	5,828	5,217	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	515,994	670,908	12,608	69,633	237,067	30.00
31.00	03100	INTENSIVE CARE UNIT	74,234	56,845	1,765	6,134	21,311	31.00
32.00	03200	CORONARY CARE UNIT	63,481	85,230	1,573	0	20,790	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35,754	36,804	368	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	14,983	41,132	1,234	0	6,736	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,532	23,765	496	2,244	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	173,344	274,613	4,491	12,913	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	58,843	25,258	3,874	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,647	187,110	2,421	5,440	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,148	104,473	3,634	3,874	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	46,488	129,926	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	12,286	9,837	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,197	11,185	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,750	42,917	859	0	0	59.00
60.00	06000	LABORATORY	204,858	94,998	8	646	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	49,436	6,996	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	101,582	55,387	0	1,453	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,785	13,349	568	3,874	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,764	22,939	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	113,852	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	170,620	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	445,369	0	0	0	0	73.00
73.01	07302	OP PHARMACY	20,796	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	19,590	4,235	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	8,726	20,092	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	27,849	122,276	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	64,727	108,123	680	0	0	90.01
90.02	09002	WOUND CARE CENTER	10,574	26,801	0	968	0	90.02
90.03	09003	PAIN CLINIC	8,768	17,217	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	21,604	69,592	0	0	0	90.05
91.00	09100	EMERGENCY	138,982	154,426	6,175	25,181	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	45,034	43,037	3,059	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,487,436	2,756,754	44,031	138,979	285,904	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,164	4,999	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	37,641	36,936	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	2,148	101,908	0	0	0	190.02
190.03	19003	OLCOTT	6,681	15,782	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	171	6,887	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	1,453	0	190.07
190.08	19008	UNUSED SPACE	486	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	24,390	81,626	0	0	0	190.11
191.00	19100	RESEARCH	74	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	76,471	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,608	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	13,995	51,663	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	28,411	101,001	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	1,678	2,583	0	0	0	194.03
194.04	07954	HOME CARE	322	13,774	0	0	0	194.04
194.05	07955	HOSPICE	847	27,524	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,690,523	3,201,437	44,031	140,432	285,904	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	166,153					11.00
13.00	01300	NURSING ADMINISTRATION	11,181	707,985				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	308,980			14.00
15.00	01500	PHARMACY	6,761	0	1,355	242,959		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	94,274	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	1,767	0	107	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	441	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,388	279,475	7,947	1,440	9,940	30.00
31.00	03100	INTENSIVE CARE UNIT	5,070	43,638	2,455	718	1,481	31.00
32.00	03200	CORONARY CARE UNIT	4,103	35,087	1,761	256	1,327	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,537	22,227	951	94	810	35.00
41.00	04100	SUBPROVIDER - IRF	981	7,665	158	19	163	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	733	6,345	517	35	200	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,512	57,148	72,497	755	11,488	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,224	43,233	1,387	539	1,760	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,340	28,566	1,486	237	1,858	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,932	8,403	4,996	400	2,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,379	4,163	163	42	4,668	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	915	1	673	125	1,781	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	733	2	29	69	444	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,788	12,657	10,947	260	3,487	59.00
60.00	06000	LABORATORY	6,036	0	0	0	6,079	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,951	129	5,005	1	1,022	65.00
66.00	06600	PHYSICAL THERAPY	9,026	0	101	2	1,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,090	132	137	20	1,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	296	0	48	0	369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	76,054	0	4,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	113,977	0	7,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	234,008	15,259	73.00
73.01	07302	OP PHARMACY	511	15	20	0	90	73.01
74.00	07400	RENAL DIALYSIS	0	0	40	18	212	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	823	2,734	8	0	136	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,187	7,608	47	17	124	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	5,668	41,343	973	1,587	2,074	90.01
90.02	09002	WOUND CARE CENTER	980	6,375	213	1	395	90.02
90.03	09003	PAIN CLINIC	629	2,177	128	3	84	90.03
90.05	09005	OP PSYCH CLINIC	1,920	4,552	4	0	203	90.05
91.00	09100	EMERGENCY	8,813	73,882	3,767	2,204	10,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	6,830	945	738	109	1,380	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,545	688,502	308,689	242,959	94,274	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	649	423	0	0	0	190.00
190.01	19001	PROMPTCARE	2,751	5,775	180	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	574	3,273	21	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	8,010	9,895	90	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,001	55	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	526	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	1,079	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	6	62	0	0	0	194.03
194.04	07954	HOME CARE	4	0	0	0	0	194.04
194.05	07955	HOSPICE	8	0	0	0	0	194.05
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)	166,153	707,985	308,980	242,959	94,274	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			18.00	18.01	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
18.00	01850	SOCIAL SERVICES	0					18.00
18.01	01851	CENTRAL STERILIZATION	0	97,670				18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	31,605			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0		4,414,043	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		433,057	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0		540,245	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		241,177	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0		229,899	0	41.00
42.00	04200	SUBPROVIDER	0	0		0	0	42.00
43.00	04300	NURSERY	0	0		137,762	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	97,670		1,763,550	0	50.00
50.01	05001	CV SURGERY	0	0		0	0	50.01
51.00	05100	RECOVERY ROOM	0	0		239,472	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		1,003,338	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		603,369	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		684,324	0	55.00
56.00	05600	RADIOISOTOPE	0	0		0	0	56.00
57.00	05700	CT SCAN	0	0		63,567	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		65,658	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		263,965	0	59.00
60.00	06000	LABORATORY	0	0		673,352	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		96,064	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		385,329	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		81,527	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		121,655	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		194,177	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		291,684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		694,636	0	73.00
73.01	07302	OP PHARMACY	0	0		21,833	0	73.01
74.00	07400	RENAL DIALYSIS	0	0		40,178	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0		109,292	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		625,820	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0		639,249	0	90.01
90.02	09002	WOUND CARE CENTER	0	0		148,606	0	90.02
90.03	09003	PAIN CLINIC	0	0		94,656	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0		363,020	0	90.05
91.00	09100	EMERGENCY	0	0		1,015,858	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0		267,574	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0		0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			18.00	18.01	23.00	24.00	25.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	0	115.00
116.00	11600	HOSPICE	0	0		0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	97,670	0	16,547,936	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		29,403	0	190.00
190.01	19001	PROMPTCARE	0	0		225,344	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0		281,362	0	190.02
190.03	19003	OLCOTT	0	0		54,125	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0		0	0	190.04
190.05	19005	FOUNDATION	0	0		19,040	0	190.05
190.06	19006	MARKETING	0	0		0	0	190.06
190.07	19007	HME STORE	0	0		1,453	0	190.07
190.08	19008	UNUSED SPACE	0	0		486	0	190.08
190.09	19009	CLINICAL TRIALS	0	0		0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0		0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0		267,533	0	190.11
191.00	19100	RESEARCH	0	0		74	0	191.00
191.01	19101	RESEARCH	0	0		0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0		79,130	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		10,937	0	192.00
193.00	19300	NONPAID WORKERS	0	0		0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0		262,866	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0		515,049	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0		0	0	194.02
194.03	07953	IU HEALTH SIP	0	0		8,826	0	194.03
194.04	07954	HOME CARE	0	0		38,066	0	194.04
194.05	07955	HOSPICE	0	0		76,271	0	194.05
200.00		Cross Foot Adjustments			31,605	31,605	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	97,670	31,605	18,449,506	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01850	SOCIAL SERVICES			18.00
18.01	01851	CENTRAL STERILIZATION			18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	4,414,043		30.00
31.00	03100	INTENSIVE CARE UNIT	433,057		31.00
32.00	03200	CORONARY CARE UNIT	540,245		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	241,177		35.00
41.00	04100	SUBPROVIDER - IRF	229,899		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	137,762		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,763,550		50.00
50.01	05001	CV SURGERY	0		50.01
51.00	05100	RECOVERY ROOM	239,472		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,003,338		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	603,369		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	684,324		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	63,567		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	65,658		58.00
59.00	05900	CARDIAC CATHETERIZATION	263,965		59.00
60.00	06000	LABORATORY	673,352		60.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	96,064		65.00
66.00	06600	PHYSICAL THERAPY	385,329		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	81,527		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,655		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	194,177		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	291,684		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	694,636		73.00
73.01	07302	OP PHARMACY	21,833		73.01
74.00	07400	RENAL DIALYSIS	40,178		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		75.01
76.97	07697	CARDIAC REHABILITATION	109,292		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	625,820		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	639,249		90.01
90.02	09002	WOUND CARE CENTER	148,606		90.02
90.03	09003	PAIN CLINIC	94,656		90.03
90.05	09005	OP PSYCH CLINIC	363,020		90.05
91.00	09100	EMERGENCY	1,015,858		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
95.00	09500	AMBULANCE SERVICES	267,574		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,547,936		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,403		190.00
190.01	19001	PROMPTCARE	225,344		190.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	Total		
			26.00		
190.02	19002	RENTAL PROPERTIES	281,362		190.02
190.03	19003	OLCOTT	54,125		190.03
190.04	19004	PHYSICIAN RECRUITMENT	0		190.04
190.05	19005	FOUNDATION	19,040		190.05
190.06	19006	MARKETING	0		190.06
190.07	19007	HME STORE	1,453		190.07
190.08	19008	UNUSED SPACE	486		190.08
190.09	19009	CLINICAL TRIALS	0		190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0		190.10
190.11	19011	COMMUNITY HEALTH SERVICES	267,533		190.11
191.00	19100	RESEARCH	74		191.00
191.01	19101	RESEARCH	0		191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	79,130		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,937		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	262,866		194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	515,049		194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0		194.02
194.03	07953	IU HEALTH SIP	8,826		194.03
194.04	07954	HOME CARE	38,066		194.04
194.05	07955	HOSPICE	76,271		194.05
200.00		Cross Foot Adjustments	31,605		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	18,449,506		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	870,222					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		826,646				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,645	5,645	130,411,959			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	169,066	169,066	6,594,116	-70,684,751	309,710,099	5.00
7.00	00700	OPERATION OF PLANT	137,676	137,676	2,402,101	0	16,693,149	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,488	1,488	0	0	257,095	8.00
9.00	00900	HOUSEKEEPING	3,294	3,294	1,959,600	0	4,019,558	9.00
10.00	01000	DIETARY	9,043	9,043	1,548,311	0	2,940,864	10.00
11.00	01100	CAFETERIA	5,555	5,555	566,418	0	1,046,757	11.00
13.00	01300	NURSING ADMINISTRATION	16,049	16,049	15,149,252	0	20,196,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,017	5,017	0	0	14,013,155	14.00
15.00	01500	PHARMACY	4,205	4,205	5,716,705	0	9,406,964	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,369	3,369	0	0	73,418	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	2,871	2,871	714,902	0	1,343,250	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	909	909	327,767	0	489,112	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	116,902	116,902	25,513,911	0	43,301,181	30.00
31.00	03100	INTENSIVE CARE UNIT	9,905	9,905	3,770,391	0	6,229,773	31.00
32.00	03200	CORONARY CARE UNIT	14,851	14,851	3,182,067	0	5,327,342	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,413	6,413	1,992,167	0	3,000,465	35.00
41.00	04100	SUBPROVIDER - IRF	7,167	7,167	682,115	0	1,257,391	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,141	4,141	692,507	0	1,051,718	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,850	47,850	6,749,172	0	14,547,139	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,401	4,401	3,654,131	0	4,938,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,603	32,603	2,909,679	0	5,005,632	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,204	18,204	3,534,873	0	5,886,843	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,639	22,639	2,271,087	0	3,901,270	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,714	1,714	632,557	0	1,031,087	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,949	1,949	558,052	0	855,722	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,478	7,478	1,419,342	0	2,244,895	59.00
60.00	06000	LABORATORY	16,553	16,553	2,129	0	17,191,856	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,219	1,219	3,138,275	0	4,148,710	65.00
66.00	06600	PHYSICAL THERAPY	9,651	9,651	6,314,496	0	8,524,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,326	2,326	563,370	0	821,169	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,997	3,997	143,545	0	903,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,554,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,318,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	37,375,676	73.00
73.01	07302	OP PHARMACY	0	0	425,422	0	1,745,210	73.01
74.00	07400	RENAL DIALYSIS	738	738	40	0	1,644,046	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,501	3,501	508,328	0	732,279	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	21,306	21,306	1,493,075	0	2,337,098	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	18,840	18,840	3,721,880	0	5,431,915	90.01
90.02	09002	WOUND CARE CENTER	4,670	4,670	561,037	0	887,415	90.02
90.03	09003	PAIN CLINIC	3,000	3,000	290,198	0	735,817	90.03
90.05	09005	OP PSYCH CLINIC	12,126	12,126	947,014	0	1,813,048	90.05
91.00	09100	EMERGENCY	26,908	26,908	5,614,183	0	11,663,507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	7,499	7,499	3,204,234	0	3,779,286	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	792,738	792,738	119,468,449	-70,684,751	292,666,814	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	871	871	198,401	0	349,458	190.00
190.01	19001	PROMPTCARE	6,436	6,436	1,916,431	0	3,158,846	190.01
190.02	19002	RENTAL PROPERTIES	17,757	0	0	0	180,233	190.02
190.03	19003	OLCOTT	2,750	0	355,045	0	560,704	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	0	0	0	14,323	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	40,820	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	14,223	0	1,593,361	0	2,046,816	190.11
191.00	19100	RESEARCH	0	0	0	0	6,250	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	2,819,349	0	6,417,478	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,410,306	0	470,641	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	9,002	9,002	539,867	0	1,174,513	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	17,599	17,599	1,100,943	0	2,384,289	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	450	0	3,902	0	140,840	194.03
194.04	07954	HOME CARE	2,400	0	2,407	0	27,025	194.04
194.05	07955	HOSPICE	4,796	0	3,498	0	71,049	194.05
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)	8,689,300	9,760,206	25,464,503		70,684,751	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.985153	11.806996	0.195262		0.228229	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			123,016		3,690,523	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000943		0.011916	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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	557,835					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,488	1,212,391				8.00
9.00	00900	HOUSEKEEPING	3,294	2	8,700			9.00
10.00	01000	DIETARY	9,043	0	27	57,593		10.00
11.00	01100	CAFETERIA	5,555	0	13	0	3,164,294	11.00
13.00	01300	NURSING ADMINISTRATION	16,049	198	0	0	212,935	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,017	0	240	0	0	14.00
15.00	01500	PHARMACY	4,205	3,763	90	0	128,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,369	0	40	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	2,871	2,031	0	0	33,660	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	909	0	0	0	8,392	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	116,902	347,169	4,314	47,755	712,091	30.00
31.00	03100	INTENSIVE CARE UNIT	9,905	48,591	380	4,293	96,554	31.00
32.00	03200	CORONARY CARE UNIT	14,851	43,304	0	4,188	78,137	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,413	10,130	0	0	48,311	35.00
41.00	04100	SUBPROVIDER - IRF	7,167	33,991	0	1,357	18,682	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,141	13,654	139	0	13,953	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,850	123,667	800	0	181,149	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,401	106,674	0	0	99,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,603	66,655	337	0	63,608	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,204	100,072	240	0	93,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,639	0	0	0	64,347	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,714	0	0	0	17,419	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,949	0	0	0	13,953	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,478	23,661	0	0	34,058	59.00
60.00	06000	LABORATORY	16,553	210	40	0	114,953	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,219	0	0	0	75,237	65.00
66.00	06600	PHYSICAL THERAPY	9,651	0	90	0	171,903	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,326	15,645	240	0	20,762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,997	0	0	0	5,628	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	9,726	73.01
74.00	07400	RENAL DIALYSIS	738	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,501	0	0	0	15,675	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	21,306	0	0	0	41,645	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	18,840	18,711	0	0	107,940	90.01
90.02	09002	WOUND CARE CENTER	4,670	0	60	0	18,668	90.02
90.03	09003	PAIN CLINIC	3,000	0	0	0	11,979	90.03
90.05	09005	OP PSYCH CLINIC	12,126	0	0	0	36,572	90.05
91.00	09100	EMERGENCY	26,908	170,044	1,560	0	167,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	7,499	84,219	0	0	130,073	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	480,351	1,212,391	8,610	57,593	2,848,027	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	871	0	0	0	12,353	190.00
190.01	19001	PROMPTCARE	6,436	0	0	0	52,399	190.01
190.02	19002	RENTAL PROPERTIES	17,757	0	0	0	0	190.02
190.03	19003	OLCOTT	2,750	0	0	0	10,923	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	90	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	14,223	0	0	0	152,542	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	57,143	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	9,002	0	0	0	10,026	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	17,599	0	0	0	20,540	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	450	0	0	0	123	194.03
194.04	07954	HOME CARE	2,400	0	0	0	72	194.04
194.05	07955	HOSPICE	4,796	0	0	0	146	194.05
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)	20,503,010	370,463	5,058,009	3,960,123	1,497,387	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.754614	0.305564	581.380345	68.760492	0.473214	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,201,437	44,031	140,432	285,904	166,153	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.739039	0.036317	16.141609	4.964214	0.052509	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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
			13.00	14.00	15.00	16.00	18.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,414,223					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,816,319				14.00
15.00	01500	PHARMACY	0	170,190	38,804,902			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,979,057,736		16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	13,504	0	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	558,264	998,396	229,926	207,076,848	0	30.00
31.00	03100	INTENSIVE CARE UNIT	87,168	308,433	114,725	30,845,931	0	31.00
32.00	03200	CORONARY CARE UNIT	70,087	221,212	40,825	27,647,790	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	44,399	119,480	15,050	16,879,676	0	35.00
41.00	04100	SUBPROVIDER - IRF	15,312	19,807	2,958	3,396,448	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,675	64,939	5,593	4,169,160	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	114,155	9,107,650	120,544	239,328,144	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	86,360	174,222	86,058	36,670,565	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,062	186,663	37,787	38,708,351	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,785	627,598	63,862	51,483,232	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,316	20,436	6,646	97,256,258	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1	84,596	19,930	37,104,892	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4	3,610	11,041	9,259,042	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,282	1,375,257	41,481	72,646,195	0	59.00
60.00	06000	LABORATORY	0	0	0	126,652,432	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	257	628,751	84	21,296,753	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,747	270	31,396,128	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	264	17,227	3,218	28,178,028	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,997	0	7,685,510	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,554,509	0	88,969,814	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,318,550	0	147,655,652	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	37,375,675	332,874,658	0	73.00
73.01	07302	OP PHARMACY	30	2,534	0	1,867,246	0	73.01
74.00	07400	RENAL DIALYSIS	0	5,065	2,849	4,411,873	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	5,462	1,045	0	2,836,327	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,198	5,845	2,681	2,592,524	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	82,584	122,195	253,457	43,214,846	0	90.01
90.02	09002	WOUND CARE CENTER	12,734	26,739	225	8,233,107	0	90.02
90.03	09003	PAIN CLINIC	4,348	16,093	540	1,747,486	0	90.03
90.05	09005	OP PSYCH CLINIC	9,092	547	0	4,235,570	0	90.05
91.00	09100	EMERGENCY	147,582	473,247	352,085	223,980,081	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,887	92,676	17,360	28,757,169	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
			13.00	14.00	15.00	16.00	18.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,375,308	38,779,760	38,804,870	1,979,057,736	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	844	0	0	0	0	190.00
190.01	19001	PROMPTCARE	11,535	22,625	32	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	6,538	2,623	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	19,765	11,311	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	110	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	123	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
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)	25,496,793	17,535,292	11,899,749	237,255	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.028835	0.451751	0.306656	0.000120	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	707,985	308,980	242,959	94,274	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.500618	0.007960	0.006261	0.000048	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	PARAMED ED PRGM-PHARMACY RESIDENCY (TIME SPENT)		
			18.01	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
18.00	01850	SOCIAL SERVICES				18.00
18.01	01851	CENTRAL STERILIZATION	100			18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	100	0		50.00
50.01	05001	CV SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	100		73.00
73.01	07302	OP PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0		90.01
90.02	09002	WOUND CARE CENTER	0	0		90.02
90.03	09003	PAIN CLINIC	0	0		90.03
90.05	09005	OP PSYCH CLINIC	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	PARAMED ED PRGM-PHARMACY RESIDENCY (TIME SPENT)				
			18.01	23.00				
116.00	11600	HOSPICE	0	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100				118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	PROMPTCARE	0	0				190.01
190.02	19002	RENTAL PROPERTIES	0	0				190.02
190.03	19003	OLCOTT	0	0				190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0				190.04
190.05	19005	FOUNDATION	0	0				190.05
190.06	19006	MARKETING	0	0				190.06
190.07	19007	HME STORE	0	0				190.07
190.08	19008	UNUSED SPACE	0	0				190.08
190.09	19009	CLINICAL TRIALS	0	0				190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0				190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0				190.11
191.00	19100	RESEARCH	0	0				191.00
191.01	19101	RESEARCH	0	0				191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0				191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0				194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0				194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0				194.02
194.03	07953	IU HEALTH SIP	0	0				194.03
194.04	07954	HOME CARE	0	0				194.04
194.05	07955	HOSPICE	0	0				194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,777,990	638,123				202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17,779.900000	6,381.230000				203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	97,670	31,605				204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	976.700000	316.050000				205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	74,326,397		74,326,397	91,539	74,417,936	30.00
31.00	03100	INTENSIVE CARE UNIT	10,342,050		10,342,050	0	10,342,050	31.00
32.00	03200	CORONARY CARE UNIT	8,806,573		8,806,573	0	8,806,573	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,807,999		4,807,999	83,511	4,891,510	35.00
41.00	04100	SUBPROVIDER - IRF	2,206,640		2,206,640	0	2,206,640	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,795,605		1,795,605	0	1,795,605	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,230,687		28,230,687	0	28,230,687	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	7,973,070		7,973,070	0	7,973,070	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,722,084		8,722,084	0	8,722,084	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,725,924		8,725,924	0	8,725,924	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,827,060		5,827,060	0	5,827,060	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,386,450		1,386,450	0	1,386,450	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,135,461		1,135,461	0	1,135,461	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,153,960		4,153,960	0	4,153,960	59.00
60.00	06000	LABORATORY	21,816,849		21,816,849	0	21,816,849	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,467,227	0	5,467,227	0	5,467,227	65.00
66.00	06600	PHYSICAL THERAPY	10,968,476	0	10,968,476	0	10,968,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,265,122		1,265,122	0	1,265,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262,665		1,262,665	0	1,262,665	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,062,060		16,062,060	0	16,062,060	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,072,581		24,072,581	0	24,072,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,045,190		58,045,190	0	58,045,190	73.00
73.01	07302	OP PHARMACY	2,150,030		2,150,030	0	2,150,030	73.01
74.00	07400	RENAL DIALYSIS	2,050,081		2,050,081	0	2,050,081	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,134,787		1,134,787	0	1,134,787	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,951,068		3,951,068	0	3,951,068	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	9,047,894		9,047,894	0	9,047,894	90.01
90.02	09002	WOUND CARE CENTER	1,548,025		1,548,025	0	1,548,025	90.02
90.03	09003	PAIN CLINIC	1,105,720		1,105,720	0	1,105,720	90.03
90.05	09005	OP PSYCH CLINIC	2,854,503		2,854,503	0	2,854,503	90.05
91.00	09100	EMERGENCY	19,362,157		19,362,157	0	19,362,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,501,212		5,501,212		5,501,212	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,089,399		5,089,399	0	5,089,399	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	361,195,006	0	361,195,006	175,050	361,370,056	200.00
201.00		Less Observation Beds	5,501,212		5,501,212		5,501,212	201.00
202.00		Total (see instructions)	355,693,794	0	355,693,794	175,050	355,868,844	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	169,499,211		169,499,211			30.00
31.00	03100	INTENSIVE CARE UNIT	30,845,931		30,845,931			31.00
32.00	03200	CORONARY CARE UNIT	27,647,790		27,647,790			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,879,676		16,879,676			35.00
41.00	04100	SUBPROVIDER - IRF	3,396,448		3,396,448			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,169,160		4,169,160			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,927,572	155,400,572	239,328,144	0.117958	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,147,700	30,522,865	36,670,565	0.217424	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,000,338	2,708,013	38,708,351	0.225328	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,255,792	30,227,440	51,483,232	0.169491	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,468,474	92,787,784	97,256,258	0.059914	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	12,943,685	24,161,207	37,104,892	0.037366	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,902,537	6,356,505	9,259,042	0.122633	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,634,064	44,012,131	72,646,195	0.057181	0.000000	59.00
60.00	06000	LABORATORY	50,613,434	76,038,998	126,652,432	0.172258	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	18,565,996	2,730,757	21,296,753	0.256716	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,360,204	17,035,924	31,396,128	0.349358	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,345,172	12,832,856	28,178,028	0.044897	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,314,999	6,370,511	7,685,510	0.164292	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,703,250	55,266,564	88,969,814	0.180534	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,406,857	76,248,795	147,655,652	0.163032	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,428,664	231,445,994	332,874,658	0.174376	0.000000	73.00
73.01	07302	OP PHARMACY	0	1,867,246	1,867,246	1.151444	0.000000	73.01
74.00	07400	RENAL DIALYSIS	3,787,638	624,235	4,411,873	0.464674	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	266,395	2,569,932	2,836,327	0.400090	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,694	2,587,830	2,592,524	1.524024	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,725,955	39,488,891	43,214,846	0.209370	0.000000	90.01
90.02	09002	WOUND CARE CENTER	28,604	8,204,503	8,233,107	0.188024	0.000000	90.02
90.03	09003	PAIN CLINIC	0	1,747,486	1,747,486	0.632749	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	17,274	4,218,296	4,235,570	0.673936	0.000000	90.05
91.00	09100	EMERGENCY	52,832,289	171,147,792	223,980,081	0.086446	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	733,047	36,844,590	37,577,637	0.146396	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	138,803	28,618,366	28,757,169	0.176978	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	816,991,653	1,162,066,083	1,979,057,736			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	816,991,653	1,162,066,083	1,979,057,736			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.117958		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.217424		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.037366		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181		59.00
60.00	06000	LABORATORY	0.172258		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.256716		65.00
66.00	06600	PHYSICAL THERAPY	0.349358		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376		73.00
73.01	07302	OP PHARMACY	1.151444		73.01
74.00	07400	RENAL DIALYSIS	0.464674		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.400090		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.524024		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370		90.01
90.02	09002	WOUND CARE CENTER	0.188024		90.02
90.03	09003	PAIN CLINIC	0.632749		90.03
90.05	09005	OP PSYCH CLINIC	0.673936		90.05
91.00	09100	EMERGENCY	0.086446		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.176978		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	74,326,397		74,326,397	91,539	74,417,936	30.00
31.00	03100	INTENSIVE CARE UNIT	10,342,050		10,342,050	0	10,342,050	31.00
32.00	03200	CORONARY CARE UNIT	8,806,573		8,806,573	0	8,806,573	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,807,999		4,807,999	83,511	4,891,510	35.00
41.00	04100	SUBPROVIDER - IRF	2,206,640		2,206,640	0	2,206,640	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,795,605		1,795,605	0	1,795,605	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,230,687		28,230,687	0	28,230,687	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	7,973,070		7,973,070	0	7,973,070	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,722,084		8,722,084	0	8,722,084	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,725,924		8,725,924	0	8,725,924	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,827,060		5,827,060	0	5,827,060	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,386,450		1,386,450	0	1,386,450	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,135,461		1,135,461	0	1,135,461	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,153,960		4,153,960	0	4,153,960	59.00
60.00	06000	LABORATORY	21,816,849		21,816,849	0	21,816,849	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,467,227	0	5,467,227	0	5,467,227	65.00
66.00	06600	PHYSICAL THERAPY	10,968,476	0	10,968,476	0	10,968,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,265,122		1,265,122	0	1,265,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262,665		1,262,665	0	1,262,665	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,062,060		16,062,060	0	16,062,060	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,072,581		24,072,581	0	24,072,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,045,190		58,045,190	0	58,045,190	73.00
73.01	07302	OP PHARMACY	2,150,030		2,150,030	0	2,150,030	73.01
74.00	07400	RENAL DIALYSIS	2,050,081		2,050,081	0	2,050,081	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,134,787		1,134,787	0	1,134,787	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,951,068		3,951,068	0	3,951,068	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	9,047,894		9,047,894	0	9,047,894	90.01
90.02	09002	WOUND CARE CENTER	1,548,025		1,548,025	0	1,548,025	90.02
90.03	09003	PAIN CLINIC	1,105,720		1,105,720	0	1,105,720	90.03
90.05	09005	OP PSYCH CLINIC	2,854,503		2,854,503	0	2,854,503	90.05
91.00	09100	EMERGENCY	19,362,157		19,362,157	0	19,362,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,501,212		5,501,212		5,501,212	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,089,399		5,089,399	0	5,089,399	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	361,195,006	0	361,195,006	175,050	361,370,056	200.00
201.00		Less Observation Beds	5,501,212		5,501,212		5,501,212	201.00
202.00		Total (see instructions)	355,693,794	0	355,693,794	175,050	355,868,844	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	169,499,211		169,499,211			30.00
31.00	03100	INTENSIVE CARE UNIT	30,845,931		30,845,931			31.00
32.00	03200	CORONARY CARE UNIT	27,647,790		27,647,790			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,879,676		16,879,676			35.00
41.00	04100	SUBPROVIDER - IRF	3,396,448		3,396,448			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,169,160		4,169,160			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,927,572	155,400,572	239,328,144	0.117958	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,147,700	30,522,865	36,670,565	0.217424	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,000,338	2,708,013	38,708,351	0.225328	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,255,792	30,227,440	51,483,232	0.169491	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,468,474	92,787,784	97,256,258	0.059914	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	12,943,685	24,161,207	37,104,892	0.037366	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,902,537	6,356,505	9,259,042	0.122633	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,634,064	44,012,131	72,646,195	0.057181	0.000000	59.00
60.00	06000	LABORATORY	50,613,434	76,038,998	126,652,432	0.172258	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	18,565,996	2,730,757	21,296,753	0.256716	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,360,204	17,035,924	31,396,128	0.349358	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,345,172	12,832,856	28,178,028	0.044897	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,314,999	6,370,511	7,685,510	0.164292	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,703,250	55,266,564	88,969,814	0.180534	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,406,857	76,248,795	147,655,652	0.163032	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,428,664	231,445,994	332,874,658	0.174376	0.000000	73.00
73.01	07302	OP PHARMACY	0	1,867,246	1,867,246	1.151444	0.000000	73.01
74.00	07400	RENAL DIALYSIS	3,787,638	624,235	4,411,873	0.464674	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	266,395	2,569,932	2,836,327	0.400090	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,694	2,587,830	2,592,524	1.524024	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,725,955	39,488,891	43,214,846	0.209370	0.000000	90.01
90.02	09002	WOUND CARE CENTER	28,604	8,204,503	8,233,107	0.188024	0.000000	90.02
90.03	09003	PAIN CLINIC	0	1,747,486	1,747,486	0.632749	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	17,274	4,218,296	4,235,570	0.673936	0.000000	90.05
91.00	09100	EMERGENCY	52,832,289	171,147,792	223,980,081	0.086446	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	733,047	36,844,590	37,577,637	0.146396	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	138,803	28,618,366	28,757,169	0.176978	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	816,991,653	1,162,066,083	1,979,057,736			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	816,991,653	1,162,066,083	1,979,057,736			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.117958		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.217424		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.037366		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181		59.00
60.00	06000	LABORATORY	0.172258		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.256716		65.00
66.00	06600	PHYSICAL THERAPY	0.349358		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376		73.00
73.01	07302	OP PHARMACY	1.151444		73.01
74.00	07400	RENAL DIALYSIS	0.464674		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.400090		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.524024		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370		90.01
90.02	09002	WOUND CARE CENTER	0.188024		90.02
90.03	09003	PAIN CLINIC	0.632749		90.03
90.05	09005	OP PSYCH CLINIC	0.673936		90.05
91.00	09100	EMERGENCY	0.086446		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.176978		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
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: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part II | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	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	28,230,687	1,763,550	26,467,137	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	7,973,070	239,472	7,733,598	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,722,084	1,003,338	7,718,746	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,725,924	603,369	8,122,555	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,827,060	684,324	5,142,736	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,386,450	63,567	1,322,883	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,135,461	65,658	1,069,803	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,153,960	263,965	3,889,995	0	0	59.00
60.00	06000	LABORATORY	21,816,849	673,352	21,143,497	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,467,227	96,064	5,371,163	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,968,476	385,329	10,583,147	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,265,122	81,527	1,183,595	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262,665	121,655	1,141,010	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,062,060	194,177	15,867,883	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,072,581	291,684	23,780,897	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,045,190	694,636	57,350,554	0	0	73.00
73.01	07302	OP PHARMACY	2,150,030	21,833	2,128,197	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,050,081	40,178	2,009,903	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,134,787	109,292	1,025,495	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,951,068	625,820	3,325,248	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	9,047,894	639,249	8,408,645	0	0	90.01
90.02	09002	WOUND CARE CENTER	1,548,025	148,606	1,399,419	0	0	90.02
90.03	09003	PAIN CLINIC	1,105,720	94,656	1,011,064	0	0	90.03
90.05	09005	OP PSYCH CLINIC	2,854,503	363,020	2,491,483	0	0	90.05
91.00	09100	EMERGENCY	19,362,157	1,015,858	18,346,299	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,501,212	326,299	5,174,913	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,089,399	267,574	4,821,825	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	258,909,742	10,878,052	248,031,690	0	0	200.00
201.00		Less Observation Beds	5,501,212	326,299	5,174,913	0	0	201.00
202.00		Total (line 200 minus line 201)	253,408,530	10,551,753	242,856,777	0	0	202.00

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

Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part II Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		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		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	28,230,687	239,328,144	0.117958		50.00
50.01	05001	CV SURGERY	0	0	0.000000		50.01
51.00	05100	RECOVERY ROOM	7,973,070	36,670,565	0.217424		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,722,084	38,708,351	0.225328		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,725,924	51,483,232	0.169491		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,827,060	97,256,258	0.059914		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700	CT SCAN	1,386,450	37,104,892	0.037366		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,135,461	9,259,042	0.122633		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,153,960	72,646,195	0.057181		59.00
60.00	06000	LABORATORY	21,816,849	126,652,432	0.172258		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,467,227	21,296,753	0.256716		65.00
66.00	06600	PHYSICAL THERAPY	10,968,476	31,396,128	0.349358		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,265,122	28,178,028	0.044897		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262,665	7,685,510	0.164292		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,062,060	88,969,814	0.180534		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,072,581	147,655,652	0.163032		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,045,190	332,874,658	0.174376		73.00
73.01	07302	OP PHARMACY	2,150,030	1,867,246	1.151444		73.01
74.00	07400	RENAL DIALYSIS	2,050,081	4,411,873	0.464674		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	1,134,787	2,836,327	0.400090		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3,951,068	2,592,524	1.524024		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	9,047,894	43,214,846	0.209370		90.01
90.02	09002	WOUND CARE CENTER	1,548,025	8,233,107	0.188024		90.02
90.03	09003	PAIN CLINIC	1,105,720	1,747,486	0.632749		90.03
90.05	09005	OP PSYCH CLINIC	2,854,503	4,235,570	0.673936		90.05
91.00	09100	EMERGENCY	19,362,157	223,980,081	0.086446		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,501,212	37,577,637	0.146396		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	5,089,399	28,757,169	0.176978		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	258,909,742	1,726,619,520			200.00
201.00		Less Observation Beds	5,501,212	0			201.00
202.00		Total (line 200 minus line 201)	253,408,530	1,726,619,520			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,414,043	0	4,414,043	51,567	85.60	30.00
31.00	INTENSIVE CARE UNIT	433,057		433,057	4,293	100.88	31.00
32.00	CORONARY CARE UNIT	540,245		540,245	4,188	129.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	241,177		241,177	3,527	68.38	35.00
41.00	SUBPROVIDER - IRF	229,899	0	229,899	1,357	169.42	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	137,762		137,762	2,816	48.92	43.00
200.00	Total (lines 30 through 199)	5,996,183		5,996,183	67,748		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	15,688	1,342,893	30.00
31.00	INTENSIVE CARE UNIT	1,512	152,531	31.00
32.00	CORONARY CARE UNIT	1,589	204,981	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	SUBPROVIDER - IRF	596	100,974	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	19,385	1,801,379	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part II Date/Time Prepared: 5/26/2022 1:09 pm

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	1,763,550	239,328,144	0.007369	32,165,879	237,030	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	239,472	36,670,565	0.006530	2,372,338	15,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,003,338	38,708,351	0.025920	162,454	4,211	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	603,369	51,483,232	0.011720	8,412,884	98,599	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	684,324	97,256,258	0.007036	2,059,324	14,489	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	63,567	37,104,892	0.001713	5,137,761	8,801	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	65,658	9,259,042	0.007091	1,089,005	7,722	58.00
59.00	05900	CARDIAC CATHETERIZATION	263,965	72,646,195	0.003634	11,015,922	40,032	59.00
60.00	06000	LABORATORY	673,352	126,652,432	0.005317	16,017,869	85,167	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	96,064	21,296,753	0.004511	5,745,333	25,917	65.00
66.00	06600	PHYSICAL THERAPY	385,329	31,396,128	0.012273	4,592,634	56,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,527	28,178,028	0.002893	6,354,248	18,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,655	7,685,510	0.015829	578,471	9,157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	194,177	88,969,814	0.002183	12,241,702	26,724	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	291,684	147,655,652	0.001975	32,539,431	64,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	694,636	332,874,658	0.002087	33,207,583	69,304	73.00
73.01	07302	OP PHARMACY	21,833	1,867,246	0.011693	0	0	73.01
74.00	07400	RENAL DIALYSIS	40,178	4,411,873	0.009107	1,773,831	16,154	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	109,292	2,836,327	0.038533	93,330	3,596	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	625,820	2,592,524	0.241394	4,613	1,114	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	639,249	43,214,846	0.014792	1,373,662	20,319	90.01
90.02	09002	WOUND CARE CENTER	148,606	8,233,107	0.018050	26,245	474	90.02
90.03	09003	PAIN CLINIC	94,656	1,747,486	0.054167	0	0	90.03
90.05	09005	OP PSYCH CLINIC	363,020	4,235,570	0.085707	4,265	366	90.05
91.00	09100	EMERGENCY	1,015,858	223,980,081	0.004535	18,931,081	85,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	326,299	37,577,637	0.008683	171,149	1,486	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,610,478	1,697,862,351		196,071,014	911,018	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part III Date/Time Prepared: 5/26/2022 1:09 pm

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	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	51,567	0.00	15,688	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,293	0.00	1,512	31.00
32.00	03200	CORONARY CARE UNIT		0	4,188	0.00	1,589	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,527	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,357	0.00	596	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	2,816	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	67,748		19,385	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	638,123	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	638,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	239,328,144	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	36,670,565	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,708,351	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,483,232	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	97,256,258	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	37,104,892	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,259,042	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	72,646,195	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	126,652,432	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,296,753	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	31,396,128	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,178,028	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,685,510	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,969,814	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,655,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	638,123	638,123	332,874,658	0.001917	73.00
73.01	07302	OP PHARMACY	0	0	0	1,867,246	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,411,873	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,836,327	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,592,524	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	43,214,846	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	8,233,107	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,747,486	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	4,235,570	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	223,980,081	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	37,577,637	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	638,123	638,123	1,697,862,351		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	32,165,879	0	32,176,225	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	2,372,338	0	6,813,995	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	162,454	0	12,939	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,412,884	0	6,380,550	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2,059,324	0	36,480,436	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	5,137,761	0	5,661,649	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,089,005	0	1,238,763	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	11,015,922	0	5,515,963	0	59.00
60.00	06000	LABORATORY	0.000000	16,017,869	0	6,832,860	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,745,333	0	596,543	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,592,634	0	124,847	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,354,248	0	3,637,354	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	578,471	0	1,266,184	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	12,241,702	0	15,987,407	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,539,431	0	20,520,886	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001917	33,207,583	63,659	91,264,023	174,953	73.00
73.01	07302	OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	1,773,831	0	45,623	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	93,330	0	894,872	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	4,613	0	1,187,232	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.000000	1,373,662	0	14,762,645	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	26,245	0	1,618,928	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	338,077	0	90.03
90.05	09005	OP PSYCH CLINIC	0.000000	4,265	0	305,629	0	90.05
91.00	09100	EMERGENCY	0.000000	18,931,081	0	26,636,449	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	171,149	0	20,795,663	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		196,071,014	63,659	301,095,742	174,953	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.117958	32,176,225	0	0	3,795,443	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.217424	6,813,995	0	0	1,481,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328	12,939	0	0	2,916	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491	6,380,550	0	0	1,081,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914	36,480,436	0	0	2,185,689	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.037366	5,661,649	0	0	211,553	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633	1,238,763	0	0	151,913	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181	5,515,963	0	0	315,408	59.00
60.00	06000	LABORATORY	0.172258	6,832,860	0	0	1,177,015	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.256716	596,543	0	0	153,142	65.00
66.00	06600	PHYSICAL THERAPY	0.349358	124,847	0	0	43,616	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897	3,637,354	0	0	163,306	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292	1,266,184	0	0	208,024	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534	15,987,407	0	0	2,886,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032	20,520,886	0	0	3,345,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376	91,264,023	0	58,204	15,914,255	73.00
73.01	07302	OP PHARMACY	1.151444	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.464674	45,623	0	0	21,200	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.400090	894,872	0	0	358,029	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.524024	1,187,232	0	0	1,809,370	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370	14,762,645	0	0	3,090,855	90.01
90.02	09002	WOUND CARE CENTER	0.188024	1,618,928	0	0	304,397	90.02
90.03	09003	PAIN CLINIC	0.632749	338,077	0	0	213,918	90.03
90.05	09005	OP PSYCH CLINIC	0.673936	305,629	0	0	205,974	90.05
91.00	09100	EMERGENCY	0.086446	26,636,449	0	0	2,302,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396	20,795,663	0	0	3,044,402	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.176978		0			95.00
200.00		Subtotal (see instructions)		301,095,742	0	58,204	44,467,843	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		301,095,742	0	58,204	44,467,843	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	CV SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	10,149		73.00
73.01	07302	OP PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0		90.01
90.02	09002	WOUND CARE CENTER	0	0		90.02
90.03	09003	PAIN CLINIC	0	0		90.03
90.05	09005	OP PSYCH CLINIC	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	10,149		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	10,149		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part II | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,763,550	239,328,144	0.007369	3,231	24	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	239,472	36,670,565	0.006530	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,003,338	38,708,351	0.025920	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	603,369	51,483,232	0.011720	5,596	66	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	684,324	97,256,258	0.007036	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	63,567	37,104,892	0.001713	4,944	8	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	65,658	9,259,042	0.007091	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	263,965	72,646,195	0.003634	0	0	59.00
60.00	06000	LABORATORY	673,352	126,652,432	0.005317	103,820	552	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	96,064	21,296,753	0.004511	19,351	87	65.00
66.00	06600	PHYSICAL THERAPY	385,329	31,396,128	0.012273	1,373,296	16,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,527	28,178,028	0.002893	5,007	14	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,655	7,685,510	0.015829	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	194,177	88,969,814	0.002183	15,634	34	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	291,684	147,655,652	0.001975	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	694,636	332,874,658	0.002087	248,960	520	73.00
73.01	07302	OP PHARMACY	21,833	1,867,246	0.011693	0	0	73.01
74.00	07400	RENAL DIALYSIS	40,178	4,411,873	0.009107	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	109,292	2,836,327	0.038533	3,100	119	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	625,820	2,592,524	0.241394	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	639,249	43,214,846	0.014792	0	0	90.01
90.02	09002	WOUND CARE CENTER	148,606	8,233,107	0.018050	0	0	90.02
90.03	09003	PAIN CLINIC	94,656	1,747,486	0.054167	0	0	90.03
90.05	09005	OP PSYCH CLINIC	363,020	4,235,570	0.085707	0	0	90.05
91.00	09100	EMERGENCY	1,015,858	223,980,081	0.004535	952	4	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,577,637	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,284,179	1,697,862,351		1,783,891	18,282	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	638,123	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	638,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	239,328,144	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	36,670,565	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,708,351	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,483,232	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	97,256,258	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	37,104,892	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,259,042	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	72,646,195	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	126,652,432	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,296,753	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	31,396,128	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,178,028	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,685,510	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,969,814	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,655,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	638,123	638,123	332,874,658	0.001917	73.00
73.01	07302	OP PHARMACY	0	0	0	1,867,246	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,411,873	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,836,327	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,592,524	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	43,214,846	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	8,233,107	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,747,486	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	4,235,570	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	223,980,081	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	37,577,637	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	638,123	638,123	1,697,862,351		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	3,231	0	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,596	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	4,944	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	103,820	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	19,351	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,373,296	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,007	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	15,634	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001917	248,960	477	0	0	73.00
73.01	07302	OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	3,100	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	95	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	952	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		1,783,891	477	95	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.117958	0	0	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.217424	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.037366	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181	0	0	0	0	59.00
60.00	06000	LABORATORY	0.172258	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.256716	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.349358	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376	0	0	14	0	73.00
73.01	07302	OP PHARMACY	1.151444	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.464674	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.400090	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.524024	95	0	0	145	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.188024	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.632749	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.673936	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.086446	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.176978		0			95.00
200.00		Subtotal (see instructions)		95	0	14	145	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		95	0	14	145	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	CV SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	2		73.00
73.01	07302	OP PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0		90.01
90.02	09002	WOUND CARE CENTER	0	0		90.02
90.03	09003	PAIN CLINIC	0	0		90.03
90.05	09005	OP PSYCH CLINIC	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	2		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	2		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,414,043	0	4,414,043	51,567	85.60	30.00
31.00	INTENSIVE CARE UNIT	433,057		433,057	4,293	100.88	31.00
32.00	CORONARY CARE UNIT	540,245		540,245	4,188	129.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	241,177		241,177	3,527	68.38	35.00
41.00	SUBPROVIDER - IRF	229,899	0	229,899	1,357	169.42	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	137,762		137,762	2,816	48.92	43.00
200.00	Total (lines 30 through 199)	5,996,183		5,996,183	67,748		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	834	71,390	30.00
31.00	INTENSIVE CARE UNIT	1,294	130,539	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	313	21,403	35.00
41.00	SUBPROVIDER - IRF	24	4,066	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	1,318	64,477	43.00
200.00	Total (lines 30 through 199)	3,783	291,875	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part II Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | 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	1,763,550	239,328,144	0.007369	1,119,607	8,250	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	239,472	36,670,565	0.006530	94,794	619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,003,338	38,708,351	0.025920	579,979	15,033	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	603,369	51,483,232	0.011720	446,528	5,233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	684,324	97,256,258	0.007036	59,176	416	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	63,567	37,104,892	0.001713	207,223	355	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	65,658	9,259,042	0.007091	42,686	303	58.00
59.00	05900	CARDIAC CATHETERIZATION	263,965	72,646,195	0.003634	189,766	690	59.00
60.00	06000	LABORATORY	673,352	126,652,432	0.005317	1,075,693	5,719	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	96,064	21,296,753	0.004511	438,097	1,976	65.00
66.00	06600	PHYSICAL THERAPY	385,329	31,396,128	0.012273	242,462	2,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,527	28,178,028	0.002893	215,578	624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,655	7,685,510	0.015829	13,985	221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	194,177	88,969,814	0.002183	588,119	1,284	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	291,684	147,655,652	0.001975	814,135	1,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	694,636	332,874,658	0.002087	1,768,557	3,691	73.00
73.01	07302	OP PHARMACY	21,833	1,867,246	0.011693	0	0	73.01
74.00	07400	RENAL DIALYSIS	40,178	4,411,873	0.009107	69,153	630	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	109,292	2,836,327	0.038533	2,828	109	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	625,820	2,592,524	0.241394	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	639,249	43,214,846	0.014792	96,741	1,431	90.01
90.02	09002	WOUND CARE CENTER	148,606	8,233,107	0.018050	0	0	90.02
90.03	09003	PAIN CLINIC	94,656	1,747,486	0.054167	0	0	90.03
90.05	09005	OP PSYCH CLINIC	363,020	4,235,570	0.085707	557	48	90.05
91.00	09100	EMERGENCY	1,015,858	223,980,081	0.004535	1,049,525	4,760	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	326,299	37,577,637	0.008683	5,720	50	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,610,478	1,697,862,351		9,120,909	56,026	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part III Date/Time Prepared: 5/26/2022 1:09 pm

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	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	51,567	0.00	834	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,293	0.00	1,294	31.00
32.00	03200	CORONARY CARE UNIT		0	4,188	0.00	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,527	0.00	313	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,357	0.00	24	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	2,816	0.00	1,318	43.00
200.00		Total (lines 30 through 199)		0	67,748		3,783	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	638,123	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	638,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	239,328,144	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	36,670,565	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,708,351	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,483,232	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	97,256,258	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	37,104,892	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,259,042	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	72,646,195	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	126,652,432	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,296,753	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	31,396,128	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,178,028	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,685,510	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,969,814	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,655,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	638,123	638,123	332,874,658	0.001917	73.00
73.01	07302	OP PHARMACY	0	0	0	1,867,246	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,411,873	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,836,327	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,592,524	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	43,214,846	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	8,233,107	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,747,486	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	4,235,570	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	223,980,081	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	37,577,637	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	638,123	638,123	1,697,862,351		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	1,119,607	0	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	94,794	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	579,979	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	446,528	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	59,176	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	207,223	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	42,686	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	189,766	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,075,693	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	438,097	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	242,462	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	215,578	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	13,985	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	588,119	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	814,135	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001917	1,768,557	3,390	0	0	73.00
73.01	07302	OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	69,153	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	2,828	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.000000	96,741	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.000000	557	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	1,049,525	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	5,720	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		9,120,909	3,390	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part II | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,763,550	239,328,144	0.007369	0	0	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	239,472	36,670,565	0.006530	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,003,338	38,708,351	0.025920	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	603,369	51,483,232	0.011720	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	684,324	97,256,258	0.007036	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	63,567	37,104,892	0.001713	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	65,658	9,259,042	0.007091	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	263,965	72,646,195	0.003634	0	0	59.00
60.00	06000	LABORATORY	673,352	126,652,432	0.005317	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	96,064	21,296,753	0.004511	0	0	65.00
66.00	06600	PHYSICAL THERAPY	385,329	31,396,128	0.012273	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,527	28,178,028	0.002893	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,655	7,685,510	0.015829	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	194,177	88,969,814	0.002183	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	291,684	147,655,652	0.001975	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	694,636	332,874,658	0.002087	0	0	73.00
73.01	07302	OP PHARMACY	21,833	1,867,246	0.011693	0	0	73.01
74.00	07400	RENAL DIALYSIS	40,178	4,411,873	0.009107	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	109,292	2,836,327	0.038533	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	625,820	2,592,524	0.241394	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	639,249	43,214,846	0.014792	0	0	90.01
90.02	09002	WOUND CARE CENTER	148,606	8,233,107	0.018050	0	0	90.02
90.03	09003	PAIN CLINIC	94,656	1,747,486	0.054167	0	0	90.03
90.05	09005	OP PSYCH CLINIC	363,020	4,235,570	0.085707	0	0	90.05
91.00	09100	EMERGENCY	1,015,858	223,980,081	0.004535	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,577,637	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,284,179	1,697,862,351		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	638,123	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	638,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	239,328,144	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	36,670,565	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,708,351	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,483,232	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	97,256,258	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	37,104,892	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,259,042	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	72,646,195	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	126,652,432	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,296,753	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	31,396,128	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,178,028	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,685,510	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,969,814	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,655,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	638,123	638,123	332,874,658	0.001917	73.00
73.01	07302	OP PHARMACY	0	0	0	1,867,246	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,411,873	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,836,327	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,592,524	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	43,214,846	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	8,233,107	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,747,486	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	4,235,570	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	223,980,081	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	37,577,637	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	638,123	638,123	1,697,862,351		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001917	0	0	0	0	73.00
73.01	07302	OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	51,567	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,567	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)	47,755	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)	15,688	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)	74,417,936	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)	74,417,936	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)	74,417,936	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)	1,443.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	22,639,823	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)	22,639,823	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,342,050	4,293	2,409.05	1,512	3,642,484	43.00
44.00	CORONARY CARE UNIT	8,806,573	4,188	2,102.81	1,589	3,341,365	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,891,510	3,527	1,386.88	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	29,201,496	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	58,825,168	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)	1,700,405	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	974,677	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,675,082	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	56,150,086	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)	3,812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,443.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,501,212	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,414,043	74,417,936	0.059314	5,501,212	326,299	90.00
91.00	Nursing Program cost	0	74,417,936	0.000000	5,501,212	0	91.00
92.00	Allied health cost	0	74,417,936	0.000000	5,501,212	0	92.00
93.00	All other Medical Education	0	74,417,936	0.000000	5,501,212	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,357	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,357	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)	1,357	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)	596	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,206,640	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,206,640	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,206,640	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)	1,626.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	969,168	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)	969,168	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	551,920	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,521,088	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)	100,974	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	18,759	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	119,733	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,401,355	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	229,899	2,206,640	0.104185	0	0	90.00
91.00	Nursing Program cost	0	2,206,640	0.000000	0	0	91.00
92.00	Allied health cost	0	2,206,640	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,206,640	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	51,567	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,567	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)	47,755	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)	834	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,816	15.00
16.00	Nursery days (title V or XIX only)	1,318	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)	74,417,936	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)	74,417,936	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)	74,417,936	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)	1,443.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,203,570	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,203,570	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,795,605	2,816	637.64	1,318	840,410	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,342,050	4,293	2,409.05	1,294	3,117,311	43.00
44.00	CORONARY CARE UNIT	8,806,573	4,188	2,102.81	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,891,510	3,527	1,386.88	313	434,093	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,473,624	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,069,008	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	287,809	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	59,416	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	347,225	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,721,783	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)	3,812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,443.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,501,212	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,414,043	74,417,936	0.059314	5,501,212	326,299	90.00
91.00	Nursing Program cost	0	74,417,936	0.000000	5,501,212	0	91.00
92.00	Allied health cost	0	74,417,936	0.000000	5,501,212	0	92.00
93.00	All other Medical Education	0	74,417,936	0.000000	5,501,212	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:09 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,357	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,357	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)	1,357	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)	24	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,816	15.00
16.00	Nursery days (title V or XIX only)	1,318	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,206,640	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,206,640	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,206,640	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)	1,626.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	39,027	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)	39,027	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Subprovider - IRF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	39,027	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)	4,066	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,066	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	34,961	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:09 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	229,899	2,206,640	0.104185	0	0	90.00
91.00	Nursing Program cost	0	2,206,640	0.000000	0	0	91.00
92.00	Allied health cost	0	2,206,640	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,206,640	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		53,827,353		30.00
31.00	03100	INTENSIVE CARE UNIT		9,770,587		31.00
32.00	03200	CORONARY CARE UNIT		10,324,720		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100	SUBPROVIDER - IRF		65,213		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.117958	32,165,879	3,794,223	50.00
50.01	05001	CV SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.217424	2,372,338	515,803	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328	162,454	36,605	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491	8,412,884	1,425,908	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914	2,059,324	123,382	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.037366	5,137,761	191,978	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633	1,089,005	133,548	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181	11,015,922	629,901	59.00
60.00	06000	LABORATORY	0.172258	16,017,869	2,759,206	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.256716	5,745,333	1,474,919	65.00
66.00	06600	PHYSICAL THERAPY	0.349358	4,592,634	1,604,473	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897	6,354,248	285,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292	578,471	95,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534	12,241,702	2,210,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032	32,539,431	5,304,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376	33,207,583	5,790,605	73.00
73.01	07302	OP PHARMACY	1.151444	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.464674	1,773,831	824,253	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.400090	93,330	37,340	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.524024	4,613	7,030	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370	1,373,662	287,604	90.01
90.02	09002	WOUND CARE CENTER	0.188024	26,245	4,935	90.02
90.03	09003	PAIN CLINIC	0.632749	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.673936	4,265	2,874	90.05
91.00	09100	EMERGENCY	0.086446	18,931,081	1,636,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396	171,149	25,056	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		196,071,014	29,201,496	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)		196,071,014		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100	SUBPROVIDER - IRF		1,493,173		41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.117958	3,231	381	50.00
50.01	05001	CV SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.217424	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491	5,596	948	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.037366	4,944	185	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181	0	0	59.00
60.00	06000	LABORATORY	0.172258	103,820	17,884	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.256716	19,351	4,968	65.00
66.00	06600	PHYSICAL THERAPY	0.349358	1,373,296	479,772	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897	5,007	225	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534	15,634	2,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376	248,960	43,413	73.00
73.01	07302	OP PHARMACY	1.151444	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.464674	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.400090	3,100	1,240	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.524024	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.188024	0	0	90.02
90.03	09003	PAIN CLINIC	0.632749	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.673936	0	0	90.05
91.00	09100	EMERGENCY	0.086446	952	82	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,783,891	551,920	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)		1,783,891		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		5,259,431		30.00
31.00	03100	INTENSIVE CARE UNIT		393,628		31.00
32.00	03200	CORONARY CARE UNIT		424,522		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,465,840		35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		189,440		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.117958	1,119,607	132,067	50.00
50.01	05001	CV SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.217424	94,794	20,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328	579,979	130,686	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491	446,528	75,682	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914	59,176	3,545	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.037366	207,223	7,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633	42,686	5,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181	189,766	10,851	59.00
60.00	06000	LABORATORY	0.172258	1,075,693	185,297	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.256716	438,097	112,467	65.00
66.00	06600	PHYSICAL THERAPY	0.349358	242,462	84,706	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897	215,578	9,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292	13,985	2,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534	588,119	106,175	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032	814,135	132,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376	1,768,557	308,394	73.00
73.01	07302	OP PHARMACY	1.151444	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.464674	69,153	32,134	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.400090	2,828	1,131	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.524024	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370	96,741	20,255	90.01
90.02	09002	WOUND CARE CENTER	0.188024	0	0	90.02
90.03	09003	PAIN CLINIC	0.632749	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.673936	557	375	90.05
91.00	09100	EMERGENCY	0.086446	1,049,525	90,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396	5,720	837	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,120,909	1,473,624	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)		9,120,909		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.117958	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.217424	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225328	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169491	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.059914	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.037366	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122633	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057181	0	0	59.00
60.00	06000	LABORATORY	0.172258	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.256716	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.349358	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044897	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164292	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180534	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.163032	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174376	0	0	73.00
73.01	07302	OP PHARMACY	1.151444	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.464674	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.400090	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.524024	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.209370	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.188024	0	0	90.02
90.03	09003	PAIN CLINIC	0.632749	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0.673936	0	0	90.05
91.00	09100	EMERGENCY	0.086446	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.146396	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	30,213,958	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,135,006	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)		2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	825,460	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	461,930	2.04
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	256.30	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)	29.06	31.00
32.00	Sum of lines 30 and 31	35.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)	18.21	33.00
34.00	Disproportionate share adjustment (see instructions)	1,836,887	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000299564	0.000280434	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,483,392	2,016,882	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,857,441	508,365	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,365,806		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	45,839,047		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	45,839,047	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,351,552	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	37,518	53.00
54.00	Special add-on payments for new technologies	630,613	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	63,659	58.00
59.00	Total (sum of amounts on lines 49 through 58)	49,922,389	59.00
60.00	Primary payer payments	483	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	49,921,906	61.00
62.00	Deductibles billed to program beneficiaries	4,099,612	62.00
63.00	Coinsurance billed to program beneficiaries	117,655	63.00
64.00	Allowable bad debts (see instructions)	518,718	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	337,167	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	86,994	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	46,041,806	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)	-37,869	70.93
70.94	HRR adjustment amount (see instructions)	0	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Date/Time Prepared: 5/26/2022 1:09 pm

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)		46,003,937	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		45,194,866	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		809,071	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,162,156	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,213,958	0	30,213,958		30,213,958	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,135,006	0		10,135,006	10,135,006	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	825,460	0	825,460		825,460	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	461,930	0		461,930	461,930	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1821	0.1821	0.1821	0.1821		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,836,887	0	1,375,491	461,396	1,836,887	11.00
11.01	Uncompensated care payments	36.00	2,365,806	0	1,857,441	508,365	2,365,806	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	45,839,047	0	34,272,350	11,566,697	45,839,047	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	45,839,047	0	34,272,350	11,566,697	45,839,047	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,351,552	0	2,518,140	833,412	3,351,552	16.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	630,613	0	450,053	180,560	630,613	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	37,240,543	12,580,669	49,821,212	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,083,140	0	2,318,980	764,160	3,083,140	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	40,876	0	28,019	12,857	40,876	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0738	0.0738	0.0738	0.0738		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	227,536	0	171,141	56,395	227,536	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,351,552	0	2,518,140	833,412	3,351,552	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,213,958	30,213,958		30,213,958	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,135,006		10,135,006	10,135,006	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	825,460	825,460		825,460	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	461,930		461,930	461,930	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1821	0.1821	0.1821		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,836,887	1,375,491	461,396	1,836,887	11.00
11.01	Uncompensated care payments	36.00	2,365,806	1,857,441	508,365	2,365,806	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	45,839,047	34,272,350	11,566,697	45,839,047	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	45,839,047	34,272,350	11,566,697	45,839,047	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,351,552	2,518,140	833,412	3,351,552	16.00
17.00	Special add-on payments for new technologies	54.00	630,613	450,053	180,560	630,613	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			37,240,543	12,580,669	49,821,212	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,083,140	2,318,980	764,160	3,083,140	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	40,876	28,019	12,857	40,876	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0738	0.0738	0.0738		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	227,536	171,141	56,395	227,536	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,351,552	2,518,140	833,412	3,351,552	26.00

		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-37,869	-37,869	0	-37,869	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	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01

						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	10,149	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	44,292,890	2.00
3.00	OPPS payments	38,434,187	3.00
4.00	Outlier payment (see instructions)	113,672	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	174,953	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	10,149	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	58,204	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)	58,204	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	58,204	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	48,055	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)	10,149	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)	38,722,812	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)	6,323,775	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)	32,409,186	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	32,409,186	30.00
31.00	Primary payer payments	10,404	31.00
32.00	Subtotal (line 30 minus line 31)	32,398,782	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)	848,544	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	551,554	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	419,736	36.00
37.00	Subtotal (see instructions)	32,950,336	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-579	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)	245	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	32,950,915	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	32,982,572	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)	-31,657	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	20,293	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	2	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	145	2.00
3.00	OPPS payments	39	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	2	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	14	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)	14	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	14	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	12	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)	2	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)	39	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	41	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	41	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	41	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	41	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	41	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	41	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)	0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E-1 Part I Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		45,194,866		32,982,572	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		45,194,866		32,982,572	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		809,071		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		31,657	6.02
7.00	Total Medicare program liability (see instructions)		46,003,937		32,950,915	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0051 | Component CCN: 15-T051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E-1 Part I | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,006,276		41	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,006,276		41	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		9,566		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,015,842		41	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: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Hospital	PPS

			1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	839,101	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	44,388	3.00
4.00	Outlier Payments	135,941	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	3.717808	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	1,019,430	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1,019,430	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	1,019,430	19.00
20.00	Deductibles	0	20.00
21.00	Subtotal (line 19 minus line 20)	1,019,430	21.00
22.00	Coinsurance	5,936	22.00
23.00	Subtotal (line 21 minus line 22)	1,013,494	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,879	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,871	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,015,365	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	477	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.98	Recovery of accelerated depreciation.	0	31.98
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,015,842	32.00
32.01	Sequestration adjustment (see instructions)	0	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	1,006,276	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	9,566	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	18,880	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	135,941	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00
	FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE		
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.	0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)	0.000000	99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E-4 | Date/Time Prepared: 5/26/2022 1:09 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	19,385	12,114		26.00
27.00	Total Inpatient Days (see instructions)	62,583	62,583		27.00
28.00	Ratio of inpatient days to total inpatient days	0.309749	0.193567		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 1:09 pm
	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)	4,411,873	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)	60,346,256	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)	483	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	60,345,773	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	44,478,139	42.00
43.00	Primary payer payments (see instructions)	10,404	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	44,467,735	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	104,813,508	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.575744	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.424256	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G | Date/Time Prepared: 5/26/2022 1:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	173,041,870	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	59,910,886	0	0	0	4.00
5.00	Other receivable	6,463,815	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	13,980,782	0	0	0	7.00
8.00	Prepaid expenses	9,184,933	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	262,582,286	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	19,741,447	0	0	0	12.00
13.00	Land improvements	2,058,207	0	0	0	13.00
14.00	Accumulated depreciation	-2,050,505	0	0	0	14.00
15.00	Buildings	505,070,099	0	0	0	15.00
16.00	Accumulated depreciation	-152,256,867	0	0	0	16.00
17.00	Leasehold improvements	7,104,821	0	0	0	17.00
18.00	Accumulated depreciation	-6,441,534	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	466,247	0	0	0	21.00
22.00	Accumulated depreciation	-364,128	0	0	0	22.00
23.00	Major movable equipment	190,836,984	0	0	0	23.00
24.00	Accumulated depreciation	-110,758,804	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)	453,405,967	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	45,901,929	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	279,814,098	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	325,716,027	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,041,704,280	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	55,782,687	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,543,502	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	48,077,423	0	0	0	41.00
42.00	Accelerated payments	24,409,622				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,859,608	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	145,672,842	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,145,625	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,145,625	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	148,818,467	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	892,885,813				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	892,885,813	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,041,704,280	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G-1 | Date/Time Prepared: 5/26/2022 1:09 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		758,547,119		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		145,338,696				2.00
3.00	Total (sum of line 1 and line 2)		903,885,815		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		903,885,815		0		11.00
12.00	UNRESTRICTED FUND BALANCE	878,592		0		0	12.00
13.00	TEMPORARILY RESTRICTED	4,511,963		0		0	13.00
14.00	PERM RESTRICTED	5,609,445		0		0	14.00
15.00	ROUNDING	2		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		11,000,002		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		892,885,813		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNRESTRICTED FUND BALANCE		0			12.00
13.00	TEMPORARILY RESTRICTED		0			13.00
14.00	PERM RESTRICTED		0			14.00
15.00	ROUNDING		0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0051 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/26/2022 1:09 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	173,668,371		173,668,371	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,396,448		3,396,448	3.00
4.00	SUBPROVIDER	0		0	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)	177,064,819		177,064,819	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	30,845,931		30,845,931	11.00
12.00	CORONARY CARE UNIT	27,647,790		27,647,790	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	16,879,676		16,879,676	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	75,373,397		75,373,397	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	252,438,216		252,438,216	17.00
18.00	Ancillary services	507,072,770	867,341,083	1,374,413,853	18.00
19.00	Outpatient services	57,341,863	266,106,633	323,448,496	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		0	0	22.00
23.00	AMBULANCE SERVICES	138,803	28,618,366	28,757,169	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER NRCC	0	6,751,974	6,751,974	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	816,991,652	1,168,818,056	1,985,809,708	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		421,713,958		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)		421,713,958		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet G-3 Date/Time Prepared: 5/26/2022 1:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,985,809,708	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,470,159,936	2.00
3.00	Net patient revenues (line 1 minus line 2)	515,649,772	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	421,713,958	4.00
5.00	Net income from service to patients (line 3 minus line 4)	93,935,814	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	39,746,986	24.00
24.50	COVID-19 PHE Funding	11,655,896	24.50
25.00	Total other income (sum of lines 6-24)	51,402,882	25.00
26.00	Total (line 5 plus line 25)	145,338,696	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)	145,338,696	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0051	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 1:09 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,083,140	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	40,876	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)	167.74	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	29.06	8.00
9.00	Sum of lines 7 and 8	35.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.38	10.00
11.00	Disproportionate share adjustment (see instructions)	227,536	11.00
12.00	Total prospective capital payments (see instructions)	3,351,552	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