Heal th Financial		AS HOSPITA			u of Form CMS-25	552-10	
	equired by law (42 USC 1395g; 42 CFR 413.20(b) nce the beginning of the cost reporting period				FORM APPROVED OMB NO. 0938-00 EXPIRES 03-31-2		
HOSPITAL AND HOS AND SETTLEMENT S	PITAL HEALTH CARE COMPLEX COST REPORT CERTIFIC UMMARY	CATION Pro	ovider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepa 6/1/2022 10:55		
PART I - COST RE	PORT STATUS						
	.[X]Electronically prepared cost report			Date: 6/1/202	2 Time: 10:	55 am	
	. []Manually prepared cost report						
3	.[0] If this is an amended report enter the .[F] Medicare Utilization. Enter "F" for ful	number of or "L" f	times the provider re or low.	esubmitted this co	ost report		
Contractor 5 use only	. [1]Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended . Date Received: 7. Contractor No. 8. [N]Initial Re 9. [N]Final Repo (5) Amended	port for t rt for thi	11.0 his Provider CCN 12.[IPR Date: Contractor's Vendo 0]If line 5, cc number of tim	or Code: Jumn 1 is 4: En nes reopened = 0	4 ter -9.	
MI SREPRESENTATI C ADMI NI STRATI VE A PROVI DED OR PROC ADMI NI STRATI VE A	ICATION BY A CHIEF FINANCIAL OFFICER OR ADMIN N OR FALSIFICATION OF ANY INFORMATION CONTAINS CTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL URED THROUGH THE PAYMENT DIRECTLY OR INDIRECTS CTION, FINES AND/OR IMPRISONMENT MAY RESULT.	ED IN THIS LAW. FURT LY OF A KIC	COST REPORT MAY BE F THERMORE, IF SERVICES CKBACK OR WERE OTHERW	DENTIFIED IN TH	IIS REPORT WERE		
CERTI FI (CATION BY CHIEF FINANCIAL OFFICER OR ADMINISTR	ATOR OF PRO	OVI DER(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 TRINITAS HOSPITAL (31-0027) 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.							
SI GNATURE	OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX		ELECTRONIC			
1	1	2			oonti fi ooti	1	
1	Karen Lumpp	Y	I have read and agress statement. I certify signature on this ce binding equivalent of	/ that I intend my ertification be th	y electronic ne legally	1	
2 Signatory	Printed Name Karen Lumpp					2	

			Title	XVIII			
	Cost Center Description		Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-3, 360, 766	1, 145, 065	0	0	1.00
2.00	Subprovider - IPF	0	331, 172	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVI DER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
200.00	Total	0	-3, 029, 594	1, 145, 065	0	0	200.00

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

SENIOR VP FINANCE & CFO

(Dated when report is electronica

3 Signatory Title

4 Date

3

SPI T	AL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Provi c	der CCN:	31-0027	Period: From 01/01/	2021	Workshe Part I	et S-2	2
						To 12/31/	2021	Date/Ti		
	1.00	2.00		3.00			4.00	6/1/202	2 10:5	<u>5 am</u>
	Hospital and Hospital Health Care Co	mplex Address:								
0	Street: 225 WILLIAMSON STREET	PO Box: 123 State: NJ	Zin Cod	07201	Cours	+				1.
0	City: ELIZABETH	Component Name	Zip Cod CCN	CBSA	Provi dei	ty: UNION - Date	Pavme	nt Syst	em (P.	2.
			Number	Number		Certified	<u></u> Т,	0, or	N)	
		1.00	2.00	2.00	1.00	F 00	V	XVIII		-
	Hospital and Hospital-Based Componen	1.00 It Identification:	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
00	Hospi tal	TRI NI TAS HOSPI TAL	310027	35084		01/31/1975		Р	0	3
0	Subprovider - IPF Subprovider - IRF	PSYCH EXCLUDED UNIT	31S027	35084	4	01/31/1999	N	P	N	4
0	Subprovider - (Other)									6
0	Swing Beds - SNF									7
0 0	Swing Beds - NF Hospital-Based SNF	SKILLED NURSING LTC	315442	35084		01/29/1998	N	P	N	8
0		SOUTH 5	313442	33084		01/29/1990				7
	Hospital-Based NF	NURSING FACILITY	313503	35084		01/01/1994	N		0	10
	Hospital-Based OLTC Hospital-Based HHA									11
	Separately Certified ASC									13
	Hospi tal -Based Hospi ce									14
	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC									15
00	Hospital -Based (CMHC) I									17
	Renal Dialysis	TRINITAS RENAL DIALYSIS	312318	35084	1	01/01/2004				18
01	Renal Dialysis	TRINITAS LINDEN RENAL DIALYSIS	313503	35084		01/01/1994				18
02	Renal Dialysis	TRINITAS CRANFORD RENAL	313521	35084		05/01/2019				18
00	Other	DI ALYSI S								19
00				1		From:		То	:	
									0	
~~						1.00		2.0		- 00
	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)					01/01/2		2.0 12/31/		
	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)					01/01/2	021	12/31/	/2021	
	Type of Control (see instructions)				1. 00	01/01/2	021		/2021	
00	1 0 1 3333,	currently receiving pay	ments for	~	1. 00 Y	01/01/2	021	12/31/	/2021	21
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju	stment, in accordance wi	th 42 CFF			01/01/2 2 2.00	021	12/31/	/2021	21
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju \$412.106? In column 1, enter "Y" fo	stment, in accordance wi r yes or "N" for no. Is	th 42 CFF this			01/01/2 2 2.00	021	12/31/	/2021	21
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no.	th 42 CFF this ndment	2	Y	01/01/2 2 2.00	021	12/31/	/2021	21
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment	th 42 CFF this ndment s for thi	s		01/01/2 2 2.00	021	12/31/	/2021	21
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N"	th 42 CFF this ndment s for thi for no f	s for	Y	01/01/2 2 2.00	021	12/31/	/2021	21
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion	th 42 CFF this ndment s for thi for no f October 1 of the c	s for 1.	Y	01/01/2 2 2.00	021	12/31/	/2021	21
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting per Enter in column 2, "Y" for yes or "N reporting period occurring on or aft	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr	th 42 CFF this ndment s for thi for no f October 1 of the c uctions)	s for 1. cost	Y	01/01/2 2 2.00 N Y	021	12/31/	/2021	21 22 22
00 00 01	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on aft Is this a newly merged hospital that payments to be determined at cost re	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in	th 42 CFF this ndment s for thi for no f of the c uctions) sated car structior	s for 1. cost	Y	01/01/2 2 2.00	021	12/31/	/2021	21 22 22
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio	th 42 CFF this ndment s for thi for no f of the c uctions) sated car structior n of the	s for 1. cost re ns)	Y	01/01/2 2 2.00 N Y	021	12/31/	/2021	21 22 22
00 00 01	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on aft Is this a newly merged hospital that payments to be determined at cost re	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2,	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for	s for 1. cost re ns) yes	Y	01/01/2 2 2.00 N Y	021	12/31/	/2021	21 22 22
00 00 01 02	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1.	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car structior n of the "Y" for on or aft	s for 1. cost re ns) yes ter	Y Y N	01/01/2 2 2.00 N Y N	021	3. (00	21 22 22 22 22
00 00 01 02	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the porti o er 1. Enter in column 2, e cost reporting period ic reclassification from	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car structior n of the "Y" for on or aft	s for 1. cost re ns) yes ter	Y	01/01/2 2 2.00 N Y	021	12/31/	00	21 22 22 22 22
00 00 01 02	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aff urban to stical ar "N" for r	s for 1. cost re ns) yes ter p reas no	Y Y N	01/01/2 2 2.00 N Y N	021	3. (00	21 22 22 22 22
00 00 01 02	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar for the portion of the cost reporting	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aft urban to stical ar "N" for r 1. Ente	s for 1. cost re ns) yes ter p reas no	Y Y N	01/01/2 2 2.00 N Y N	021	3. (00	21 22 22 22 22
00 00 01	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reportin in column 2, "Y" for yes or "N" for	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car structior n of the "Y" for on or aff urban to stical ar "N" for r r 1. Ente e cost	s for 1. cost re ns) yes ter p reas no	Y Y N	01/01/2 2 2.00 N Y N	021	3. (00	21 22 22 22 22
00 00 01	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49	th 42 CFF this ndment s for thi for no f october 1 of the c uctions) sated car struction n of the "Y" for on or aft urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a	s for 1. cost re ns) yes ter o reas no er	Y Y N	01/01/2 2 2.00 N Y N	021	3. (00	21 22 22 22 22
00 00 01	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49	th 42 CFF this ndment s for thi for no f october 1 of the c uctions) sated car struction n of the "Y" for on or aft urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a	s for 1. cost re ns) yes ter o reas no er	Y Y N	01/01/2 2 2.00 N Y N	021	3. (00	21 22 22 22 22
00	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aft urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a 3, "Y" for	s for 1. cost re ns) yes ter p reas no er	Y Y N	01/01/2 2 2.00 N Y N	021	3. (2021	21 22 22 22 22 22 22
00 00 01 02 03	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Did this hospital receive a geograph rural as a result of the revised OMB	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from delineations for statis	th 42 CFF this ndment s for thi for no f october 1 of the c uctions) sated car struction n of the "Y" for on or aft urban to stical ar "N" for r 1. Ente e cost uctions) 9 beds (a 3, "Y" for urban to	s for 1. cost re ns) yes ter preas no er as pr as pr as	Y Y N	01/01/2 2.00 N Y N N	021	12/31/ 3. (2021	21 22 22 22 22 22
00 00 01 02 03	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Did this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from delineations for statis column 1, "Y" for yes or	th 42 CFF this ndment s for thi for no f october 1 of the c uctions) sated car struction n of the "Y" for on or aff urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a 3, "Y" for urban to tical are "N" for	s for 1. cost re ns) yes ter o reas no er as or o sas no	Y Y N	01/01/2 2.00 N Y N N	021	12/31/ 3. (2021	21 22 22 22 22 22
00 00 01 02 03	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Did this hospital receive a geograph rural as a result of the revised OMB	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from delineations for statis column 1, "Y" for yes or g period prior to Octobe	th 42 CFF this ndment s for thi for no f october 1 of the c uctions) sated car structior n of the "Y" for on or aft urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a 3, "Y" for urban to tical are "N" for r 1. Ente	s for 1. cost re ns) yes ter o reas no er as or o sas no	Y Y N	01/01/2 2.00 N Y N N	021	12/31/ 3. (2021	200 21 22 22 22 22 22 22 22
00 00 01 02 03	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Did this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting period occurring on or aft Did this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting period occurring on or aft	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from delineations for statis column 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car "Y" for on or aft "Y" for on or aft urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a 3, "Y" for urban to tical are "N" for r 1. Ente e cost uctions)	s for 1. cost re ns) yes ter o reas no er	Y Y N	01/01/2 2.00 N Y N N	021	12/31/ 3. (2021	21 22 22 22 22 22 22
00 00 01 02 03	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Did this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Did this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the porti o er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from delineations for statis column 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Inter in column	th 42 CFF this ndment s for thi oftor no f ofthe c uctions) sated car struction n of the "Y" for on or aft urban to stical ar "N" for tr 1. Ente e cost uctions) 9 beds (a 3, "Y" for urban to tical are "N" for tical are uctions) 9 beds (a 3, "S" for tical are "N" for tical are "N" for tical are "N" for tical are "N" for tical are "N" for tical are uctions) 9 beds (a	s for 1. cost re ns) yes ter preas no er as pr as pr as pr as	Y Y N	01/01/2 2.00 N Y N N	021	12/31/ 3. (2021	21 22 22 22 22 22 22
00 00 01 02 03	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Did this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting period occurring on or aft Did this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting period occurring on or aft	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the porti o er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from delineations for statis column 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Inter in column	th 42 CFF this ndment s for thi oftor no f ofthe c uctions) sated car struction n of the "Y" for on or aft urban to stical ar "N" for tr 1. Ente e cost uctions) 9 beds (a 3, "Y" for urban to tical are "N" for tical are uctions) 9 beds (a 3, "S" for tical are "N" for tical are "N" for tical are "N" for tical are "N" for tical are "N" for tical are uctions) 9 beds (a	s for 1. cost re ns) yes ter preas no er as pr as pr as pr as	Y Y N	01/01/2 2.00 N Y N N	021	12/31/ 3. (2021	21 22 22 22 22 22 22 22
00 00 01 02 03 04	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting nural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reporting no clumn 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Which method is used to determine Me	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from celineations for statis column 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column dic reclassification from delineations for statis column 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aff urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a 3, "Y" for r 1. Ente e cost uctions) 9 beds (a 3, "Y" f and/or 25	s for 1. cost re ns) yes ter o reas no er as for as for	Y Y N	01/01/2 2.00 N Y N N	021	12/31/ 3. (2021	21 22 22 22 22 22 22 22 22
00 00 01 02 03 04	Type of Control (see instructions) Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the CMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reporting no column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the revised OMB adopted by CMS in FY 2021? Enter in for the portion of the cost reportinn for the portion of the cost reportinn for the portion of the cost reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no.	stment, in accordance wi r yes or "N" for no. Is 412.106(c)(2)(Pickle ame r yes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to " for no for the portion er October 1. (see instr requires final uncompen port settlement? (see in " for no, for the portio er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating stati olumn 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column ic reclassification from delineations for statis column 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column dic reclassification from delineations for statis column 1, "Y" for yes or g period prior to Octobe no for the portion of th er October 1. (see instr 100 but not more than 49 2.105)? Enter in column dicaid days on lines 24 of admission, 2 if censu	th 42 CFF this ndment s for thi for no f October 1 of the c uctions) sated car "Y" for on or aft urban to stical ar "N" for r r 1. Ente e cost uctions) 9 beds (a 3, "Y" for r 1. Ente e cost uctions) 9 beds (a 3, "Y" for and/or 25 s days, c	s for 1. cost re ns) yes ter o reas no er as for as for 5 o r 3	Y Y N	01/01/2 2 2.00 N Y N N N	021	12/31/ 3. (2021	21 22 22 22 22 22

	TAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA I	Provider CC	N: 31-0027	Peri od:			heet S-2	2
					From 01/0 To 12/3)1/2021 31/2021	Date/	I Time Pre 2022 10:5	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medi cai d el i gi bl e unpai d	Medica HMO da		Other ledi cai d days	
		1.00	2.00	3.00	4.00	5.0	0	6.00	1
4.00	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. 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	5, 045	557		23		, 997 0	473	24. (
	HMO paid and eligible but unpaid days in column 5.								
						Rural S 00		of Geogr 2.00	-
6. 00	Enter your standard geographic classification (not wa		at the beg	jinning of t		1			26.0
7.00	cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not we reporting period. Enter in column 1, "1" for urban of enter the effective date of the geographic reclassifi If this is a sole community hospital (SCH), enter the	age) status r "2" for ru ication in d	ural. If ap column 2.	plicable,		1			27.0
5.00	effect in the cost reporting period.		perious so						35.
					Begi n	<u>ni ng:</u> 00		di ng: 2. 00	-
5.00	Enter applicable beginning and ending dates of SCH s		cript line	36 for numb		00	2		36.
. 00	of periods in excess of one and enter subsequent date If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.		r of period	ls MDH statu	IS	C			37.
7. 01	Is this hospital a former MDH that is eligible for the accordance with FY 2016 OPPS final rule? Enter "Y" for instructions)								37.
3. 00	If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number or enter subsequent dates.					/81		N/ /N	38.
						/N 00	-	Y/N 2.00	1
9.00	Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii) or "N" for no. (see instructions) Is this hospital subject to the HAC program reduction), (ii), or the mileage ii)? Enter i	(iii)? Ent requiremen in column 2	er in colum nts in ? "Y" for ye	ın ıs	N		N	39. 40.
	"N" for no in column 1, for discharges prior to Octol no in column 2, for discharges on or after October 1.								
						V	XVI I	I XIX	
						V 1.0	XVI I 0 2.0	_	
5. 00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital payment	(see inst	ructions)		accordance	1.0	0 2.0	0 3.00	45.
	Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exce	. (see inst nt for disp eption for (ructions) roportionat extraordina	e share in ry circumst	ances	1.0		_	45. 46.
. 00	Does this facility qualify and receive Capital payment with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment excorpursuant to 42 CFR §412.348(f)? If yes, complete WKSP Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS of	(see instinct nt for disp eption for t. L, Pt. I capital? En	ructions) roportionat extraordina II and Wkst nter "Y for	e share in ary circumst L-1, Pt. yes or "N"	ances I through for no.	N N N	0 2.0 Y N N	0 3.00 N N N	46.
. 00 . 00 . 00	Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exco pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III.	. (see instinct of for disp eption for d t. L, Pt. I capital? Et t? Enter ""	ructions) roportionat extraordina II and Wkst nter "Y for Y" for yes	e share in nry circumst L-1, Pt. yes or "N" or "N" for	ances I through for no. no.	N N N N	0 2.0 Y N	0 3.00 N N	46. 47. 48.
. 00 . 00 . 00	Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exco pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS of Is the facility electing full federal capital payment Teaching Hospitals	(see insti- nt for disp eption for disp t. L, Pt. II capital? En t? Enter "" approved G e to column rograms in " cable CRs) I	ructions) roportionat extraordina II and Wkst nter "Y for Y" for yes ME programs 1 is "Y", the prior y	e share in ary circumst . L-1, Pt. or "N" for ? Enter "Y" or if this rear or penu	ances I through for no. no. for yes o hospital Itimate	1.0 N N N T	0 2.0 Y N N N	0 3.00 N N N	46. 47. 48.
5. 00 7. 00 8. 00 5. 00	Does this facility qualify and receive Capital payment with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment excor- pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS of Is the facility electing full federal capital payment Teaching Hospitals Is this a hospital involved in training residents in "N" for no in column 1. For column 2, if the response was involved in training residents in approved GME p year, and are you are impacted by CR 11642 (or applic	(see insti- nt for disp eption for o t. L, Pt. H capital? En t? Enter "" approved G e to column rograms in " cable CRs) H umn 2. beriod durin r yes or "N" th of this o Y", completo	ructions) roportionat extraordina II and Wkst nter "Y for Y" for yes ME programs 1 is "Y", the prior y MA direct G ng which re " for no in cost report e Worksheet	e share in ary circumst L-1, Pt. yes or "N" or "N" for ? Enter "Y" or if this year or penu ME payment esidents in a column 1. ;ing period?	ances I through for no. no. for yes o hospital Itimate reduction? approved If column C Enter "Y	1.0 N	0 2.0 Y N N N	0 3.00 N N N	
	Does this facility qualify and receive Capital payment with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exco- pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS of Is the facility electing full federal capital payment Teaching Hospitals Is this a hospital involved in training residents in "N" for no in column 1. For column 2, if the response was involved in training residents in approved GME pi year, and are you are impacted by CR 11642 (or applic Enter "Y" for yes; otherwise, enter "N" for no in col If line 56 is yes, is this the first cost reporting pi GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mon for yes or "N" for no in column 2. If column 2 is "Y"	(see insti- nt for disp eption for of t. L, Pt. I capital? En t? Enter "" approved Gf e to column rograms in cable CRs) I lumn 2. beriod durin r yes or "N" th of this of (", completo (, if applicoursement for	ructions) roportionat extraordina II and Wkst nter "Y for Y" for yes ME programs 1 is "Y", the prior y MA direct G mg which re for no in cost report e Worksheet cable. or physicia	e share in ry circumst L-1, Pt. yes or "N" or "N" for ? Enter "Y" or if this year or penu ME payment esidents in n column 1. ing period? E-4. If co	ances I through for no. no. for yes o hospital Itimate reduction? approved If column C Enter "Y Jumn 2 is	1.0 N	0 2.0 Y N N N	0 3.00 N N N	46. 47. 48. 56.

SPI TA	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ΓA	Provider CC	F	eriod: rom 01/01/2021	Worksheet S-2 Part I	
				T	0 12/31/2021	Date/Time Pre 6/1/2022 10:5	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	1
i	Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in col is "Y", are you impacted by CR 11642 (or subsequent C adjustement? Enter "Y" for yes or "N" for no in colu	85? (s umn 1. R) NAHE	ee If column 1	N			60.
		Y/N	I ME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	1
	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in	N			0.00	0.00	61
01	column 1. (see instructions) Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports						61
02	ending and submitted before March 23, 2010. (see instructions) Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs,						61
03	and primary care FTEs added under section 5503 of ACA). (see instructions) 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						61
04	instructions) Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period (see instructions).						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
06	61.04 minus line 61.03). (see instructions) 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
		Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
10	Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00	4.00	61
20	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. 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,				0.00		
	the direct GME FTE unweighted count.						
-	ACA Provisions Affecting the Health Resources and Ser		dmi ni strati on	(HPSA)		1.00	
	Enter the number of FTE residents that your hospital				od for which	0.00	62
01	your hospital received HRSA PCRE funding (see instruct Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC prog Teaching Hespitals that Chaim Decidents in Neuroperiod	Teachi ram. (s	ee instruction		your hospital	0.00	62
	Teaching Hospitals that Claim Residents in Nonprovide Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	ttings	during this co			Y	63
			2. thi bugit t	Unwei ghted	Unwei ghted	Ratio (col. 1/	
				FTEs Nonprovi der Si te	FTEs in Hospital	(col. 1 + col. 2))	
2	Section 5504 of the ACA Base Year FTE Residents in No	nprovid	ler Settings	<u>1.00</u> This base year	2.00 is your cost r	3.00 reporting	
	period that begins on or after July 1, 2009 and befor	e June	30, 2010.				
	Enter in column 1, if line 63 is yes, or your facilit in the base year period, the number of unweighted non resident FTEs attributable to rotations occurring in	-primar	y care	0.00	0.00	0. 000000	64

	EX IDENTIFICATION D	ATA Provider (eri od:	Worksheet S-2	2
				om 01/01/2021	Part I Date/Time Pre	pared
	Program Name	Program Code	Unweighted	Unweighted	6/1/2022 10:5 Ratio (col. 3/	
	FT OUT all Maille	FI Ogi alli Coue	FTEs	FTEs in	(col. 3 + col.	
			Nonprovi der	Hospi tal	(001. 0 + 001.	
			Si te			
	1.00	2.00	3.00	4.00	5.00	1
00 Enter in column 1, if line 63			0.00	0.00	0. 000000	65.0
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)			Unweighted	Unweighted	Ratio (col. 1/	/
			FTEs	FTEs in	(col. 1 + col.	
			Nonprovi der	Hospi tal	2))	
			Si te			
			1.00	2.00	3.00	
Section 5504 of the ACA Current beginning on or after July 1, 20		n Nonprovider Setting	gsEffective fo	or cost reporti	ing periods	
FTEs attributable to rotations of Enter in column 2 the number of a FTEs that trained in your hospita (column 1 divided by (column 1 +	unweighted non-prima al. Enter in column	ry care resident 3 the ratio of	Unwei ghted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
	1.00	0.00	Si te	· .		
	1.00 I NTERNAL MEDI CI NE	2.00		Hospi tal 4.00 38.06	5.00	3 67.0
00 Enter in column 1, the program in 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 3 divided by (column 3 + column 4)). (see instructions)			Si te 3. 00	4.00	5.00	3 67.0
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			Si te 3. 00	4.00 38.06	5.00 6 0.044918	67.1
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)	INTERNAL MEDICINE	1400	Si te 3. 00 1. 79	4.00 38.06	5.00 6 0.044918 0 2.00 3.00	
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)	PS ychiatric Facility (1400	Si te 3. 00 1. 79	4.00 38.06	5.00 6 0.044918 0 2.00 3.00	
<pre>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)</pre>	PS ychiatric Facility (the facility have a efore November 15, 2 lumn 2: Did this fac R 412.424 (d)(1)(iii cate which program y	IPF), or does it cont in approved GME teachi 2004? Enter "Y" for y illity train residents)(D)? Enter "Y" for y	Site 3.00 1.79 tain an IPF subp ing program in t yes or "N" for n s in a new teach yes or "N" for n	4.00 38.00 38.00 1.0 rovi der? Y he most Y o. (see i ng o.	5.00 6 0.044918 0 2.00 3.00	70.
<pre>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)</pre>	PS ychiatric Facility (the facility have a efore November 15, 2 lumn 2: Did this fac R 412.424 (d)(1)(iii cate which program y y PPS habilitation Facilit	IPF), or does it cont in approved GME teachi 2004? Enter "Y" for y ility train residents)(D)? Enter "Y" for y rear began during this	Site 3.00 1.79 tain an IPF subp ing program in t yes or "N" for n s in a new teach yes or "N" for n s cost reporting	4.00 38.00 38.00 1.0 rovi der? Y he most Y o. (see i ng o.	5.00 6 0.044918 0 2.00 3.00 N 0	- - - - 70. (71. (- 75. (

Financial Systems TRINITAS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Pre 6/1/2022 10:5	epared:
	·				-
Is this a LTCH co-located within another hospital for part "Y" for yes and "N" for no.			g period? Enter	N N	80. 00 81. 00
Is this a new hospital under 42 CFR Section §413.40(f)(1)(i Did this facility establish a new Other subprovider (exclud) TEFRA? Ente led unit) under	r "Y" for yes 42 CFR Secti	or "N" for no. on	N	85.00 86.00
Is this hospital an extended neoplastic disease care hospit	al classified	under section		Ν	87.00
			V 1.00	XI X 2.00	
Title V and XIX Services Does this facility have title V and/or XIX inpatient hospit	al services? E	nter "Y" for	N	Y	90.00
			Ν	Y	91.00
Are title XIX NF patients occupying title XVIII SNF beds (d	lual certificat			N	92.00
Does this facility operate an ICF/IID facility for purposes		d XIX? Enter	Ν	Ν	93.00
Does title V or XIX reduce capital cost? Enter "Y" for yes,	and "N" for n	o in the	Ν	Y	94.00
If line 94 is "Y", enter the reduction percentage in the ap Does title V or XIX reduce operating cost? Enter "Y" for ye			0. 00 N	10. 00 Y	95.00 96.00
If line 96 is "Y", enter the reduction percentage in the ap Does title V or XIX follow Medicare (title XVIII) for the i stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y"	nterns and res	idents post	0. 00 N	5.80 N	97.00 98.00
Does title V or XIX follow Medicare (title XVIII) for the r C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for t				Y	98.01
Does title V or XIX follow Medicare (title XVIII) for the c bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes			Ν	Ν	98. 02
Does title V or XIX follow Medicare (title XVIII) for a cri reimbursed 101% of inpatient services cost? Enter "Y" for y				Ν	98.03
Does title V or XIX follow Medicare (title XVIII) for a CAH outpatient services cost? Enter "Y" for yes or "N" for no i			Ν	Ν	98.04
Does title V or XIX follow Medicare (title XVIII) and add b Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in				N	98. 05
Does title V or XIX follow Medicare (title XVIII) when cost	reimbursed fo n 1 for title	r Wkst. D, V, and in	Ν	N	98.06
			N		105.00
for outpatient services? (see instructions)			t		106.00
training programs? Enter "Y" for yes or "N" for no in colum Column 2: If column 1 is Y and line 70 or line 75 is Y, do approved medical education program in the CAH's excluded I	n 1. (see ins you train I&R PF and/or IRF	tructions) s in an			107.00
Is this a rural hospital qualifying for an exception to the	CRNA fee sche	dul e? See 42	Ν		108.00
	Physi cal			Respiratory	-
therapy services provided by outside supplier? Enter "Y"		2100			109.00
				1.00	-
Demonstration) for the current cost reporting period? Enter	"Y" for yes or	"N" for no.	lf yes,	N	110.00
	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Long Term Care Hospital PPS Is this a LTCH co-located within another hospital for part "Y" for yes and "N" for no. TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(1) Did this facility establish a new Other subprovider (exclud \$413.40(f)(1)(1)? Enter "Y" for yes and "N" for no. Is this hospital an extended neoplastic disease care hospit 1866(d)(1)(8)(vi)? Enter "Y" for yes or "N" for no. 1886(d)(1)(8)(vi)? Enter "Y" for yes or "N" for no in the appl cable column. 18 this hospital reimbursed for title V and/or XIX through full or in part? Enter "Y" for yes or "N" for no in the appl Are title XIX NF patients occupying title XVIII SNF beds (d) 10 nstructions) Enter "Y" for yes or "N" for no in the appl Cable column. 10 no title V or XIX reduce capital cost? Enter "Y" for yes, 20 applicable column. 11 fine 94 is "Y", enter the reduction percentage in the appl 20 cost title V or XIX reduce operating cost? Enter "Y" for yes 21 title V or XIX follow Medicare (title XVIII) for the i 21 stepdown adj ustments on WKst. B, Pt. 1, col. 25? Enter "Y" 22 column 1 for title V, and in column 2 for no in cloumn 1 for the 23 title V or XIX follow Medicare (title XVIII) for the column 2 for title XIX. 20 des title V or XIX follow Medicare (title XVIII) for a carl 23 for title V or XIX follow Medicare (title XVIII) for a carl 24 reimbursed 101% of inpatient services cost? Enter "Y" for yes 25 for title V or XIX follow Medicare (title XVIII) for a carl 25 for title V or XIX follow Medicare (title XVIII) for a carl 26 reitite V or XIX follow Medicare (title XVIII) for a carl 27 for title V or XIX follow Medicare (title XVIII) for a carl 27 for title V or XIX follow Medicare (title XVIII) for a carl 28 title V or X	AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider C Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for is this a LTCH co-located within another hospital for part or all of the 'Y' for yes and "N" for no. TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(1) TEFRA? Enter "Y" for yes and "N" for no. Is this new hospital under 42 CFR Section §413.40(f)(1)(1) TEFRA? Enter "Y" for yes or "N" for no. It the V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? E yes or "N" for no in the applicable column. Is this hospital reinbursed for title V and/or XIX through the cost reportful or in part? Enter "Y" for yes or "N" for no in the applicable column. Does this facility pare tean (Ef/LID facility Shr beds (dual certificat not provider the applicable column. Does this facility operate an (Ef/LID facility for purposes of title V an 'N" for no in the applicable column. Does this facility operate an (Ef/LID facility for purposes of "N" for no applicable column. Des title V or XIX reduce capital cost? Enter "Y" for yes or "N" for no in the applicable column. Des title V or XIX reduce capital cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in colum 2 for title XVIII) for the reporting of C Cost title V or XIX follow Medicare (title XVIII) for the calculation of for title V, and in column 2 for title XIII) for a citical access h report in column 1 for title V, and in column 2 for title XVIII) for a citical access	AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CON: 31-0027 Is this a long tern care hospital (LTCH)? Enter 'Y' for yes and 'N' for no. Is this a long tern care hospital (LTCH)? Enter 'Y' for yes and 'N' for no. Is this a long tern care hospital (LTCH)? Enter 'Y' for yes and 'N' for no. Is this a long tern care hospital (LTCH)? Enter 'Y' for yes and 'N' for no. IFERA Providers Is this a new hospital under 42 CFR Section \$413.40(f)(1)(1) TEFRA? Enter 'Y' for yes and 'N' for no. Is this hospital an extended neoplastic disease care hospital classified under section 1886(g)(1)(G)(U)? Enter 'Y' for yes or 'N' for no. IS this hospital an extended neoplastic disease care hospital classified under section 1886(g)(1)(G)(U)? Enter 'Y' for yes or 'N' for no in the applicable colum. Is this hospital reinformation of the transformation of the applicable colum. Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes or 'N' for no in the applicable colum. Does this facility for yes or 'N' for no in the applicable colum. Does this facility for yes or 'N' for row in the applicable colum. Does this facility for the reduction percentage in the applicable colum. If lie 94 is 'Y', enter the reduction percentage in the applicable colum. Does this facility for NSL B, PL : LOL .275 Enter 'Y' for yes or 'N' for no in the applicable colum. Does this facility for NSL B, PL : LOL .275 Enter 'Y' for yes or 'N' for no in colum. Ti lie 9	AL AND HOSPITAL HEALTH CARE COMPLEX TDENTIFICATION DATA Provider CON: 31.0027 Period crossing term control to the control to	ALL AND HODPITAL HEALTH CARE CONFLEX IDENTIFICATION DATA Provider CCL 31-0027 Portider CLL 31-0027 Portider 31-027 Portider 31-027 Portider 31-027 Portider 31-02

6/1/2022 10:55 am C: \255210\CMTEMP\A0_Trinitas_310027_12312021.mcrx

	CCN: 31-0027	Peri od:	Worksheet S-	-2
		From 01/01/2021 To 12/31/2021		
		1.00	0.00	_
1.00 If this facility qualifies as a CAH, did it participate in the Frontier of Health Integration Project (FCHIP) demonstration for this cost reporting "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, integration prong of the FCHIP demo in which this CAH is participating in Enter all that apply: "A" for Ambulance services; "B" for additional bed for tele-health services.	period? Enter enter the n column 2.	1.00 N	2.00	111.
	1.00	2.00	3.00	-
2.00 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. Miscellaneous Cost Reporting Information	N			112.
5.00 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.				0115.
6.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.
 7.00 Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no. 8.00 Is the malpractice insurance a claims-made or occurrence policy? Enter 1 	Y	1		117.
if the policy is claim-made. Enter 2 if the policy is occurrence.	Premiums	Losses	Insurance	_
8.01 List amounts of malpractice premiums and paid losses:	1.00 3,589,0	2.00	3.00	0118.
		1.00	2.00	_
B. 02 Are malpractice premiums and paid losses reported in a cost center other Administrative and General? If yes, submit supporting schedule listing and amounts contained therein. 9. 00 D0 NOT USE THIS LINE		N		118.
D. 00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless prosponder (\$3121 and applicable amendments? (see instructions) Enter in column 1, "" "N" for no. Is this a rural hospital with < 100 beds that qualifies for Hold Harmless provision in ACA \$3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	Y" for yes or the Outpatient		N	120.
	es charged to	Y		121
		N		122
patients? Enter "Y" for yes or "N" for no. 2.00Does the cost report contain healthcare related taxes as defined in §190 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ent the Worksheet A line number where these taxes are included.				-
patients? Enter "Y" for yes or "N" for no. 2.00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included. Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N	er in column 2			125
<pre>patients? Enter "Y" for yes or "N" for no. 2.00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ento the Worksheet A line number where these taxes are included. Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below.</pre>	er in column 2 " for no. If	N		
 patients? Enter "Y" for yes or "N" for no. 2.00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included. Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certification date, if applicable, in column 2. 	er in column 2 " for no. If ification date	N		126
 patients? Enter "Y" for yes or "N" for no. 2.00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included. Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certific on the transplant center and termination date, if applicable, in column 2. 	er in column 2 " for no. If ification date fication date	N		126. 127.
 patients? Enter "Y" for yes or "N" for no. 2. 00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included. Transplant Center Information 5. 00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below. 5. 00 If this is a Medicare certified kidney transplant center, enter the certific of this is a Medicare certified heart transplant center, enter the certific of this is a Medicare certified heart transplant center, enter the certific of this is a Medicare certified heart transplant center, enter the certific of this is a Medicare certified heart transplant center, enter the certific of unn 1 and termination date, if applicable, in column 2. 8. 00 If this is a Medicare certified liver transplant center, enter the certific of unn 1 and termination date, if applicable, in column 2. 	er in column 2 " for no. If ification date fication date fication date	N		126. 127. 128.
 patients? Enter "Y" for yes or "N" for no. 2.00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included. Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below. 5.00 If this is a Medicare certified kidney transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 7.00 If this is a Medicare certified liver transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 8.00 If this is a Medicare certified liver transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 8.00 If this is a Medicare certified liver transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified liver transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified liver transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 	er in column 2 " for no. If ification date fication date fication date ication date i	N		126. 127. 128. 129.
 patients? Enter "Y" for yes or "N" for no. 2. 00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included. Transplant Center Information 5. 00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below. 5. 00 If this is a Medicare certified kidney transplant center, enter the certific or column 1 and termination date, if applicable, in column 2. 7. 00 If this is a Medicare certified liver transplant center, enter the certific or column 1 and termination date, if applicable, in column 2. 8. 00 If this is a Medicare certified liver transplant center, enter the certific or column 1 and termination date, if applicable, in column 2. 9. 00 If this is a Medicare certified liver transplant center, enter the certific or column 1 and termination date, if applicable, in column 2. 9. 00 If this is a Medicare certified lung transplant center, enter the certific or umn 1 and termination date, if applicable, in column 2. 9. 00 If this is a Medicare certified pancreas transplant center, enter the certific or umn 1 and termination date, if applicable, in column 2. 9. 00 If this is a Medicare certified pancreas transplant center, enter the certific or umn 1 and termination date, if applicable, in column 2. 9. 00 If this is a Medicare certified pancreas transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2. 	er in column 2 " for no. If ification date fication date fication date i cation date i	N		126. 127. 128. 129. 130.
 patients? Enter "Y" for yes or "N" for no. 2.00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included. Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 7.00 If this is a Medicare certified liver transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 8.00 If this is a Medicare certified liver transplant center, enter the certific n column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2. 1.00 If this is a Medicare certified intestinal transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2. 1.00 If this is a Medicare certified intestinal transplant center, enter the certified in column 1 and termination date, if applicable, in column 2. 2.00 If this is a Medicare certified intestinal transplant center, enter the certified in column 1 and termination date, if applicable, in column 2. 2.00 If this is a Medicare certified intestinal transplant center, enter the certified in column 1. 	er in column 2 " for no. If ification date fication date ication date i cation date i rtification certification	N		126 127 128 129 130
 2.00 Does the cost report contain healthcare related taxes as defined in §190. Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", entruthe Worksheet A line number where these taxes are included. Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certin column 1 and termination date, if applicable, in column 2. 7.00 If this is a Medicare certified liver transplant center, enter the certin column 1 and termination date, if applicable, in column 2. 8.00 If this is a Medicare certified liver transplant center, enter the certin column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2. 0.00 If this is a Medicare certified pancreas transplant center, enter the certific column 1 and termination date, if applicable, in column 2. 0.00 If this is a Medicare certified pancreas transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2. 	er in column 2 " for no. If ification date fication date ication date i rtification certification fication date	N		125. 126. 127. 128. 129. 130. 131. 132. 133. 134.

IOSPI TAL AND HOSPI TAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	S HOSPI TAL Provi der C	CN: 31-0027		l:)1/01/2021 2/31/2021	Worksheet S- Part I	epared:
<u> </u>		2.00 			3.00	-6 +6 -	-
home office and enter the home of				name an	a address	or the	
41. 00 Name:	Contractor's Name:		Contrac	tor's N	umber:		141.00
42.00 Street:	PO Box:						142.00
43. 00 Ci ty:	State:		Zip Cod	e:			143.00
						1.00	-
44.00 Are provider based physicians' cos	sts included in Workshee	t A?				Y	144.00
						•	
					1.00	2.00	
 45.00 If costs for renal services are cl inpatient services only? Enter "Y" no, does the dialysis facility inc period? Enter "Y" for yes or "N" 46.00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no in yes, enter the approval date (mm/d) 	for yes or "N" for no i clude Medicare utilization for no in column 2. yy changed from the previous column 1. (See CMS Pub.	in column 1. If o on for this cost iously filed cos	column 1 is reporting t report?	f	N	Y	145. 00
						1.00	
47.00 Was there a change in the statisti						N	147.00
48.00 Was there a change in the order of 49.00 Was there a change to the simplifi				r no		N N	148.00
	eu cost ir nur ny method?	Part A	Part B		Title V	Title XIX	149.00
		1.00	2.00		3.00	4.00	
Does this facility contain a provi							
or charges? Enter "Y" for yes or '	'N" for no for each comp			(See 4		8. 13) N	155 04
55.00Hospital 56.00Subprovider - IPF		N	N N		N N	N N	155.00
57.00 Subprovider - IRF		N	N N		N	N	157.00
58. 00 SUBPROVI DER							158.00
59. 00 SNF		N	N		Ν	N	159.00
60. 00 HOME HEALTH AGENCY		N	N		N	N	160.00
61.00 CMHC			N		N	N	161.00
						1.00	-
Multicampus						1	
65.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	impus hospital that has o	one or more camp	uses in diff	erent C	BSAs?	N	165.00
Enter f for yes of N for no.	Name	County	State Z	ip Code	CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	-
66.00 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. 0	0 166. 00
						1.00	-
Health Information Technology (HI	/			ent Act			
67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10) ente	r the	N	167.00
reasonable cost incurred for the H	IIT assets (see instructi	i ons)					
68.01 If this provider is a CAH and is r					dshi p		168. 0 ⁻
exception under §413.70(a)(6)(ii) 69.00 If this provider is a meaningful u					enter the	0.0	0169.00
transition factor. (see instructio		nu is not a can		IN),		0.0	0109.00
	- /			Be	egi nni ng	Endi ng	
	· · · · · · · · · · ·				1.00	2.00	
70.00 Enter in columns 1 and 2 the EHR k	eginning date and ending	g date for the r	eporting				170.00
period respectively (mm/dd/yyyy)							
					1.00	2.00	
71.00 If line 167 is "Y", does this provisection 1876 Medicare cost plans r					N		0171.00

	Financial Systems TRINITAS H AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CN: 31-0027	Peri od:	u of Form CMS Worksheet S-	
				From 01/01/2021 To 12/31/2021	Part II Date/Time Pr 6/1/2022 10:	
				Y/N	Date	
				1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format.	for all NO re	esponses. Ent	er all dates in t	he	_
	COMPLETED BY ALL HOSPITALS Provider Organization and Operation					-
00	Has the provider changed ownership immediately prior to the	beginning of	the cost	N		1.
	reporting period? If yes, enter the date of the change in c		instructions)		
			Y/N	Date	V/I	
. 00	Has the provider terminated participation in the Medicare P	rogrom2 lf	1.00 N	2.00	3.00	2.
	yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.	n 3, "V" for				
00	Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home of or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of of directors through ownership, control, or family and othe relationships? (see instructions)	ffices, drug er or its f the board	N			3.
			Y/N	Туре	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
. 00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" for or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	or Compiled, ilable in	Y	A		4.
00	Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit rec		N			5.
	those on the fifted financial statements? If yes, submit fee		1	Y/N	Legal Oper.	
				1.00	2.00	
	Approved Educational Activities					
00	Column 1: Are costs claimed for a nursing program? Column . is the legal operator of the program?	2: If yes, is	s the provide	r Y	Y	6.
00 00	Are costs claimed for Allied Health Programs? If "Y" see in: Were nursing programs and/or allied health programs approve		wed during th	e Y Y		7. 8.
00	cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved	graduate medio	cal education	Y		9.
D. 00	program in the current cost report? If yes, see instruction: Was an approved Intern and Resident GME program initiated o		the current	Y		10.
1.00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	N	V /N	11.
					Y/N 1.00	
	Bad Debts					
	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			ost reporting	Y N	12. 13.
4. 00	If line 12 is yes, were patient deductibles and/or co-payme	nts waived? If	Fyes, see in	structions.	Ν	14.
5.00	Bed Complement Did total beds available change from the prior cost reporti	<u>v</u> 1	yes, see ins rt A		Y t B	15.
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
6. 00	PS&R Data Was the cost report prepared using the PS&R Report only?	N		N		16.
	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)					
7.00	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	Y	07/02/2021	Y	07/02/2021	17.
3. 00	in columns 2 and 4. (see instructions) 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	Ν		N		18.
9. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	Ν		N		19.

10SPI 1	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE	Provider CC	CN: 31-0027	Period: From 01/01/2021	Worksheet S Part II	
				To 12/31/2021	Date/Time P 6/1/2022 10	
		Descri	ption	Y/N	Y/N	. 55 am
		(1.00	3.00	
0. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	Ν	20. (
		Y/N	Date	Y/N	Date	
1.00	Was the cost report prepared only using the provider's	1.00 N	2.00	3.00 N	4.00	21. (
1.00	records? If yes, see instructions.	IN		N		21.1
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE Capital Related Cost	PT CHILDRENS H	OSPI TALS)			
2. 00	•	einstructions				22.
3. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.		als made du	ring the cost		23.
. 00		ed into during	this cost re	eporting period?		24.
5. 00	instructions.	•	0.	5		25.
5.00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	5		26.		
7.00	Has the provider's capitalization policy changed during the copy. Interest Expense	e cost reportin	g period? I	r yes, submit		27.
3. 00	Were new loans, mortgage agreements or letters of credit en period? If yes, see instructions.	ntered into dur	ing the cos	t reporting		28.
. 00	Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see instr		bt Service I	Reserve Fund)		29.
. 00			debt? If yes	s, see		30.
. 00	Has debt been recalled before scheduled maturity without is instructions. Purchased Services	ssuance of new	debt? If yes	s, see		31.
2. 00			d through co	ontractual		32.
3. 00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.	blied pertainin	g to competi	tive bidding? If		33.
	Provi der-Based Physi ci ans					
	Are services furnished at the provider facility under an ar If yes, see instructions.	0				34.
5.00	If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		ts with the	provi der-based		35.
				Y/N	Date	
	Home Office Costs			1.00	2.00	
	Were home office costs claimed on the cost report?					36.
. 00	If line 36 is yes, has a home office cost statement been pr If yes, see instructions.	repared by the	home office	?		37.
. 00	If line 36 is yes, was the fiscal year end of the home off the provider? If yes, enter in column 2 the fiscal year end			f		38.
. 00	If line 36 is yes, did the provider render services to othe see instructions.			5,		39.
0. 00	If line 36 is yes, did the provider render services to the instructions.	home office?	lfyes, see			40.
		1.	00	2.	00	_
	Cost Report Preparer Contact Information					
I. 00	held by the cost report preparer in columns 1, 2, and 3,	PETER		CHUCK		41.
	respecti vel y.					
2. 00	Enter the employer/company name of the cost report preparer.	TRINITAS REG M	ED CTR			42.

Heal th	Financial Systems TRINITAS	HOSPI TAL	In Lieu of Form CMS-2552-			
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 31-0027	Period: From 01/01/2021	Worksheet S-2 Part II		
			To 12/31/2021		pared: 5 am	
		3.00				
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position	BUDGET & REIMB DIRECTOR			41.00	
	held by the cost report preparer in columns 1, 2, and 3,					
	respecti vel y.					
42.00	Enter the employer/company name of the cost report				42.00	
	preparer.					
43.00	Enter the telephone number and email address of the cost				43.00	
	report preparer in columns 1 and 2, respectively.					

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC/	AL DATA	Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part I Date/Time Pre	
						6/1/2022 10:5	<u>5 am</u>
						I/P Days / O/P	
	Component	Worksheet A Line Number	No. of Beds	Bed Days Avai I abl e	CAH Hours	<u>Visits / Trips</u> 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	30.00	195	71, 1	75 0.00	0	1.00
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.00
3.00	HMO I PF Subprovi der						3.00
4.00	HMO I RF 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		195	71, 1	75 0.00	0	7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31.00	25	9, 1	25 0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	HOUSE PHYSI CLANS	34.01	C)	0 0.00	0	11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		220	80, 30	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	71			0	16.00
17.00	SUBPROVIDER - IRF	41.00	C		0	0	17.00
18.00	SUBPROVI DER	42.00	27			0	18.00
19.00	SKILLED NURSING FACILITY	44.00	21			0	19.00
20.00	NURSING FACILITY	45.00	103			0	20.00
21.00	OTHER LONG TERM CARE	46.00	C)	0		21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00 24.10	HOSPICE	30. 00					24.00
24.10	HOSPICE (non-distinct part) CMHC - CMHC	30.00					24.10
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	
20.23	Total (sum of lines 14-26)	07.00	442			0	27.00
28.00	Observation Bed Days		442	-		0	27.00
29.00	Ambul ance Trips					0	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)		C		0		32.00
32.00	Total ancillary labor & delivery room		C C		-		32.00
	outpatient days (see instructions)						
33.00	LTCH non-covered days						33.00
	LTCH site neutral days and discharges						33.01

IOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part I Date/Time Pre 6/1/2022 10:5	parec
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	1	6.00	7.00	8.00	9.00	10.00	
. 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)	6, 505	3, 224	31, 00	4		1.
. 00	HMO and other (see instructions) HMO IPF Subprovider	10, 012 0	7, 997 0				2. 3.
. 00	HMO IRF Subprovider	0	0				4.
. 00	Hospital Adults & Peds. Swing Bed SNF	0	ō		0		5.
. 00	Hospital Adults & Peds. Swing Bed NF	-	o		0		6.
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	6, 505	3, 224	31, 00	4		7.
. 00	INTENSIVE CARE UNIT	1, 570	656	6, 90	8		8.
. 00	CORONARY CARE UNI T						9.
00 .C	BURN INTENSIVE CARE UNIT						10.
I. 00	SURGI CAL I NTENSI VE CARE UNI T						11.
I. 01	HOUSE PHYSI CI ANS	0	0		0		11.
2.00	OTHER SPECIAL CARE (SPECIFY)						12.
3.00	NURSERY		1, 753	3, 50	2		13.
4.00	Total (see instructions)	8, 075	5, 633	41, 41	4 0.00	1, 772. 84	14.
5.00	CAH visits	0	0		0		15.
5.00	SUBPROVIDER - IPF	2, 511	1, 476	16, 78			
7.00	SUBPROVIDER - IRF	0	0		0.00		
3. 00	SUBPROVI DER		7, 672	7, 84			
9.00	SKILLED NURSING FACILITY	1, 887	0	1, 88			
). 00	NURSING FACILITY		19, 022	30, 95			
. 00	OTHER LONG TERM CARE				0.00	23.56	
2. 00	HOME HEALTH AGENCY						22
. 00	AMBULATORY SURGICAL CENTER (D. P.)						23
. 00	HOSPICE						24
. 10	HOSPICE (non-distinct part)				0		24
. 00	CMHC - CMHC						25
b. 00	RURAL HEALTH CLINIC				0 00	0.00	26
5. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00		
2.00 3.00	Total (sum of lines 14-26)		_		0.00	2, 003. 03	27
. 00	Observation Bed Days Ambulance Trips	0	0				28
. 00		0		26	0		30
. 00	Employee discount days (see instruction) Employee discount days - IRF				8		30
	Labor & delivery days (see instructions)	0	470	71	-		
2.00	Total ancillary labor & delivery room	0	473		0		32
2. 01	outpatient days (see instructions)						32
3.00	LTCH non-covered days	0					33
3. 01	LTCH site neutral days and discharges	0					33

	Financial Systems TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 31-0027	Period: From 01/01/2021	Worksheet S-3 Part I	
					To 12/31/2021	Date/Time Pre 6/1/2022 10:5	pared: 5 am
		Full Time Equivalents			charges		
	Component	Nonpaid Workers	Title V	Title XVIII		Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00 2.00 3.00 4.00	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) HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider		0	1, 2	38 1, 458 0 0 0 0 0	7, 756	2.00 3.00 4.00
5.00 6.00 7.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions)						5.00 6.00 7.00
8.00 9.00 10.00 11.00 11.01 12.00 13.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T BURN I NTENSI VE CARE UNI T SURGI CAL I NTENSI VE CARE UNI T HOUSE PHYSI CI ANS OTHER SPECI AL CARE (SPECI FY) NURSERY						8.00 9.00 10.00 11.00 11.01 12.00 13.00
14. 00 15. 00	Total (see instructions) CAH visits	0.00	0	1, 2	38 1, 458	7, 756	14.00 15.00
16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00	SUBPROVI DER - I PF SUBPROVI DER - I RF SUBPROVI DER SKI LLED NURSI NG FACI LI TY NURSI NG FACI LI TY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGI CAL CENTER (D. P.) HOSPI CE	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0 0 0	1	75 147 0 0 129	1, 655 0 132 0	16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00
24. 10 25. 00 26. 00 26. 25 27. 00 28. 00 29. 00	HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambul ance Trips	0. 00 0. 00					24. 10 25. 00 26. 00 26. 25 27. 00 28. 00 29. 00
30. 00 31. 00 32. 00 32. 01 33. 00	Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days LTCH site neutral days and discharges				0		30. 00 31. 00 32. 00 32. 01 33. 00 33. 01

	Financial Systems AL WAGE INDEX INFORMATION		TRI NI TAS	Provider C		eriod: rom 01/01/2021		pared:
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adj usted Sal ari es (col . 2 ± col . 3)		Average Hourly Wage (col. 4 ÷ col. 5)	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARIES							1
. 00	Total salaries (see instructions)	200.00	134, 301, 793	0	134, 301, 793	3, 961, 938. 00	33. 90	1.0
. 00	Non-physician anesthetist Part		C	0	0	0.00	0. 00	2.0
. 00	A Non-physician anesthetist Part		C	0	0	0.00	0. 00	3.0
. 00	B Physician-Part A -		C		0	0.00		
	Administrative		_		0			
. 01 . 00	Physicians - Part A - Teaching Physician and Non		C	-	0	0.00 0.00		
	Physician-Part B		(
. 00	Non-physician-Part B for hospital-based RHC and FQHC		Ĺ		0	0.00	0.00	6.0
. 00	services Interns & residents (in an	21.00	3, 079, 387	0	3, 079, 387	108, 652. 00	28.34	7.0
	approved program)							
. 01	Contracted interns and residents (in an approved		C	0	0	0.00	0.00	7.0
. 00	programs) Home office and/or related		C	0	0	0.00	0. 00	8.0
	organization personnel	44.00		-	(70.1/4			
. 00 0. 00	SNF Excluded area salaries (see	44.00	672, 164 20, 581, 404			25, 709. 00 621, 541. 00		
	instructions) OTHER WAGES & RELATED COSTS							
1. 00	Contract Labor: Direct Patient		C	0	0	0.00	0.00	11. (
2.00	Care Contract Labor: Top Level		C	0	0	0.00	0. 00	12. (
	management and other				_			
	management and administrative services							
3.00	Contract Labor: Physician-Part A - Administrative		C	0	0	0.00	0.00	13.0
4.00	Home office and/or related		C	0	0	0.00	0. 00	14.0
	organization salaries and wage-related costs							
4. 01 4. 02	Home office salaries Related organization salaries		C	-	0	0. 00 0. 00		14. (14. (
5. 00	Home office: Physician Part A		C	-	0	0.00		15. (
6. 00	- Administrative Home office and Contract		C	0	0	0.00	0. 00	16. (
	Physicians Part A - Teaching							
6. 01	Home office Physicians Part A - Teaching		C		0	0.00	0.00	16. (
6. 02	Home office contract Physicians Part A - Teaching		C	0	0	0.00	0.00	16. (
7 00	WAGE-RELATED COSTS		24 114 754		24 114 754			1 17 0
	Wage-related costs (core) (see instructions)		36, 116, 756	0	36, 116, 756			17.0
8. 00	Wage-related costs (other) (see instructions)							18. (
9.00	Excluded areas		7, 453, 609	0	7, 453, 609			19.0
0. 00	Non-physician anesthetist Part A		Ĺ		0			20.0
1. 00	Non-physician anesthetist Part B		C	0	0			21.0
2.00	Physician Part A -		593, 642	0	593, 642			22. C
2. 01	Administrative Physician Part A - Teaching		C	0	0			22.0
3.00 4.00	Physician Part B Wage-related costs (RHC/FQHC)		3, 867, 487	0	3, 867, 487			23. (24. (
4.00 5.00	Interns & residents (in an		1, 127, 152	0	1, 127, 152			24.0
5. 50	approved program) Home office wage-related		C	0	0			25.5
	(core)		-					
5. 51	Related organization wage-related (core)		C	, 0	0			25.5
5. 52	Home office: Physician Part A - Administrative -		C	0	0			25.5
	wage-related (core)							

Health Fina	ncial Systems		TRI NI TAS I	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPI TAL WA	AGE INDEX INFORMATION			Provider C		Period: From 01/01/2021 To 12/31/2021		pared:
		Wkst. A Line		Recl assi fi cati		Paid Hours	Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col		col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	office: Physicians Part A		0	0		0		25. 53
	aching - wage-related							
(cor								
	HEAD COSTS - DIRECT SALARIE			-				
	oyee Benefits Department	4.00	1		.,			
	nistrative & General	5.00	17, 637, 202	-178, 639	17, 458, 56			
	nistrative & General under		0	0		0 0.00	0.00	28.00
	ract (see inst.)			_				
	tenance & Repairs	6.00	902, 347		902, 34			29.00
	ation of Plant	7.00	999, 600		999, 60			
	dry & Linen Service	8.00	66, 891		66, 89			
	ekeepi ng	9.00	2, 704, 063	0	2, 704, 06			
	ekeeping under contract		0	0		0 0.00	0.00	33.00
	instructions)							
34.00 Diet		10. 00	2, 339, 982	0	2, 339, 98			34.00
	ary under contract (see		0	0		0 0.00	0.00	35.00
	ructions)							
	teria	11.00		0		0 0.00		36.00
	tenance of Personnel	12.00		0		0 0.00		37.00
	ing Administration	13.00	1, 319, 598		1, 319, 59			
	ral Services and Supply	14.00	573, 966	0	573, 96			
40.00 Phar		15.00	2,087,969	0	2, 087, 96	9 57, 825. 00	36. 11	40.00
	cal Records & Medical	16.00	1, 357, 956	0	1, 357, 95	60, 954. 00	22.28	41.00
	rds Library							
	al Service	17.00		0	1, 421, 15			42.00
43.00 Othe	r General Service	18.00	0	0		0 0.00	0.00	43.00

Heal th	Financial Systems		TRI NI TAS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPIT	AL WAGE INDEX INFORMATION			Provider CO	-	Period: From 01/01/2021 Fo 12/31/2021		pared:
		Worksheet A		Recl assi fi cati	, ,		Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		col. 5)	
				Worksheet A-6)		col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY				-i		
1.00	Net salaries (see		131, 222, 406	0	131, 222, 400	5 3, 853, 286. 00	34.05	1.00
	instructions)							
2.00	Excluded area salaries (see		21, 253, 568	436, 824	21, 690, 392	2 647, 250. 00	33. 51	2.00
	instructions)							
3.00	Subtotal salaries (line 1		109, 968, 838	-436, 824	109, 532, 014	4 3, 206, 036. 00	34.16	3.00
	minus line 2)							
4.00	Subtotal other wages & related		0	0	(0.00	0.00	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		36, 710, 398	0	36, 710, 398	3 O. OC	33. 52	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		146, 679, 236	-436, 824	146, 242, 412	2 3, 206, 036. 00	45. 61	6,00
7.00	Total overhead cost (see		32, 755, 064					
	instructions)		32,700,001	1/0,007		.,	27.02	
		1		1	I	1	1 1	I

	Financial Systems	TRINITAS HOS	PITAL			In Lie	eu of Form CMS-	2552-10
HOSPI 1	AL WAGE RELATED COSTS		Provi der	CCN:	31-0027	Peri od:	Worksheet S-3	
						From 01/01/2021		
						To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
							Amount	
							Reported	
							1.00	
	PART IV - WAGE RELATED COSTS							
	Part A - Core List							
	RETIREMENT COST						1	
1.00	401K Employer Contributions						2, 298, 812	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribu						0	
3.00	Nonqualified Defined Benefit Plan Cost (see i						0	
4.00	Qualified Defined Benefit Plan Cost (see inst						0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External O	rgani zati on)					1	
5.00	401K/TSA Plan Administration fees						0	
6.00	Legal /Accounting/Management Fees-Pension Plan						0	
7.00	Employee Managed Care Program Administration	Fees					0	7.00
	HEALTH AND INSURANCE COST						1	
8.00	Health Insurance (Purchased or Self Funded)						0	
8.01	Health Insurance (Self Funded without a Third						0	
8.02	Health Insurance (Self Funded with a Third Pa	irty Administratoi	~)				20, 749, 198	•
8.03	Health Insurance (Purchased)						17, 059, 020	
9.00	Prescription Drug Plan						0	
10.00	Dental, Hearing and Vision Plan						691, 117	•
11.00	Life Insurance (If employee is owner or benef						156, 181	
12.00	Accident Insurance (If employee is owner or b						0	
13.00	Disability Insurance (If employee is owner or						1, 279, 106	
14.00	Long-Term Care Insurance (If employee is owne	er or beneficiary))				-1, 653, 979	
15.00	'Workers' Compensation Insurance						799, 277	
16.00	Retirement Health Care Cost (Only current yea	ir, not the extra	ordinary a	ccrua	al require	ed by FASB 106.	0	16.00
	Non cumulative portion)							
	TAXES						7 5 40 000	1 4 7 44
	FICA-Employers Portion Only						7, 560, 029	•
18.00	Medicare Taxes - Employers Portion Only						0	
19.00	Unemployment Insurance						56, 045	•
20.00	State or Federal Unemployment Taxes						0	20.00
04 66	OTHER				4 11			0.1 0.0
21.00	Executive Deferred Compensation (Other Than R instructions))	etirement Cost Re	eported on	line	es 1 throu	igh 4 above. (see	0	21.00
22.00	Day Care Cost and Allowances						0	
23.00	Tuition Reimbursement						163, 840	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)						49, 158, 646	24.00
	Part B - Other than Core Related Cost							
25.00	OTHER WAGE RELATED COSTS (SPECIFY)							25.00

Heal th	Financial Systems	TRINITAS HOSE	PITAL	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 31-0027	Peri od:	Worksheet S-3	
				From 01/01/2021		
				To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
	Cost Center Description			Contract Labor		
	cost center bescription			1.00	2.00	
	PART V - Contract Labor and Benefit Cost				2100	
	Hospital and Hospital-Based Component Identifica	ation:				
1.00	Total facility's contract labor and benefit cost	t		0	0	1.00
2.00	Hospi tal			0	0	2.00
3.00	Subprovider - IPF			0	0	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			0	0	8.00
9.00	Hospital-Based NF			0	0	9.00
10.00	Hospital-Based OLTC					10.00
11.00	Hospital-Based HHA					11.00
12.00	Separately Certified ASC					12.00
13.00	Hospi tal -Based Hospi ce					13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
16.00	Hospital-Based-CMHC					16.00
17.00	Renal Dialysis			0	0	17.00
18.00	Other			0	0	18.00

3611	Financial Systems AL RENAL DIALYSIS DEPARTMENT ST	ATI STI CAL DATA	TRINITAS H	Provider C		eriod:	worksheet S-5	
						rom 01/01/2021 o 12/31/2021		
		Outpa	tiont	Trai	ning	Home	6/1/2022 10: 5	5 am
		Regular	High Flux	Hemodi al ysi s	CAPD / CCPD	Hemodi al ysi s	CAPD / CCPD	<u> </u>
		1.00	2.00	3.00	4.00	5.00	6.00	
00	Number of patients in program at end of cost reporting period	220	0	0	55	0	0	1.0
00	Number of times per week patient receives dialysis	3. 00	0.00	0.00	0.00	0.00	0.00	2.0
00	Average patient dialysis time including setup	4. 50	0.00	0.00				3. (
00 00	CAPD exchanges per day Number of days in year dialysis furnished	312	0		0.00		0.00	4. (5. (
0	Number of stations	52	0	0	0			6.1
0	Treatment capacity per day per station		0					7.
0	Utilization (see instructions) Average times dialyzers	0. 00 0. 00	0.00 0.00					8. 9.
00	re-used Percentage of patients re-using dialyzers	0. 00	0.00					10.
							Y/N 1.00	
01	ESRD PPS		1	for the i			D.	10
01 02	Is the dialysis facility appro- for yes or "N" for no. (see in: Did your facility elect 100% P	structions)	5		1 31		N Y	10. 10.
	instructions for "new" provide	rs.)				Prior to 1/1	After 12/31	
03	If you responded "N" to line 10	0.00 1		<u> </u>		1.00	2.00	10.
00 00	after December 31. (see instruct TRANSPLANT INFORMATION Number of patients on transplan Number of patients transplanted	nt list	st reporting p	peri od		24		11. (12. (
	EPOETIN		1 21					
00 00	Net costs of Epoetin furnished Epoetin amount from Worksheet		2	patients by th	e provider.			13. 14.
00	Number of EPO units furnished			s department				14.
00	Number of EPO units furnished ARANESP							16.
	Net costs of ARANESP furnished			patients by th	e provider.			17.
00	ARANESP amount from Worksheet							18.
00 00	Number of ARANESP units furnis Number of ARANESP units furnis							19. 20.
00	INUMBER OF ARAMESP UNITS FUTITS	neu relating to		ysi's departmen	L	MCP	INITIAL METHOD	
						1.00	2.00	
00	PHYSICIAN PAYMENT METHOD Enter "X" if method(s) is appli	i cabl e						21.
00		ESA Desc		Net Cost of ESAs for Renal			Number of ESA Units - Home	21.
		1.1	00	Patients		Dialysis Dept.		
	ESAs	1. (2.00	3.00	4.00	5.00	
00				1, 451, 716	0	256, 050, 000	0	22.

Health Financial Systems TRINITAS HO	OSPI TAL	In Lie	u of Form CMS-	2552-10
HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 31-0027	Peri od:	Worksheet S-5	
		From 01/01/2021 To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		CCN	Treatments	
		1.00	2.00	
23.00 If line 10.01 is yes, enter in column 1 the CCN for each rer listed on Worksheet S-2, Part I, line 18, and its subscripts total treatments for each CCN. (see instructions)			C	23.00
23. 01 TRINITAS LINDEN RENAL DIALYSIS 23. 02 TRINITAS CRANFORD RENAL DIALYSIS				23. 01 23. 02

Heal th	Financial Systems TRINITAS HOS	PITAL		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CO		Period:	Worksheet S-10)
				From 01/01/2021		
				To 12/31/2021	Date/Time Pre	
					6/1/2022 10:5	s am
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di	vidod by Li	no 202 column	0)	0. 189214	1.00
1.00	Medicaid (see instructions for each line)	vided by II		0)	0. 107214	1.00
2.00	Net revenue from Medicaid				66, 380, 784	2.00
2.00					00, 300, 784 Y	2.00
3.00 4.00	Did you receive DSH or supplemental payments from Medicaid?	stal novement	a from Madiaa	40	N	3.00 4.00
4.00 5.00	If line 3 is yes, does line 2 include all DSH and/or supplement			14?		4.00 5.00
5.00 6.00	If line 4 is no, then enter DSH and/or supplemental payments 1 Medicaid charges	Tom Meurcar	u		36, 332, 726 438, 748, 398	6. 00
	5					
7.00	Medicaid cost (line 1 times line 6)	(line 7 min	us sum of lin	and E. if	83, 017, 339	7.00 8.00
8.00	Difference between net revenue and costs for Medicaid program < zero then enter zero)	(IIne / min	us sum of iin	es 2 and 5; IT	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions f	For each lin	0)			
9.00	Net revenue from stand-al one CHIP		e)		0	9.00
9.00 10.00	Stand-al one CHIP charges				0	9.00 10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				0	10.00
12.00	Difference between net revenue and costs for stand-alone CHIP	(line 11 mi	nus lino 0 i	f < zero then	0	12.00
12.00	enter zero)				0	12.00
	Other state or local government indigent care program (see ins	structions f	or each line)			
13.00	Net revenue from state or local indigent care program (Not ind)	0	13.00
14.00	Charges for patients covered under state or local indigent car				0	14.00
	10)					
15.00	State or local indigent care program cost (line 1 times line	14)			0	15.00
16.00	Difference between net revenue and costs for state or local in		program (lin	e 15 minus line	0	16.00
	13; if < zero then enter zero)	-				
	Grants, donations and total unreimbursed cost for Medicaid, CH	IP and stat	e∕local indig	ent care program	ns (see	
	instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to t				0	
18.00	Government grants, appropriations or transfers for support of				0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and loca	al indigent	care programs	(sum of lines	0	19.00
	8, 12 and 16)		Uni nsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
			1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)		1.00	2.00	0.00	
20.00	Charity care charges and uninsured discounts for the entire fa	acility	120, 209, 55	4 104, 678	120, 314, 232	20.00
	(see instructions)		,,		,,	
21.00	Cost of patients approved for charity care and uninsured disco	ounts (see	22, 745, 33	1 104, 678	22, 850, 009	21.00
	instructions)	· ·				
22.00	Payments received from patients for amounts previously written	n off as		0 0	0	22.00
	charity care					
23.00	Cost of charity care (line 21 minus line 22)		22, 745, 33	1 104, 678	22, 850, 009	23.00
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patie		ond a length	of stay limit	Ν	24.00
25.00	imposed on patients covered by Medicaid or other indigent care			lo longth of	0	25.00
25.00	If line 24 is yes, enter the charges for patient days beyond t stay limit	the that gent	care program	s rength of	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see in	ostructions)			14, 636, 121	26.00
20.00	Medicare reimbursable bad debts for the entire hospital complex (see in		ructions)		1, 172, 286	
27.00	Medicare allowable bad debts for the entire hospital complex				1, 172, 286	
27.01	Non-Medicare bad debt expense (see instructions)	Case THELLING	1 0115/		12, 803, 516	27.01
28.00 29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex	nonco (coc	instructions)		3, 059, 339	28.00 29.00
29.00 30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	wense (see	instructions)		25, 909, 348	29.00 30.00
	Total unreimbursed and uncompensated care cost (line 19 plus I	ine 30			25, 909, 348 25, 909, 348	
51.00	Total unrelimulsed and uncompensated care cost (TTHE 19 prus 1	116 30)			20, 909, 348	31.00

LAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider C	F	eriod: rom 01/01/2021 o 12/31/2021	Worksheet A Date/Time Pre	nara
	Cost Contor Description	Colorioo	Other			6/1/2022 10:5	
	Cost Center Description	Sal ari es	Other	+ col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
0	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	I I	5, 572, 135	5, 572, 135	2, 589, 945	8, 162, 080	1.
0	00200 CAP REL COSTS-BEDG & TTXT		5, 355, 494			5, 355, 494	2.
0	00300 OTHER CAP REL COSTS		0	0		0	3.
00	00400 EMPLOYEE BENEFITS DEPARTMENT	1, 344, 338	25, 237, 466			26, 510, 344	4.
)0)0	00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	17, 637, 202 902, 347	30, 273, 854 4, 858, 011			47, 276, 022 5, 760, 358	5. 6.
0	00700 OPERATION OF PLANT	999,600	8, 621, 207			9, 620, 807	7.
0	00800 LAUNDRY & LINEN SERVICE	66, 891	1,082,537	1, 149, 428	0	1, 149, 428	8.
0	00900 HOUSEKEEPING	2, 704, 063	2, 200, 427			4, 904, 490	
00 00	01000 DI ETARY 01100 CAFETERI A	2, 339, 982	3, 071, 689	5, 411, 671		5, 411, 671 -40, 300	
00	01200 MAINTENANCE OF PERSONNEL	0	0		-40, 300	-40, 300	12.
00	01300 NURSING ADMINISTRATION	1, 319, 598	126, 157	1, 445, 755	-1, 797	1, 443, 958	
00	01400 CENTRAL SERVICES & SUPPLY	573, 966	1, 846, 883			1, 563, 606	
00	01500 PHARMACY	2,087,969	15, 379, 588			10, 862, 163	
00 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	1, 357, 956 1, 421, 152	878, 886 105, 340			2, 236, 842 1, 526, 492	
00	01900 NONPHYSI CI AN ANESTHETI STS	0	105, 540		0	1, 520, 472	19.
00	02000 NURSI NG PROGRAM	2, 491, 055	800, 263	3, 291, 318	-21, 852	3, 269, 466	
00	02100 I &R SERVICES-SALARY & FRINGES APPRV	3, 079, 387	1,041,487			4, 120, 874	21.
00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	242, 817	56, 094			298, 911	22.
00	02300 PARAMED ED PRGM-(SPECIFY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	23
00	03000 ADULTS & PEDIATRICS	12, 889, 534	6, 445, 061	19, 334, 595	-2, 148, 036	17, 186, 559	30.
00	03100 I NTENSI VE CARE UNI T	5, 121, 785	990, 079			5, 507, 091	31.
01	03401 HOUSE PHYSI CLANS	1, 599, 475	3, 135, 532			4, 735, 007	34
00	04000 SUBPROVIDER - IPF	7, 717, 979	509, 332			8, 310, 383	
00 00	04100 SUBPROVI DER – I RF 04200 SUBPROVI DER	0 2, 162, 861	0 13, 371	-	0	0 2, 239, 034	41
00	04300 NURSERY	1, 153, 469	328, 852			1, 356, 553	43
00	04400 SKILLED NURSING FACILITY	672, 164	0	672, 164		672, 164	44
00	04500 NURSING FACILITY	4, 075, 087	1, 340, 081			4, 896, 609	45.
00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	1, 675, 371	171, 324	1, 846, 695	-17, 725	1, 828, 970	46
00	05000 OPERATI NG ROOM	5, 433, 258	12, 582, 895	18, 016, 153	-11, 912, 334	6, 103, 819	50
00	05100 RECOVERY ROOM	1, 124, 610	31, 008			1, 127, 864	
00	05200 DELIVERY ROOM & LABOR ROOM	2, 575, 035	370, 032			2, 663, 724	
00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0 2, 625, 196	3, 970, 252 3, 157, 180			3, 644, 822	
00 00	05500 RADI OLOGY-THERAPEUTI C	2, 732, 432	1, 439, 510			5, 185, 673 -3, 161, 504	
00	05600 RADI OI SOTOPE	249, 801	498, 515				
00	05700 CT SCAN	538, 155	405, 517			763, 636	
00	05800 MRI	223, 925	214, 805			385, 257	58
00 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	930, 993 2, 460, 659	1, 556, 057 4, 150, 642			1, 621, 113 5, 086, 800	
00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2, 460, 659	1, 675, 106			1, 664, 387	60 62
30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62
00	06500 RESPI RATORY THERAPY	2, 420, 779	1, 021, 537			2, 756, 278	
00	06600 PHYSI CAL THERAPY	1, 152, 933	1, 645, 898			2, 780, 684	66
00	06700 OCCUPATIONAL THERAPY	171, 441	49, 760			220, 327	67
00 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	135, 392 749, 223	1, 729 187, 550			137, 121 918, 761	68 69
00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		15, 306, 688	
00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		7, 150, 165	72
00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	13, 848, 187	13, 848, 187	73
00	07400 RENAL DIALYSIS	5, 119, 374	2, 115, 728	7, 235, 102	1, 451, 716	8, 686, 818	
97 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	0	0		0	0	76
	07699 LI THOTRI PSY	0	0	0	0	0	76
	OUTPATIENT SERVICE COST CENTERS	· · · · · ·		1	T		
00	09000 CLINIC	1, 601, 520	446, 665				
02	09001 PSYCH CLINIC	11, 944, 034	2, 557, 066			14, 220, 830	
03 04	09002 PSYCH CLINIC FEE BASED 09003 WORKFIRST	7, 307 78, 535	26	7, 333 78, 535		7, 333 78, 535	90 90
04	09004 CANCER CLINIC	, 0, 333	0	, 0, 335	0	0	90
06	09005 PEDIATRIC CLINIC	690, 076	204, 716	894, 792	-69, 255	825, 537	90.
07	09006 WOMEN' S CLINIC	1, 394, 819	355, 379			1, 697, 700	
80	09007 THERAPEUTIC SCHOOL	575,070	121, 084			696, 154	
09 11	09008 AFTER SCHOOL PROGRAM 09009 PERINATAL ADDICTION	314, 961 14, 753	16, 309 1, 052			331, 270 15, 805	90 90
	09010 THERAPEUTIC NURSERY	14,703	1, 052	18, 660		18, 660	1 70.

Health Financial Systems	TRINITAS H	OSPI TAL		In Lieu of Form CMS-2552-10		
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	F EXPENSES	Provider CC		eriod:	Worksheet A	
				rom 01/01/2021 o 12/31/2021	Date/Time Pre 6/1/2022 10:5	bared: 5 am
Cost Center Description	Sal ari es	Other		Recl assi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
	1.00	0.00			col . 4)	
	1.00	2.00	3.00	4.00	5.00	
90. 13 09011 CHILD DAY TREATMENT	640, 245	408, 575	1, 048, 820	-1, 220	1, 047, 600	90.13
90. 14 09012 DI ABETES CENTER	0	0	C	0	0	90.14
90.15 09013 WOUND CENTER	395, 609	390, 673			579, 713	90.15
90. 16 09014 MI CA	126, 835	6, 246			133, 081	90. 16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	882, 691	145, 007			1, 026, 488	90. 17
91.00 09100 EMERGENCY	6, 277, 445	2, 712, 862	8, 990, 307	-1, 322, 675		91.00
91. 01 09101 EMERGENCY	2, 344, 305	262, 273	2, 606, 578	-19, 988	2, 586, 590	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2, 372, 231	448, 629	2, 820, 860	-86, 033	2, 734, 827	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		2, 589, 945	2, 589, 945	-2, 589, 945	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	134, 214, 973	165, 185, 286	299, 400, 259	-670, 501	298, 729, 758	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	C	0	0	192.00
193.00 19300 NONPALD WORKERS	0	0	C	0	0	193.00
194.0007950 NON REIMBURSABLE	86, 820	7, 307, 966	7, 394, 786	670, 501	8, 065, 287	194.00
200.00 TOTAL (SUM OF LINES 118 through 199)	134, 301, 793	172, 493, 252	306, 795, 045	0	306, 795, 045	200. 00

	Financial Systems SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (OF EXPENSES	Provider CCN: 31-002	7 Period: From 01/01/2021	Worksheet A
				To 12/31/2021	
	Cost Center Description	Adjustments	Net Expenses		10/1/2022 10:33 4
		(See A-8) 6.00	For Allocation 7.00		
	GENERAL SERVICE COST CENTERS				
00	00100 CAP REL COSTS-BLDG & FIXT	-961	8, 161, 119		1
)0)0	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS	0	5, 355, 494 0		2
00	00400 EMPLOYEE BENEFITS DEPARTMENT	-158, 345	26, 351, 999		4
00	00500 ADMI NI STRATI VE & GENERAL	-5, 594, 881	41, 681, 141		5
00	00600 MAI NTENANCE & REPAI RS	0	5, 760, 358		6
00	00700 OPERATION OF PLANT	-598, 418	9,022,389		7
00	00800 LAUNDRY & LINEN SERVICE	0	1, 149, 428		8
00 00	00900 HOUSEKEEPING 01000 DI ETARY	0	4, 904, 490 5, 411, 671		9
00	01100 CAFETERI A	-713, 973	-754, 273		11
00	01200 MAINTENANCE OF PERSONNEL	0	0		12
00	01300 NURSING ADMINISTRATION	0	1, 443, 958		13
00	01400 CENTRAL SERVICES & SUPPLY	0	1, 563, 606		14
00	01500 PHARMACY	0	10, 862, 163		15
00 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	-125 0	2, 236, 717 1, 526, 492		16
00	01900 NONPHYSI CLAN ANESTHETI STS	0	1, 520, 472		19
00	02000 NURSI NG PROGRAM	-6, 353, 330	-3, 083, 864		20
00	02100 I &R SERVICES-SALARY & FRINGES APPRV	-4, 870	4, 116, 004		21
00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-1, 160, 488	-861, 577		22
00	02300 PARAMED ED PRGM- (SPECIFY)	0	0		23
00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	0	17, 186, 559		30
00	03100 I NTENSI VE CARE UNI T	0	5, 507, 091		31
01	03401 HOUSE PHYSI CI ANS	-3, 700, 672	1,034,335		34
00	04000 SUBPROVIDER - IPF	-1, 536, 555	6, 773, 828		40
00	04100 SUBPROVI DER – I RF	0	0		41
00	04200 SUBPROVI DER	-244, 282	1, 994, 752		42
00 00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY	0	1, 356, 553 672, 164		43
. 00	04500 NURSING FACILITY	-50,000	4, 846, 609		44
. 00	04600 OTHER LONG TERM CARE	-98, 017	1, 730, 953		46
	ANCI LLARY SERVI CE COST CENTERS				
. 00	05000 OPERATI NG ROOM	0	6, 103, 819		50
00	05100 RECOVERY ROOM	0	1, 127, 864		51
00 00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	0 -2, 157, 998	2, 663, 724 1, 486, 824		52
00	05400 RADI OLOGY-DI AGNOSTI C	-2, 726, 205	2, 459, 468		54
00	05500 RADI OLOGY-THERAPEUTI C	-7, 350	-3, 168, 854		55
00	05600 RADI OI SOTOPE	0	584, 111		56
00	05700 CT SCAN	0	763, 636		57
		0	385, 257		58
00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	-465, 831 -281, 058			59 60
00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1, 664, 387		62
30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62
00	06500 RESPI RATORY THERAPY	-868	2, 755, 410		65
00	06600 PHYSI CAL THERAPY	0	2, 780, 684		66
00	06700 OCCUPATI ONAL THERAPY	0	220, 327		67
00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0 -101, 453	137, 121 817, 308		68
00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	-101, 433	15, 306, 688		71
00		0	7, 150, 165		72
	07300 DRUGS CHARGED TO PATIENTS	0	13, 848, 187		73
00		0	8, 686, 818		74
97 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	0	0		76
	07699 LI THOTRI PSY		0		76
. /	OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·			
	09000 CLI NI C	-257, 438	1, 164, 758		90
02		-2, 874, 455			90
03	09002 PSYCH CLINIC FEE BASED	0	7, 333		90
04	09003 WORKFIRST	0	78, 535		90
05	09004 CANCER CLINIC 09005 PEDIATRIC CLINIC	0 -211, 829	0 613, 708		90
	09006 WOMEN' S CLINIC	-211,829	1, 697, 700		90
		-6, 194	689, 960		90
. 07	09007 THERAPEUTIC SCHOOL	-0, 1741			
. 07 . 08	09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM	-185, 184	146, 086		90
	09008 AFTER SCHOOL PROGRAM 09009 PERI NATAL ADDI CTI ON	-185, 184 0	146, 086 15, 805		90
. 07 . 08 . 09 . 11 . 12	09008 AFTER SCHOOL PROGRAM	-185, 184	146, 086		90 90 90 90

Health Financial Systems	TRI NI TAS	HOSPI TAL		In Lieu of Form CMS-2552-10		
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	F EXPENSES	Provider CC	CN: 31-0027	Peri od:	Worksheet A	
				From 01/01/2021 To 12/31/2021	Date/Time Pre	narod
				10 12/31/2021	6/1/2022 10: 5	5 am
Cost Center Description	Adjustments	Net Expenses				
	· · · · · · · · · · · · · · · · · · ·	For Allocation				
	6.00	7.00				
90.15 09013 WOUND CENTER	-21, 578	558, 135				90. 15
90. 16 09014 MI CA	-56, 247	76, 834				90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	1, 026, 488				90.17
91.00 09100 EMERGENCY	-384,053	7, 283, 579				91.00
91.01 09101 EMERGENCY	0	2, 586, 590				91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	-101, 815	2, 633, 012				95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0				113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-30, 099, 952	268, 629, 806				118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0				192.00
193.00 19300 NONPALD WORKERS	0	0				193.00
194.0007950 NON REIMBURSABLE	-473, 460	7, 591, 827				194.00
200.00 TOTAL (SUM OF LINES 118 through 199)	-30, 573, 412	276, 221, 633				200. 00

	inancial Systems		TRINITAS H	Provider CCN: 3	2021 Date/Time Prepare
	Cost Conton	Increases	Colory	Other	6/1/2022 10:55 am
-	Cost Center 2.00	Li ne # 3.00	Salary 4.00	5.00	
	A - CAFETERIA MEALS RECLASS				
C	CAFETERI A	<u> 11.00</u>	<u>1, 006, 192</u> <u>1, 006, 192</u>	<u>1, 320, 826</u> <u>1, 320, 826</u>	1.
B	ا B - DRUGS CHARGED TO PATIENTS		1,000,192	1, 320, 820	
D	DRUGS CHARGED TO PATIENTS	73.00	0	15, 299, 903	1.
		0.00 0.00	0	0	3.
		0.00	0	0	4.
		0.00	О	0	6.
		0.00	0	0	7.
		0. 00 0. 00	0	0	8.
		0.00	Ö	0	10.
		0.00	0	0	11.
		0.00 0.00	0	0 0	12.
		0.00	0	0	13.
		0.00	0	0	15.
		0.00	0	0	16.
		0.00 0.00	0	0	17. 18.
5		0.00	0	0	19.
		0.00	0	<u>0</u>	20.
-	TOTALS C - INTEREST EXPENSE		0	15, 299, 903	
	CAP REL COSTS-BLDG & FIXT	1.00	0	2, 589, 945	1.
N	NON REIMBURSABLE	1 <u>94.</u> 00	<u>o</u>	630	31.
	TOTALS D - MED SUPPLIES CHARGED TO P		0	2, 590, 575	
	MEDICAL SUPPLIES CHARGED TO P	71.00	0	15, 306, 688	1.
	PATI ENT				
		0. 00 0. 00	0	0	2.
		0.00	0	0	4.
		0.00	0	0	5.
		0.00 0.00	0	0	6. 7.
		0.00	0	0	8.
		0.00	0	0	9.
		0.00	0	0	10.
)		0.00 0.00	0	0	11.
		0.00	Ö	Ö	13.
		0.00	0	0	14.
		0. 00 0. 00	0 0	0 0	15.
\hat{b}		0.00	0	0	17.
		0.00	0	0	18.
		0.00 0.00	0 0	0 0	19
5		0.00	0	0	20.
		0.00	О	0	22.
		0.00	0	0	23
		0.00 0.00	0 0	0 0	24. 25.
\hat{b}		0.00	0	0	26.
		0.00	0	0	27.
		0.00 0.00	0 0	0 0	28.
\hat{b}		0.00	0	0	30.
		0.00	0	0	31.
		0.00	0	0	32.
))		0.00 0.00	0	0 0	33. 34.
5		0.00	0	0	35.
		0.00	0	0	36.
		0.00	0	0	37.
	TOTALS	0.00	0	000000	38.
E	E - RECLASS MALPRACTICE				
	PSYCH CLINIC SUBPROVIDER - IPF	90. 02 40. 00	0 0	3, 139 525	1.
	NUBERUVI DER - IPE	4() ()()	0	575	2.

Heal th	Financial Systems		TRINITAS HO)SPI TAL		In Lie	u of Form CMS	-2552-10
RECLAS	SIFICATIONS			Provider C	CCN: 31-0027	Peri od:	Worksheet A-	6
						From 01/01/2021 To 12/31/2021	Date/Time Pr 6/1/2022 10:	epared: 55 am
		Increases						
	Cost Center	Line #	Sal ary	Other				
	2.00	3.00	4.00	5.00				
	F - IMPLANTABLE DEVICES							
1.00	IMPL. DEV. CHARGED TO	72.00	0	7, 150, 165				1.00
	PATI ENTS							
	TOTALS		0	7, 150, 165				4
	G - PUB RELATIONS TO NON REIN							
1.00	NON REIMBURSABLE	194.00	<u> </u>	450, 302				1.00
	TOTALS		178, 639	450, 302				-
	I - RECLASS EPOTEIN	74.00						1 4 4 4
1.00	RENAL_DI ALYSI S		0	1, 451, 716				1.00
	TOTALS		0	1, 451, 716				-
	L - PSYCH ADMIN TO CLINICS	(0.00	100 (00		l			1 4 4 4
1.00	SUBPROVIDER - IPF	40.00	193, 638	0				1.00
2.00		42.00	64, 547	0				2.00
	TOTALS		258, 185	0				-
1 00	M - RECLASS MEALS SOLD TO VIS		ol	10, 200	1			1 00
1.00	NON REIMBURSABLE	<u> </u>	<u>v</u>	- 40,300				1.00
	N - RECLASS EXP TO NON REIM		U	40, 300				-
1.00	NON REIMBURSABLE	194,00		630				1.00
1.00	TOTALS	194.00	0		4			1.00
E00 00			1 442 014	630				500.00
500.00	Grand Total: Increases		1, 443, 016	43, 614, 769	l			500.00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	IS

TRINITAS HOSPITAL

Decreases

In Lieu of Form CMS-2552-10

Provider CCN: 31-0027

Period: From 01/01/2021 To 12/31/2021 Date/Time Prepared:

			6/1/2022	<u>10: 5</u>	5 am	
	Wkst. A-7 Ref					
	10.00					
6		0			1.00	
6						
3		0			1.00	

		Decreases				
	Cost Center	Line #	Salary		Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - CAFETERIA MEALS RECLASS				-	
1.00		<u>11.</u> 00	<u>1, 006, 1</u> 92	<u>1, 320, 8</u> 26	0	1.00
			1, 006, 192	1, 320, 826		
	B - DRUGS CHARGED TO PATIENTS					
1.00	PHARMACY	15.00	0	6, 476, 233	0	1.00
3.00	EMERGENCY	91.00	0	40, 027	0	3.00
4.00	PSYCH CLINIC	90.02	0	814	0	4.00
5.00	PEDIATRIC CLINIC	90.06	0	61, 596	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	66, 192	0	6.00
7.00	ADMI NI STRATI VE & GENERAL	5.00	0	1, 169	0	7.00
8.00	NURSING PROGRAM	20.00	0	319	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1, 220, 460	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	20, 811	0	10.00
11.00	NURSERY	43.00	0	4, 065	0	11.00
12.00	NURSING FACILITY	45.00	0	253, 370	0	12.00
13.00	OPERATING ROOM	50.00	0	21, 452	0	13.00
14.00	RECOVERY ROOM	51.00	0	1, 839	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14, 153	0	15.00
16.00	ANESTHESI OLOGY	53.00	0	14, 586	0	16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	0	820	0	17.00
18.00	RADI OLOGY-THERAPEUTI C	55.00	0	7, 100, 429	0	18.00
19.00	CARDI AC CATHETERI ZATI ON	59.00	o	1, 299	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	269	0	20.00
20.00	TOTALS		— — — 0	<u> </u>		20.00
	C - INTEREST EXPENSE		<u> </u>	15, 277, 705		
1.00	INTEREST EXPENSE	113.00	0	2, 589, 945	11	1.00
31.00	ADMINI STRATI VE & GENERAL	5.00		2, 569, 945	0	31.00
31.00	TOTALS		<u>0</u> 0	2, 590, 575	⁰	31.00
			U	2, 590, 575		-
1 00	D - MED SUPPLIES CHARGED TO F		0	057 242	0	1 00
1.00		14.00	0	857, 243	0	1.00
2.00	PHARMACY	15.00	0	129, 161	0	2.00
3.00	SUBPROVI DER	42.00	0	1, 745	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	927, 576	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	583, 962	0	5.00
6.00	SUBPROVI DER – I PF	40.00	0	111, 091	0	6.00
7.00	NURSERY	43.00	0	121, 703	0	7.00
8.00	NURSING FACILITY	45.00	0	265, 189	0	8.00
9.00	OTHER LONG TERM CARE	46.00	0	17, 725	0	9.00
10.00	OPERATING ROOM	50.00	0	4, 740, 717	0	10.00
11.00	RECOVERY ROOM	51.00	o	25, 915	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	o	267, 190	0	12.00
13.00	ANESTHESI OLOGY	53.00	0	310, 844	0	13.00
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0	595, 883	0	14.00
15.00	RADI OLOGY-THERAPEUTI C	55.00	0	233, 017	0	15.00
16.00	RADI OI SOTOPE	56.00	o	164, 205	0	16.00
17.00	CT SCAN	57.00	0	180, 036	0	17.00
18.00	MRI	58.00	0		0	18.00
			-	53, 473		
19.00	CARDIAC CATHETERIZATION	59.00	0	864, 638	0	19.00
20.00	LABORATORY	60.00	0	1, 524, 501	0	20.00
21.00	WHOLE BLOOD & PACKED RED	62.00	0	271, 250	0	21.00
~~~~~	BLOOD CELL	(5.00)				
22.00	RESPI RATORY THERAPY	65.00	0	686, 038		22.00
23.00	PHYSICAL THERAPY	66.00	0	17, 878		23.00
24.00	OCCUPATI ONAL THERAPY	67.00	0	874	0	24.00
25.00	ELECTROCARDI OLOGY	69.00	0	18, 012	0	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5, 268	0	26.00
27.00	CLINIC	90.00	0	625, 989	0	27.00
28.00	PSYCH CLINIC	90.02	0	24, 410	0	28.00
29.00	PEDIATRIC CLINIC	90.06	0	7,659	0	29.00
30.00	WOMEN'S CLINIC	90.07	0	52, 498	0	30.00
31.00	CHILD DAY TREATMENT	90.13	0	1, 220	0	31.00
32.00	WOUND CENTER	90.15	o	206, 569	0	32.00
33.00	EMERGENCY	91.01	0	19, 988	0	33.00
34.00	BAYONNE MENTAL HEALTH CENTER	90, 17	o	1, 210	0	34.00
35.00	EMERGENCY	91.00	0	1, 282, 648	0	35.00
36.00	AMBULANCE SERVICES	95.00	0	86, 033	0	36.00
37.00	NURSING PROGRAM	20.00	0	21, 533	0	37.00
			0	21, 533 1, 797	0	1
38.00	NURSING ADMINISTRATION	<u> </u>			⊢	38.00
	TOTALS		0	15, 306, 688		-
1 00	E - RECLASS MALPRACTICE	E ool	~	2 / / /		1 00
1.00	ADMI NI STRATI VE & GENERAL	5.00	0	3, 664	0	1.00
2.00			0		0	2.00
	TOTALS	I I	U	3, 004		1

Health Financial Systems		TRINITAS H	OSPI TAL		In Lieu of Form CMS-2552-				
RECLASS	SEFECATIONS			Provider (			Worksheet A-	Worksheet A-6	
						From 01/01/2021 To 12/31/2021	Date/Time Pr 6/1/2022 10:	epared: 55 am	
		Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref	<u>.</u>			
	6. 00	7.00	8.00	9.00	10.00				
	F - IMPLANTABLE DEVICES								
1.00	OPERATING_ROOM	50.00	0	7, 15 <u>0, 1</u> 65	i	0		1.00	
	TOTALS		0	7, 150, 165					
	G - PUB RELATIONS TO NON REIN	IB							
1.00	ADMINISTRATIVE & GENERAL	5.00	178, 639	450, 302		0		1.00	
	TOTALS		178, 639	450, 302					
	I - RECLASS EPOTEIN								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1, 451, 716		0		1.00	
	TOTALS		0	1, 451, 716					
	L - PSYCH ADMIN TO CLINICS								
1.00	PSYCH CLINIC	90.02	258, 185	0	)	0		1.00	
2.00		0.00	0	0		0		2.00	
	TOTALS		258, 185	ō					
	M - RECLASS MEALS SOLD TO VIS	SITORS							
1.00	CAFETERI A	11.00	0	40, 300		0		1.00	
	TOTALS		0	40, 300					
	N - RECLASS EXP TO NON REIM								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	630		0		1.00	
	TOTALS		0	630					
500.00	Grand Total: Decreases		1, 443, 016	43, 614, 769				500.00	

Heal th	Health Financial Systems TRINITAS HOSPITAL					In Lie	u of Form CMS-2	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 31-0027	Peri od:		Worksheet A-7	
					From 01/0	31/2021	Part I Date/Time Pre	harod
			10 12/31/			5172021	6/1/2022 10: 5	
				Acqui si ti or				
		Begi nni ng	Purchases	Donati on	Tot	al	Disposals and	
		Bal ances					Retirements	
			2.00	3.00	4.	00	5.00	
1.00	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	1, 783, 178	0		0	0	0	1.00
2.00	Land Improvements	4, 654, 503	58, 687		0	58, 687	0	2.00
2.00	Buildings and Fixtures	155, 747, 602	15, 589, 798		0 15	589, 798	7, 950, 353	2.00
4.00	Building Improvements	30, 304, 238	5, 493, 782			493, 782		4.00
5.00	Fixed Equipment	68, 581, 022	701, 395			701, 395		5.00
6.00	Movable Equipment	103, 508, 744	5,005,898			005, 898		6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	364, 579, 287	26, 849, 560		0 26,	849, 560	13, 290, 198	8.00
9.00	Reconciling Items	0	0		0	0	0	9.00
10.00	Total (line 8 minus line 9)	364, 579, 287	26, 849, 560		0 26,	849, 560	13, 290, 198	10.00
		Endi ng Bal ance	Fully					
			Depreci ated					
		( 00	Assets					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	6.00	7.00					
1.00	Land	1, 783, 178	0					1.00
2.00	Land Improvements	4, 713, 190	0					2.00
3.00	Buildings and Fixtures	163, 387, 047	0					3.00
4.00	Building Improvements	35, 250, 592	0					4.00
5.00	Fixed Equipment	65, 902, 968	0					5.00
6.00	Movable Equipment	107, 101, 674	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	378, 138, 649	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	378, 138, 649	0					10.00

Heal th	Financial Systems	TRINITAS F	IOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 31-0027	Peri od:	Worksheet A-7	
					From 01/01/2021 To 12/31/2021	Part II Date/Time Pre	pared:
						6/1/2022 10:5	5 am
		SUMMARY OF CAPITAL					
	Cost Center Description	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 WOR	SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	5, 572, 135	0		0 0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5, 355, 494	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	10, 927, 629	0		0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
		Capi tal -Rel ate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	5, 572, 135				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5, 355, 494				2.00
3.00	Total (sum of lines 1-2)	0	10, 927, 629				3.00

Health Financial Systems	TRI NI TAS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 01/01/2021 To 12/31/2021	Worksheet A-7 Part III Date/Time Prep 6/1/2022 10:55	
	COM	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capitalized	Gross Assets		Insurance	
		Leases	for Ratio (col. 1 - col 2)	instructions)		
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	271, 374, 841				0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	107, 101, 674		107, 101, 67		0	2.00
3.00 Total (sum of lines 1-2)	378, 476, 515		378, 476, 51		0	3.00
	ALLUCA	TION OF OTHER (	APITAL	SUMMARY C	F CAPITAL	
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel ate				
		d Costs	through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CI				5 570 405		4 00
1.00 CAP REL COSTS-BLDG & FLXT 2.00 CAP REL COSTS-MVBLE EQUIP	0	0		0 5, 572, 135		1.00
2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0	0		0 5, 355, 494 0 10, 927, 629	0	2.00 3.00
3.00 Total (suil of Thes T-2)	0		JMMARY OF CAPI		0	3.00
		30	MINIART OF CAFT	TAL		
Cost Center Description	Interest	Insurance (see			Total (2) (sum	
		instructions)	instructions)			
				d Costs (see	through 14)	
	11.00	10.00	10.00	instructions)	45.00	
PART III - RECONCILIATION OF CAPITAL COSTS CI	11.00	12.00	13.00	14.00	15.00	
1.00 CAP REL COSTS-BLDG & FLXT	2, 588, 984	0		0 0	8, 161, 119	1.00
2.00 CAP REL COSTS-BEDG & TTXT	2, 500, 904				5, 355, 494	2.00
3.00 Total (sum of lines 1-2)	2, 588, 984	-		0 0	13, 516, 613	3.00
	2,000,704	1 0	I	0	10, 010, 010]	0.00

	Financial Systems MENTS TO EXPENSES		TRI NI TAS	Provider CCN: 31-0027 F	Period: From 01/01/2021	u of Form CMS-2 Worksheet A-8	
					To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
				Expense Classification on To/From Which the Amount is			
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	Wkst. A-7 Ref. 5.00	
. 00	Investment income - CAP REL	1.00		CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.00
2. 00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
8.00	Investment income - other		0		0.00	0	3.00
ł. 00	(chapter 2) Trade, quantity, and time		0		0.00	0	4.00
5.00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	5.00
. 00	expenses (chapter 8) Rental of provider space by		0		0.00	0	6.00
7.00	suppliers (chapter 8) Telephone services (pay stations excluded) (chapter		0	)	0.00	0	
	21)		0		0.00	0	0.00
3. 00	Television and radio service (chapter 21)		U		0.00		
9. 00 0. 00	Parking lot (chapter 21) Provider-based physician adjustment	A-8-2	0 14, 181, 074–		0.00	0	
1.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
2.00	Related organization transactions (chapter 10)	A-8-1	C			0	
3.00 4.00	Laundry and linen service Cafeteria-employees and guests	В	0 -698, 188	CAFETERI A	0.00 11.00	0	
5.00	Rental of quarters to employee and others		0		0.00	0	15.00
6.00	Sale of medical and surgical supplies to other than		C		0.00	0	16.00
7.00	patients Sale of drugs to other than patients		C		0.00	0	17.00
8.00	Sale of medical records and		0		0.00	0	18.00
9. 00	abstracts Nursing and allied health education (tuition, fees,	В	-6, 353, 330	NURSING PROGRAM	20. 00	0	19. 00
9. 01	books, etc.) Nursing and allied health education (tuition, fees,		O		0.00	0	19. 0 [.]
20.00	books, etc.) Vending machines	В	15 705	CAFETERI A	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty	D	-15, 785 0		0.00	0	20.00
22.00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to		C		0.00	0	22. 00
23. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65.00		23. 00
24.00	Adjustment for physical therapy costs in excess of	A-8-3	O	PHYSI CAL THERAPY	66.00		24.00
25.00	limitation (chapter 14) Utilization review –		O	*** Cost Center Deleted ***	114.00		25. 00
26. 00	physicians' compensation (chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
7. 00	COSTS-BLDG & FIXT			CAP REL COSTS-BEDG & FIXT	2.00	0	
	Depreciation - CAP REL COSTS-MVBLE EQUIP					0	
8.00 9.00	Non-physician Anesthetist Physicians' assistant		0	NONPHYSICIAN ANESTHETISTS	19.00 0.00	0	
80. 00	Adjustment for occupational therapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67.00		30. 00
80. 99	limitation (chapter 14) Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30. 99
81.00	Adjustment for speech pathology costs in excess of	A-8-3	C	SPEECH PATHOLOGY	68.00		31.00

ADJECTUPIETS TO FREPRETS         Private Private         Private To Transform         Private Transform         Private Transform <th colspan="3">Health Financial Systems ADJUSTMENTS TO EXPENSES</th> <th>TRI NI TAS</th> <th colspan="2">TRINITAS HOSPITAL Provider CCN: 31-0027</th> <th colspan="2">u of Form CMS-2552-10 Worksheet A-8</th>	Health Financial Systems ADJUSTMENTS TO EXPENSES			TRI NI TAS	TRINITAS HOSPITAL Provider CCN: 31-0027		u of Form CMS-2552-10 Worksheet A-8	
Cost Center Description         Basis/Code (2)         Anount         Cost Center Line 4         dots A -7 Ref.           27.00         CM HIT Adjustment For Description and Interest Basis/Code (2)         Anount         Cost Center Line 4         dist. A -7 Ref.           27.00         CM HIT Adjustment For Description and Interest Basis/Code (2)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Cost Center Description         Basis/Code (2)         Amount         Cost Center         Line #         Mist A-7 Ref           32:00         OM HIT Aglisstment For Midl         1:00         2:00         0         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00         0:00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
1.00         2.00         3.00         4.00         5.00         5.00         5.00           2.0         Depresentation and Intervent Depresentation and Intervent B								
1.00         2.00         3.00         4.00         5.00         5.00         5.00           2.0         Depresentation and Intervent Depresentation and Intervent B								
32. DD         CALL IN LET AGLICATION TON Depresentation and Interests and DM C2J         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D <thd< th="">         D         <thd< th=""> <t< td=""><td></td><td>Cost Center Description</td><td></td><td></td><td></td><td></td><td></td><td></td></t<></thd<></thd<>		Cost Center Description						
33.00         MCU         B         -101, 315, MUBLANCE SERVICES         95, 00         03.00           33.00         MICUTARE CARE ONE         B         -100, 315, MUBLANCE SERVICES         96, 00         03.00           38.00         INCONCENT RAD CONTRACT         B         -405, 000, MUBLENT         96, 00         03.00           38.00         INCONCENT RAD CONTRACT         B         -20, 075, APPRV         90, 00         38.00           39.00         CANDID ON A STUDENTS         B         -20, 24, MUBLENT CES-OTHER PROLI         22, 00         03.00           39.00         CASH OWER/SHORT         B         -32, 000, 25, MUELTO         22, 00         04.00           30.00         INTERNET FEE         B         -3, 000, 25, MUBLENT CES-OTHER PROLI         22, 00         04.00           40.00         INTERNET FEE         B         -3, 000, 25, SERVICES-OTHER PROL         22, 00         04.00           40.01         INTERNET FEE         B         -3, 000, 25, SERVICES-OTHER PROL         22, 00         04.00           40.02         SETON HALL PA PROCRAM         B         -13, TMMOMIN STATIVE & GENERAL         5, 00         04.00           41.01         INTERNET FEE         B         -3, 700, 25, SESVININ TOTHER PROL         22, 00         04.00	32.00		1.00					32.00
31.00         HOBDRER RAD_CONTRACT         B         -1-65,400(RAD)GLOCY-01ARONSTIC         54.00         0         34.00         Status           33.00         ICARCI CARE ONE         B         -475,000(RAD REDWISSABLE         194.00         035,00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         37.00         37.00         37.00         37.00         37.00         37.00         37.00         37.00         37.00         38.00         37.00         38.00         37.00         38.00         37.00         38.00         38.00         38.00         38.00         CASII SAPPUR         22.00         0.38.00         38.00           30.00         CASII SAPPUR         CASII SAPPUR         22.00         0.00         38.00           40.01         INTERT FEE         B         -2.30 LIAR SINU CIS OTHER PRGM         22.00         0.00         40.01           41.00         INTERT FEE         B         -3.40 RAPPUR         COSI SAPPUR         22.00         0.40.01           41.00         INTERT FEE         B         -3.40 RAPPUR         5.00         0.41.00           41.00         INTERT FEE         B         -3.40 RAPPUR         5.00         0.41.00	33.00		В	-101, 815	AMBULANCE SERVICES	95.00	0	33.00
36.00         REFERV PARTNERS         6         -2-20, 73/98/CH CLINIC         90, 02         03.00           38.00         SPECIFIC PURPOSE         B         -3.758/LRS SERVICES-OTHER PREM         22.00         0         38.00           39.00         CASH OVER/SHORT         B         -2.244/LRS SUPPRV         22.00         0         38.00           39.00         CASH OVER/SHORT         B         -2.244/LRS SUPPRV         22.00         0         48.00           40.00         INTENDET FFF         B         -3.400/AMM INSTRATUR & GENERAL         5.00         0         40.00           40.01         STON HALL PA PROBRAM         B         -4.000/AS SUPPRV         22.00         0         40.07           41.00         KINT         B         -1.3.978/AM INSTRATUR & GENERAL         5.00         C         41.00           41.01         SETON HALL PA PROBRAM         B         -1.3.978/AM INSTRATUR & GENERAL         5.00         C         41.00           41.02         GAN LOSS ON SALE         B         -1.3.978/AM INSTRATUR & GENERAL         5.00         C         41.03         42.00         C         43.00         41.03         43.00         42.00         42.00         42.00         42.00         44.00         0.00 <td< td=""><td>34.00</td><td>HOBOKEN RAD CONTRACT</td><td>В</td><td>-165, 940</td><td>RADI OLOGY-DI AGNOSTI C</td><td>54.00</td><td>0</td><td>34.00</td></td<>	34.00	HOBOKEN RAD CONTRACT	В	-165, 940	RADI OLOGY-DI AGNOSTI C	54.00	0	34.00
37.0         O         CARDIO DIA STUDIENTS         B         -3.758 [RR SERVICES-OTHER PROM         22.00         0         37.00           38.0         SPECIFIC PURPOSE         B         -52.04 [RR SERVICES-OTHER PROM         22.00         0         38.00           39.00         CASH OVER/SHORT         B         -20.04 [RR SERVICES-OTHER PROM         22.00         0         39.00           40.01         INTERNIT         FR         B         -3.600 [RR SERVICES-OTHER PROM         22.00         0         40.00           40.01         INTERNIT         FR         B         -43.118 [RR SERVICES-OTHER PROM         22.00         0         40.01           40.02         SETON HALL PA PROGRAM         B         -43.018 [RR SERVICES-OTHER PROM         22.00         0         40.02           41.01         DR APPLICATION FEE         B         -49.000 EST STUDIES         50.00         0         41.00           43.00         MED SECT ST GEOREE         B         -99.2150/JINI NEINILIVE & GENERAL         5.00         0         43.00           44.00         INTERNATES OTHER PROM         22.00         0         43.00         0         43.00         0         43.00         43.00         0         43.00         0         43.00								
COSTS APPRV         COSTS APPRV <thcos apprv<="" th=""> <thcos apprv<="" th=""> <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<></thcos></thcos>								
CASH OVER/SHORT         B         COSTS APPRV COSTS APPRV         COSTS APPRV         C22.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0        <	37.00	SANDIO DIA STODENIS	U	5,750		22.00		37.00
39. 00         CASH OVER/SHORT         B        25[LAR SERVICES-OTHER PROM         22. 00         0         39. 00           40. 00         INTERNET FEE         B         -3. 600ADM IN STRATTY & A CENERAL         5. 00         0         40. 00           40. 00         INTERNET FEE         B         -3. 600ADM IN STRATTY & A CENERAL         5. 00         0         40. 02           40. 02         SETON HALL PA PROGRAM         B         -4. 000 LAR SERVICES-OTHER PROM         22. 00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         1         0         1         0         0         0         0         0         0         0         0         0         0         0         0         1         0         0         0	38.00	SPECIFIC PURPOSE	В	-52, 549		22.00	0	38.00
40. 00         INTERNET FEE         B         -3. 400/RMIN ISTRATIVE & GENERAL COSTS APPRV         5.00         0         0.00         0.00           40. 01         TURNO CULLEGE         B         -43. 4101 (KR SERVICES-OTHER PREM) COSTS APPRV         22.00         0         40.01           41.00         RENT         B         -44.0001 (KR SERVICES-OTHER PREM) COSTS APPRV         22.00         0         40.02           41.00         RENT         B         -59.823/MIN ISTRATIVE & GENERAL S.00         5.00         0         41.00           41.00         CASTS APPRV         COSTS APPRV         5.00         0         41.00           41.00         SIGEORGES PROGRAM         B         -10.56.030 (KR SERVICES-OTHER PREM)         22.00         0         42.00           51.03         MED ACT STORER         B         -10.06.030 (KR SERVICES-OTHER PREM)         22.00         0         43.00           43.00         MED ART STATULE & GENERAL         5.00         0         43.00         0         44.00         0         8         -10.056.030 (KR SERVICES-OTHER PREM)         2.00         0         44.00           44.01         OB TRAINING         B         -10.00/AMIN ISTRATIVE & GENERAL         5.00         0         44.00           45.00C	39. 00	CASH OVER/SHORT	В	-25	I&R SERVICES-OTHER PRGM	22.00	0	39. 00
Constraint         Costs APRV         Costs APRV         Costs APRV         Q         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	40.00	INTERNET FEE	В	-3,600		5.00	0	40.00
40. 02         SETON HALL PA PROGRAM         B         -4,000 [AR SERVICES-OTHER PROM         22.00         0         0.00         41.00           41. 00         RENT         B         -13,913[ADM IN STRATIVE & GENERAL         5.00         0         41.00           41. 00         RENT         B         -25,823[ADM IN STRATIVE & GENERAL         5.00         0         41.01           41. 02         CAIN LOSS ON SALE         B         -99,213[ADM IN STRATIVE & GENERAL         5.00         0         41.03           42. 00         ST GEORGE SPROGRAM         B         -10,56,033[ASTRVICES-OTHER PROM         22.00         0         42.00           43. 02         MED LIBRARY ST GEORGE         B         0,0001 NI STRATIVE & GENERAL         5.00         0         43.00           44. 00         INTERN RESD VERIFICATION FEE         B         -00001 NI STRATIVE & GENERAL         5.00         0         44.01           45.00         CRANFORD RENOVATIONS         B         -01018 SERVICES-STHERPY         6.60         0         45.00           46.01         STRATIN NG         B         -30,92,0000 AND STRATIVE & GENERAL         5.00         0         46.00         46.00           47.01         GENERAL         S.00         0         0	40. 01	TOURO COLLEGE	В	-43, 418		22.00	0	40. 01
41.00         RENT         B         -13.919 [DOM IN STRATI VE & GENERAL         5.00         0         41.01           11.01         DR APPLICATION FEE         B         -25.623/DOM IN STRATI VE & GENERAL         5.00         0         41.01           11.01         DR APPLICATION FEE         B         -99.215/DOM IN STRATI VE & GENERAL         5.00         0         41.03           42.00         ST GEORES PROGRAM         B         -10.66.038 [LAR SERVICES-OTHER PREM         22.00         0         42.00           43.00         MED SECT ST GEOREE         B         OADMIN ISTRATI VE & GENERAL         5.00         0         43.00           44.01         DB TRAN ING         B         -1.066.038 [LAR SERVICES-OTHER PREM         22.00         0         44.00           45.00         CAREDRAFY ECONGE         B         -0.00 [LAR SERVICES-OTHER PREM         21.00         0         44.01           46.00         PARKINC GARGE         B         -394.510/DRIN INSTRATI VE & GENERAL         5.00         0         46.00         0         46.00         46.00         46.01         44.01         0         45.00         46.00         46.00         46.00         46.00         46.00         46.00         46.00         46.00         46.00         46.00	40. 02	SETON HALL PA PROGRAM	В	-4,000	I&R SERVICES-OTHER PRGM	22.00	0	40. 02
41.02       CAIN LOSS ON SALE       B       -99,215/CMIN STRATI VE & GENERAL       5.00       0       41.02         41.03       MEIOLAS STUDENTS OTHER       B       -11,056,0381/8R SERVICES-OTHER PRGM       22.00       0       42.00         43.00       MED SECT ST GEORGE       B       -11,056,0381/8R SERVICES-OTHER PRGM       22.00       0       43.00         43.00       MED SECT ST GEORGE       B       -0ADMIN ISTRATI VE & GENERAL       5.00       0       43.00         43.00       MED IBRARY ST GEORGE       B       -0ADMIN ISTRATI VE & GENERAL       5.00       0       43.00         44.01       OB TRAIN NG       B       -4,8701/8R SERVICES-OTHEN PRGM       22.00       0       44.00         45.00       GRANCHO DENDATIONS       B       -4,8701/8R SERVICES-OTHEN PRGM       22.00       0       45.00         45.00       GRANCHO CENDATIONS       B       -4,8701/8R SERVICES-OTHENT       60.00       0       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00       60.00	41.00	RENT	В	-13, 918		5.00	0	41.00
41.03       MEDICAL STUDENTS OTHER       B       -13,740/PDUSE PHYSICIANS       34.01       0       41.03         42.00       ST GEORGES PROGRAM       B       -1,056,038/LAR SERV/CES-OTHER PROM       22.00       0       42.00         43.00       MED SECT ST GEORGE       B       0/ADMIN ISTRATI VE & GENERAL       5.00       0       43.02         43.00       MED LIBRARY ST GEORGE       B       0/ADMIN ISTRATI VE & GENERAL       5.00       0       43.02         44.01       OB TRAINING       B       -4,070/LAS SERVICES-OTHER PROM       22.00       0       44.00         44.01       OB TRAINING       B       -4,071/LAS SERVICES-SALRAY &       21.00       0       44.00         45.00       CRANFORD RENOVATIONS       B       -0,971/LAS SERVICES-SALRAY &       21.00       0       46.00         46.01       SALE OF SCRAP       B       -203,902/DEPLATION OF PLANT       7.00       0       0       47.00         47.00       PERKER       B       -212/SENDICAL RECORD SE LIBRARY       1.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	41.01	DR APPLICATION FEE				5.00	0	41.01
42.00         ST GEORGES PROGRAM         B         -1,056.0381 kR SERVICES-OTHER PROV         22.00         0         42.00           43.00         MED SECT ST GEORGE         B         OACMUNIN STRATIVE & GENERAL         5.00         0         43.00           43.02         MED LIBRARY ST GEORGE         B         OACMUNINSTRATIVE & GENERAL         5.00         0         43.02           44.00         INTERN RESD VERIFICATION FEE         B         -7001 KR SERVICES-SALARY &         22.00         0         44.00           45.00         CRANFORD RENOVATIONS         B         -4,8701 KR SERVICES-SALARY &         21.00         0         46.00           66.00         PRINKIS GARAGE         B         -394,510/0PERATION OF PLANT         7.00         0         46.00           7.00         SALE OF SCRAP         B         -42.093/ADMINISTRATIVE & GENERAL         5.00         0         47.00           7.00         DEC RECORD FEE         B         -212.904/DMINISTRATIVE & GENERAL         5.00         0         47.00           7.00         O         O         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
43.00         WED SECT ST GEORGE         B         O ADMI NI STRATI VE & GENERAL         5.00         0         43.00           43.02         WED LIBRARY ST GEORGE         B         -7001 RR SERVICES-ONLER PRGN         22.00         0         44.00           44.01         OB TRAINING         B         -4.8701 RR SERVICES-SALRY &         21.00         0         44.01           45.00         CRNFORD RENOVATIONS         B         -0PHYSICAL THERAPY         66.00         0         45.00           6.00         PARKING GARAGE         B         -394,516/0PERATION OF PLANT         7.00         46.01           7.00         PSEG PROJECT         B         -203,902/0PERATION OF PLANT         7.00         47.00           48.00         NED RECORD FEE         B         -2125/MEDI CAL RECORDS & LIBRARY         16.00         48.00           9.00         PATENT IV OP OPORTUNI TY         B         2.309/ADMI NI STRATI VE & GENERAL         5.00         0         49.01           49.01         OTHER AJUSTMENTS (SPECI FY)         0         0         0         0         0         0         0         0         0         0         0         49.01           49.03         REBATES         B         -16.000/ADMI NI STRATI VE & GENERAL <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
43. 02         MED LIBRARY ST GEORGE         B         OQUMI N STRATIVE & GENERAL         5.00         0         43.00           44. 00         INTERN RESD VERT FLCATION FEE         B         -7001 R8 SERVICES-OTHER PRGM         22.00         0         44.00           44. 01         0 R TRAINING         B         -4.8701 R8 SERVICES-SALARY & 21.00         0         44.01           55.00         CRANFORD RENOVATIONS         B         -4.9701 R8 SERVICES-SALARY & 21.00         0         45.00           66.00         PARKING GARAGE         B         -394, 516 OPERATION OF PLANT         7.00         0         45.00           66.01         SALE OF SCRAP         B         -4.095ADMI NISTRATIVE & GENERAL         5.00         0         46.01           47.00         PSEGG PROJECT         B         -203.992 OPERATION OF PLANT         7.00         0         47.00         48.00           49.01         OTHERN TY OPPORTUNI TY         B         2.303 MOMI NI STRATIVE & GENERAL         5.00         0         49.01           7.02         O         O         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         49.01	43 00	MED SECT ST GEORGE	в	C		5.00	0	43 00
Costs AppRy         Costs AppRy <thcosts appry<="" th=""> <thcosts appry<="" th=""></thcosts></thcosts>								
44. 01         DE TRAINING         B         -4.8701 k& SERVICES SALARY & 21.00         0         44. 0.1           45. 00         CRANFORD RENOVATIONS         B         0PHYSICAL THERAPY         66.00         0         45.00           66. 00         PARKING GARAGE         B         -349.5100 DEPRATION OF PLANT         7.00         0         46.01           70.0         PSEG PROJECT         B         -20.39620 DEPRATION OF PLANT         7.00         0         48.00           49.00         NED RECORD FEE         B         -20.39620 DEPRATION OF PLANT         7.00         0         48.00           49.01         OTHER ADJUSTMENTS (SPECI FY)         B         2.039ADMIN ISTRATIVE & GENERAL         5.00         0         49.02           49.02         ADMIN LABOR CREDI T         B         -10.000ADMIN ISTRATIVE & GENERAL         5.00         0         49.02           49.03         REBATES         B         -15.13.755ADMIN ISTRATIVE & GENERAL         5.00         0         49.02           49.04         BS UNRX         B         -15.13.755ADMIN INSTRATIVE & GENERAL         5.00         0         49.03           49.04         BS UNRX         B         -15.13.755ADMIN INSTRATIVE & GENERAL         5.00         0         49.03	44.00	INTERN RESD VERIFICATION FEE	В	-700		22.00	0	44.00
45.00       CRAHFORD RENOVATIONS       B       OPHYSICAL THERAPY       66.00       0       45.00       0         64.00       PARKING GARAGE       B       -394, 516 OPERATION OF PLANT       7, 00       0       46.00         46.00       PARKING GARAGE       B       -203, 902 OPERATION OF PLANT       7, 00       0       46.00         47.00       PSEAG PROJECT       B       -203, 902 OPERATION OF PLANT       7, 00       0       46.00         48.00       NED RECORD FEE       B       -125 MEDICAL RECORDS & LIBRARY       16.00       0       48.00         49.00       PATERNI TY OPPORTUNI TY       B       2, 309 ADMI IN STRATI VE & GENERAL       5.00       0       49.01         (3)       O       REBATES       B       -261, 966 ADMI IN STRATI VE & GENERAL       5.00       0       49.02         49.02       ADMIN LABOR CREDI T       B       -10, 000 ADMI IN STRATI VE & GENERAL       5.00       0       49.04         49.03       REBATES       B       -261, 966 ADMI IN STRATI VE & GENERAL       5.00       0       49.04         49.04       ADMINERATION ACCT SVCS       B       -60, 000 ADMI IN STRATI VE & GENERAL       5.00       0       49.06         49.05       RDA REBATES	44. 01	OB TRAINING	В	-4,870	I&R SERVICES-SALARY &	21.00	0	44. 01
46.01       SALE OF SCRAP       B       -4.095 ADMINISTRATIVE & GENERAL       5.00       0       46.01         71.00       PSEG PROJECT       B       -203.902/OPERATION OF PLANT       7.00       0       47.00         48.00       NED RECORD FEE       B       -203.902/OPERATION OF PLANT       7.00       0       48.00         9.01       OTHER ADJUSTMENTS (SPECIFY)       B       2.309 ADMINISTRATIVE & GENERAL       5.00       0       49.01         (3)       C       ADMIN LABOR CREDIT       B       -10.000 ADMINISTRATIVE & GENERAL       5.00       0       49.01         (3)       REBATES       B       -15.13,755 ADMINISTRATIVE & GENERAL       5.00       0       49.02         49.03       RIBMERATION ACCT SVCS       B       -56.36 ADMINISTRATIVE & GENERAL       5.00       0       49.06         49.04       RABRES       B       -56.36 ADMINISTRATIVE & GENERAL       5.00       0       49.06         49.05       MARILLAC OVERHD REI MB       B       -56.36 ADMINISTRATIVE & GENERAL       5.00       0       49.06         49.06       REMUREATION ACCT SVCS       B       -60.000 ADMINISTRATIVE & GENERAL       5.00       0       49.07         40.05 ADMINISTRATIVE & GENERAL       5.00 <td< td=""><td>45.00</td><td>CRANFORD RENOVATIONS</td><td>В</td><td>C</td><td></td><td>66.00</td><td>0</td><td>45.00</td></td<>	45.00	CRANFORD RENOVATIONS	В	C		66.00	0	45.00
47.00       PSEAG PROJECT       B       -203,902/0PERATION OF PLANT       7.00       0       47.00         48.00       NE DECORD FEE       B       -1253/NEDI CAL RECORDS & LI BRAY       16.00       0       48.00         49.00       PATERNI TY OPPORTUNI TY       B       2,309/ADMI NI STRATI VE & GENERAL       5.00       0       49.00         49.01       OTHER ADJUSTMENTS (SPECI FY)       0       0       0       0       0       49.00         49.03       REBATES       B       -10,000/ADMI NI STRATI VE & GENERAL       5.00       0       49.03         49.04       340 B SUNRX       B       -1153,755/ADMI NI STRATI VE & GENERAL       5.00       0       49.05         49.05       RATULAC OVERID REI MB       B       -58.475/ADMI NI STRATI VE & GENERAL       5.00       0       49.05         49.06       REMUNERATI ON ACCT SVCS       B       -60.000/ADMI NI STRATI VE & GENERAL       5.00       0       49.06         49.08       ARG LAGREEN       B       -22.09/ADMI NI STRATI VE & GENERAL       5.00       0       49.06         49.09       340 B WALGREEN       B       -21.209/ADMI NI STRATI VE & GENERAL       5.00       0       49.07         49.10       340 B PROG RI TE AI D       B <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
48.00         NED RECORD FEE         B         -125/MEDICAL RECORDS & LIBRARY         16.00         0         48.00           49.00         PATERNI TY OPPORTUNI TY (3)         B         2, 309/ADMINI STRATI VE & GENERAL         5.00         0         49.00           9.01         OTHER ADJUSTMENTS (SPECI FY) (3)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
49.00         PATERNITY OPPORTUNITY         B         2,309 ADMI NI STRATI VE & GENERAL         5.00         0         49.00           49.01         OTHER ADJUSTMENTS (SPECI FY)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
(3)         (3)         (3)           49, 02         ADMIN LABOR CREDIT         B         -10,000 ADMINI STRATI VE & GENERAL         5,00         0         49,03           49,04         340 B SUNRX         B         -1,513,755 ADMINI STRATI VE & GENERAL         5,00         0         49,03           49,05         MARI LLAC OVERHD REI MB         B         -58,475 ADMINI STRATI VE & GENERAL         5,00         0         49,03           49,05         MARI LLAC OVERHD REI MB         B         -58,475 ADMINI STRATI VE & GENERAL         5,00         0         49,05           49,06         REMURERATI ON ACCT SVCS         B         -60,000 ADMINI NISTRATI VE & GENERAL         5,00         0         49,07           80A REBATES         B         -5,605 ADMINI STRATI VE & GENERAL         5,00         0         49,07           90         340 B PROG RITE AI D         B         -212,209 ADMINI STRATI VE & GENERAL         5,00         0         49,09           11         TCCC RESEARCH         B         -7,350 RADI OLOGY-THERAPEUTI C         55,00         0         49,10           12         TAKING CARE OF HOSPI TAL         B         -1,228 ADMINI STRATI VE & GENERAL         5,00         0         49,11           14,912         CCCUPATI ONAL MEDI CI NE </td <td>49.00</td> <td>PATERNI TY OPPORTUNI TY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	49.00	PATERNI TY OPPORTUNI TY						
49. 02       ADMIN LABOR CREDIT       B       -10,000 ADMIN IN STRATI VE & GENERAL       5.00       0       49.03         90. 03       REBATES       B       -261,986 ADMIN IN STRATI VE & GENERAL       5.00       0       49.03         49. 04       340       SUBRX       B       -1,513,755 ADMIN IN STRATI VE & GENERAL       5.00       0       49.04         49. 05       MARI LLAC OVERHD REI MB       B       -58,475 ADMIN IN STRATI VE & GENERAL       5.00       0       49.04         49. 06       REMUNERATION ACCT SVCS       B       -60,000 ADMIN IN STRATI VE & GENERAL       5.00       0       49.06         49. 09       40.08       WALGREEN       B       -226,094 ADMIN IN STRATI VE & GENERAL       5.00       0       49.07         49. 09       40.08       WALGREEN       B       -212,209 ADMIN IN STRATI VE & GENERAL       5.00       0       49.09         49. 10       340B PROG RI TE AI D       B       -212,209 ADMIN IN STRATI VE & GENERAL       5.00       0       49.10         49. 11       TCCC RESEARCH       B       -7,350 RAD LOCY -THERAPEUTIC       55.00       0       49.10         49. 13       PSYCH CONSULTING SERV       B       -1,228 ADMIN IN STRATI VE & GENERAL       5.00       0       49.13	49.01			C		0.00	0	49.01
49.04       340 B SUNRX       B       -1,513,755 ADMI NI STRATI VE & GENERAL       5.00       0       49.04         49.05       MARI LLAC OVERHD REI MB       B       -58,475 ADMI NI STRATI VE & GENERAL       5.00       0       49.06         49.06       REMUNERATI ON ACCT SVCS       B       -60,000 ADMI NI STRATI VE & GENERAL       5.00       0       49.06         49.07       BOA REBATES       B       -56,005 ADMI NI STRATI VE & GENERAL       5.00       0       49.07         49.09       340 B WALGREEN       B       -212,209 ADMI NI STRATI VE & GENERAL       5.00       0       49.09         49.11       TCCC RESEARCH       B       -7,350 RADI OLGY-THERAPEUTI C       55.00       0       49.10         49.11       TCCC RESEARCH       B       -7,350 RADI OLGY-THERAPEUTI C       55.00       0       49.12         17 AKI NG CARE OF HOSPI TAL       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.12         49.12       TAKI NG CARE OF HOSPI TAL       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.12         49.14       OCCUPATI ONAL MEDI CI NE       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.15         49.15       RAD XRAY FEES								
49.05       MARI LLAC OVERHD REI MB       B       -58,475 ADMI NI STRATI VE & GENERAL       5.00       0       49.05         49.06       REMUNERATI ON ACCT SVCS       B       -60.000 ADMI NI STRATI VE & GENERAL       5.00       0       49.07         49.07       BOA REBATES       B       -5,605 ADMI NI STRATI VE & GENERAL       5.00       0       49.07         49.08       LOSS FROM DI S FLOODI NG       B       726,094 ADMI NI STRATI VE & GENERAL       5.00       0       49.07         49.09       340 B WALGREEN       B       -212,209 ADMI NI STRATI VE & GENERAL       5.00       0       49.07         49.10       340 B PROG RITE AI D       B       -40,563 ADMI NI STRATI VE & GENERAL       5.00       0       49.10         49.11       TCCC RESEARCH       B       -7,350 RADI OLOGY-THERAPEUTI C       55.00       0       49.11         49.13       PSYCH CONSULTING SERV       B       -2,300 PSYCH CLI NI C       90.02       0       49.13         49.14       OCCUPATI ONAL MEDI CI NE       B       -158,345 EMPLOYEE BENEFITS DEPARTMENT       4.00       49.16         49.15       RAD XRAY FEES       B       -16,843 RADI OLOGY-DI AGNOSTI C       54.00       0       49.16         49.16       SENIORS FIRST PRORAM <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
49.06       REMUNERATION ACCT SVCS       B       -60,000 ADMI NI STRATI VE & GENERAL       5.00       0       49.06         49.07       BOA REBATES       B       -56,605 ADMI NI STRATI VE & GENERAL       5.00       0       49.07         49.08       LOSS FROM DI S FLODDI NG       B       726,094 ADMI NI STRATI VE & GENERAL       5.00       0       49.08         49.09       340 B WALGREEN       B       -212,209 ADMI NI STRATI VE & GENERAL       5.00       0       49.09         49.11       TCCC RESEARCH       B       -7,350 RADI OLOGY-THERAPEUTI C       55.00       0       49.11         49.12       TAKI NG CARE OF HOSPI TAL       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.12         49.14       OCCUPATI ONAL MEDI CINE       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.14         49.15       RAD XRAY FEES       B       -16.843 RADI OLOGY-THERAPEUTI C       50.00       0       49.14         49.15       RAD XRAY FEES       B       -16.843 RADI OLOGY-DI AGNOSTI C       54.00       0       49.16         49.14       OCCUPATI ONAL MEDI CINE       B       -15.50A ADMI NI STRATI VE & GENERAL       5.00       0       49.17         1NSTRATI VE & GENERAL <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
49.08       LOSS FROM DI S FLOODING       B       726,094 ADMI NI STRATI VE & GENERAL       5.00       0       49.08         49.09       340 B WALGREEN       B       -212,209 ADMI NI STRATI VE & GENERAL       5.00       0       49.09         49.10       340 B PROG RI TE AI D       B       40,563 ADMI NI STRATI VE & GENERAL       5.00       0       49.10         49.11       TCCC RESEARCH       B       -7,350 RADI OLOCY-THERAPEUTI C       55.00       0       49.12         49.12       TAKI NG CARE OF HOSPI TAL       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.12         49.13       PSYCH CONSULTING SERV       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.13         49.14       OCCUPATI ONAL MEDI CI NE       B       -16,843 RADI OLOGY-THERAPEUTI C       50.00       0       49.13         49.15       RAD XRAY FEES       B       -16,843 RADI OLOGY-DI AGNOSTI C       54.00       0       49.16         49.17       INSURANCE CLAI MS       B       -66,932 ADMI NI STRATI VE & GENERAL       5.00       0       49.18         49.21       MI SCELLANEOUS       B       -13,401,543 ADMI NI STRATI VE & GENERAL       5.00       0       49.21         49.22       <								
49.09       340 B WALGREEN       B       -212, 209 ADMI NI STRATI VE & GENERAL       5.00       0       49.09         49.10       340B PROG RITE AID       B       40, 563 ADMI NI STRATI VE & GENERAL       5.00       0       49.10         49.11       TCCC RESEARCH       B       -7, 350 RADI OLOGY-THERAPEUTI C       55.00       0       49.11         49.12       TAKI NG CARE OF HOSPI TAL       B       -1, 228 ADMI NI STRATI VE & GENERAL       5.00       0       49.12         49.13       PSYCH CONSULTI NG SERV       B       -2, 300 PSYCH CLI NI C       90.02       0       49.13         49.14       OCCUPATI ONAL MEDI CI NE       B       -16.843 RADI OLOGY-DI AGNOSTI C       50.00       0       49.15         49.15       RAD XRAY FEES       B       -16.843 RADI OLOGY-DI AGNOSTI C       5.00       0       49.15         49.16       AIN FROM INS FLOODI NG       B       -3.301, 543 ADMI NI STRATI VE & GENERAL       5.00       0       49.16         49.21       MI SCELLANEOUS       B       -16.433 RADI OLOGY-DI AGNOSTI C       5.00       0       49.17         49.21       MI SCELLANEOUS       B       -3.301, 543 ADMI NI STRATI VE & GENERAL       5.00       0       49.18         49.22       DUKE CLI NI								
49.10       340B PROG RI TE AI D       B       40,563 ADMI NI STRATI VE & GENERAL       5.00       0       49.10         49.11       TCCC RESEARCH       B       -7,350 RADI OLOGY-THERAPEUTI C       55.00       0       49.11         49.12       TAKING CARE OF HOSPI TAL       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.12         49.13       PSYCH CONSULTING SERV       B       -2,300 PSYCH CLINIC       90.02       0       49.13         49.14       OCCUPATI ONAL MEDI CINE       B       -16,843 RADI OLOGY-DI AGNOSTI C       54.00       0       49.15         49.16       SENI ORS FI RST PROGRAM       B       -10,ADMI NI STRATI VE & GENERAL       5.00       0       49.15         49.11       INSURANCE CLAI MS       B       -66,932 ADMI NI STRATI VE & GENERAL       5.00       0       49.17         49.21       INSURANCE CLAI MS       B       -65,932 ADMI NI STRATI VE & GENERAL       5.00       0       49.21         49.22       DUKE CLINI CAL       B       -75,500 ADMI NI STRATI VE & GENERAL       5.00       0       49.21         49.30       BAYOONE HEALTH       B       -755, 500 ADMI NI STRATI VE & GENERAL       5.00       0       49.22         49.31       LOAN FORGI VEN								
49.11       TCCC RESEARCH       B       -7,350 RADI OLOGY-THERAPEUTIC       55.00       0       49.11         49.12       TAKING CARE OF HOSPI TAL       B       -1,228 ADMI NI STRATI VE & GENERAL       5.00       0       49.12         49.13       PSYCH CONSULTING SERV       B       -2,300 PSYCH CLINIC       90.02       0       49.13         49.14       OCCUPATI ONAL MEDI CINE       B       -158,345 EMPLOYEE BENEFITS DEPARTMENT       4.00       0       49.15         49.15       RAD XRAY FEES       B       -16,843 RADI OLOGY-DI AGNOSTI C       54.00       0       49.15         49.17       INSURANCE CLAIMS       B       -66,932 ADMI NI STRATI VE & GENERAL       5.00       0       49.17         49.21       MI SCELLANEOUS       B       -3,301,543 ADMI NI STRATI VE & GENERAL       5.00       0       49.18         49.22       MI SCELLANEOUS       B       -755,500 ADMI NI STRATI VE & GENERAL       5.00       0       49.29         49.30       BAYOONE HEALTH       B       -755,500 ADMI NI STRATI VE & GENERAL       5.00       0       49.30         49.33       PAGRI VENESS       B       -11,369 ADMI NI STRATI VE & GENERAL       5.00       0       49.31         49.33       PSYCH TRANSPORT								
49.13       PSYCH CONSULTING SERV       B       -2, 300       PSYCH CLINIC       90.02       0       49.13         49.14       OCCUPATI ONAL MEDI CINE       B       -158, 345       EMPLOYEE BENEFITS DEPARTMENT       4.00       0       49.14         49.15       RAD XRAY FEES       B       -16, 843       RADI OLOGY-DI AGNOSTI C       54.00       0       49.15         49.16       SENI ORS FIRST PROGRAM       B       -10 ADMI NI STRATI VE & GENERAL       5.00       0       49.16         49.17       INSURANCE CLAI MS       B       -66, 932 ADMI NI STRATI VE & GENERAL       5.00       0       49.17         49.18       GAI N FROM INS FLOODING       B       -33, 301, 543 ADMI NI STRATI VE & GENERAL       5.00       0       49.18         49.21       MI SCELLANEOUS       B       -755, 500 ADMI NI STRATI VE & GENERAL       5.00       0       49.21         49.29       DUKE CLINICAL       B       -759, 889 RADI OLOGY-DI AGNOSTI C       54.00       0       49.30         49.31       LOAN FORIVENESS       B       -11, 369 ADMI NI STRATI VE & GENERAL       5.00       0       49.31         49.32       RECLASS DUES       B       -110, NON REI MBURSABLE       194.00       0       49.32								
49.14       OCCUPATIONAL MEDICINE       B       -158,345       EMPLOYEE BENEFITS DEPARTMENT       4.00       0       49.14         49.15       RAD XRAY FEES       B       -16,843       RADIOLOGY-DIAGNOSTIC       54.00       0       49.15         49.16       SENIORS FIRST PROGRAM       B       -10,ADMINISTRATIVE & GENERAL       5.00       0       49.16         49.17       INSURANCE CLAIMS       B       -66,932       ADMINISTRATIVE & GENERAL       5.00       0       49.17         49.21       MI SCELLANEOUS       B       -3,301,543       ADMINISTRATIVE & GENERAL       5.00       0       49.21         49.20       DUKE CLINICAL       B       -755,500       ADMINISTRATIVE & GENERAL       5.00       0       49.29         49.30       BAYOONE HEALTH       B       -755,500       ADMINISTRATIVE & GENERAL       5.00       0       49.30         49.31       LOAN FORGIVENESS       B       -11,369       ADMINISTRATIVE & GENERAL       5.00       0       49.32         49.33       PSYCH TRANSPORT       B       -759, 589       RADIOLOGY-DI AGNOSTIC       54.00       0       49.32         49.33       PSYCH TRANSPORT       B       -61,110 INON REI MBURSABLE       194.00       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
49.15       RAD XRAY FEES       B       -16,843       RADIOLOGY-DIAGNOSTIC       54.00       0       49.15         49.16       SENIORS FIRST PROGRAM       B       -10       ADMINISTRATIVE & GENERAL       5.00       0       49.16         49.17       INSURANCE CLAIMS       B       -66,932       ADMINISTRATIVE & GENERAL       5.00       0       49.17         49.18       GAIN FROM INS FLOODING       B       -3,301,543       ADMINISTRATIVE & GENERAL       5.00       0       49.17         49.21       MI SCELLANEOUS       B       -3,301,543       ADMINISTRATIVE & GENERAL       5.00       0       49.21         49.29       DUKE CLINICAL       B       -755,500       ADMINISTRATIVE & GENERAL       5.00       0       49.29         49.30       BAYOONE HEALTH       B       -759,889       RADIOLOGY-DIAGNOSTIC       54.00       0       49.30         49.31       LOAN FORGIVENESS       B       -11,369       ADMINISTRATIVE & GENERAL       5.00       0       49.32         49.33       PSYCH TRANSPORT       B       -2,013       PSYCH TRANSPORT       90.02       0       49.33         49.34       PSYCH TRANSPORT       B       -2,885       SUBPROVI DER - IPF       40.00								
49.16       SENI ORS FIRST PROGRAM       B       -10 ADMI NI STRATI VE & GENERAL       5.00       0       49.16         49.17       INSURANCE CLAI MS       B       -66,932 ADMI NI STRATI VE & GENERAL       5.00       0       49.17         49.18       GAIN FROM INS FLOODING       B       -3,301,543 ADMI NI STRATI VE & GENERAL       5.00       0       49.18         49.21       MI SCELLANEOUS       B       41,418 ADMI NI STRATI VE & GENERAL       5.00       0       49.21         49.29       DUKE CLI NI CAL       B       -755,500 ADMI NI STRATI VE & GENERAL       5.00       0       49.29         49.31       LOAN FORGI VENESS       B       -759,889 RADI OLOGY-DI AGNOSTI C       5.00       0       49.31         49.32       RECLASS DUES       B       -11,369 ADMI NI STRATI VE & GENERAL       5.00       0       49.32         49.33       PSYCH TRANSPORT       B       -755,802 ADMI NI STRATI VE & GENERAL       5.00       0       49.33         49.34       PSYCH TRANSPORT       B       -759,889 RADI OLOGY-DI AGNOSTI C       50.00       0       49.32         49.33       PSYCH TRANSPORT       B       -2,013 PSYCH CLINI C       90.02       0       49.33         49.34       PSYCH TRANSPORT <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
49.18       GAIN FROM INS FLOODING       B       -3,301,543       ADMINISTRATIVE & GENERAL       5.00       0       49.18         49.21       MI SCELLANEOUS       B       41,418       ADMINISTRATIVE & GENERAL       5.00       0       49.21         49.29       DUKE CLINICAL       B       -755,500       ADMINISTRATIVE & GENERAL       5.00       0       49.29         49.30       BAYOONE HEALTH       B       -759,889       RADIOLOGY-DIAGNOSTIC       54.00       0       49.30         49.31       LOAN FORGI VENESS       B       -11,369       ADMINISTRATIVE & GENERAL       5.00       0       49.31         49.32       RECLASS DUES       B       -11,00       NREIMBURSABLE       194.00       0       49.32         49.33       PSYCH TRANSPORT       B       -12,013       PSYCH CLINIC       90.02       0       49.33         49.34       PSYCH TRANSPORT       B       -2,885       SUBPROVIDER - IPF       40.00       0       49.34         49.37       USE OF AUTO       B       2,658       NON REIMBURSABLE       194.00       0       49.37         50.00       TOTAL (sum of lines 1 thru 49)       -30,573,412       -30,573,412       50.00       50.00       50.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
49.21       MI SCELLANEOUS       B       41, 418 ADMI NI STRATI VE & GENERAL       5.00       0       49.21         49.29       DUKE CLI NI CAL       B       -755, 500 ADMI NI STRATI VE & GENERAL       5.00       0       49.29         49.30       BAYOONE HEALTH       B       -759, 889 RADI OLOGY-DI AGNOSTI C       54.00       0       49.30         49.31       LOAN FORGI VENESS       B       -11, 369 ADMI NI STRATI VE & GENERAL       5.00       0       49.31         49.32       RECLASS DUES       B       -11, 100 NON REI MBURSABLE       194.00       0       49.32         49.33       PSYCH TRANSPORT       B       -2, 885 SUBPROVI DER - IPF       40.00       0       49.33         49.34       PSYCH TRANSPORT       B       -2, 658 NON REI MBURSABLE       194.00       0       49.34         49.35       USE OF AUTO       B       -2, 658 NON REI MBURSABLE       194.00       0       49.34         49.37       USE OF AUTO       B       2, 658 NON REI MBURSABLE       194.00       0       49.37         50.00       TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,       -30, 573, 412       -30, 573, 412       50.00       50.00								
49. 29       DUKE CLINICAL       B       -755, 500 ADMINISTRATIVE & GENERAL       5.00       0       49.29         49. 30       BAYOONE HEALTH       B       -759, 889 RADI OLOGY-DI AGNOSTIC       54.00       0       49.30         49. 31       LOAN FORGIVENESS       B       -11, 369 ADMINISTRATIVE & GENERAL       5.00       0       49.31         49. 32       RECLASS DUES       B       -61, 110 NON REI MBURSABLE       194.00       0       49.32         49. 33       PSYCH TRANSPORT       B       -2, 885 SUBPROVI DER - IPF       40.00       0       49.33         49. 34       PSYCH TRANSPORT       B       -2, 885 SUBPROVI DER - IPF       40.00       0       49.34         49. 34       PSYCH TRANSPORT       B       -2, 658 NON REI MBURSABLE       194.00       0       49.34         49. 35       INTEREST INCOME       B       -2, 658 NON REI MBURSABLE       10.00       11       49.36         49. 37       USE OF AUTO       B       2, 658 NON REI MBURSABLE       194.00       0       49.37         50. 00       TOTAL (sum of lines 1 thru 49)       -30, 573, 412       -30, 573, 412       50.00       50.00								
49. 30       BAYOONE HEALTH       B       -759, 889 RADI OLOGY-DI AGNOSTI C       54.00       0       49.30         49. 31       LOAN FORGI VENESS       B       -11, 369 ADMI NI STRATI VE & GENERAL       5.00       0       49.31         49. 32       RECLASS DUES       B       -61, 110 NON REI MBURSABLE       194.00       0       49.32         49. 33       PSYCH TRANSPORT       B       -2, 013 PSYCH CLI NI C       90.02       0       49.33         49. 34       PSYCH TRANSPORT       B       -2, 885 SUBPROVI DER - I PF       40.00       0       49.34         49. 36       INTEREST I NCOME       B       -961 CAP REL COSTS-BLDG & FI XT       1.00       11       49.36         49. 37       USE OF AUTO       B       2, 658 NON REI MBURSABLE       194.00       0       49.37         50. 00       TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,       -30, 573, 412       -30, 573, 412       50.00       50.00								
49. 32       RECLASS DUES       B       -61, 110 NON REIMBURSABLE       194.00       0       49.32         49. 33       PSYCH TRANSPORT       B       -12, 013 PSYCH CLINIC       90.02       0       49.33         49. 34       PSYCH TRANSPORT       B       -2, 885 SUBPROVI DER - IPF       40.00       0       49.34         49. 36       INTEREST INCOME       B       -961 CAP REL COSTS-BLDG & FIXT       1.00       11       49.36         49. 37       USE OF AUTO       B       2, 658 NON REIMBURSABLE       194.00       0       49.37         50. 00       TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412       -30, 573, 412			В					1
49.33       PSYCH TRANSPORT       B       -12,013       PSYCH CLINIC       90.02       0       49.33         49.34       PSYCH TRANSPORT       B       -2,885       SUBPROVIDER - IPF       40.00       0       49.34         49.36       INTEREST INCOME       B       -961       CAP       REL COSTS-BLDG & FIXT       1.00       11       49.36         49.37       USE OF AUTO       B       2,658       NON REIMBURSABLE       194.00       0       49.37         50.00       TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,       -30,573,412       -30,573,412       50.00       50.00								
49. 34       PSYCH TRANSPORT       B       -2,885       SUBPROVI DER - I PF       40.00       0       49.34         49. 36       INTEREST INCOME       B       -961       CAP REL COSTS-BLDG & FIXT       1.00       11       49.36         49. 37       USE OF AUTO       B       2,658       NON REIMBURSABLE       194.00       0       49.37         50. 00       TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,       -30,573,412       -30,573,412       50.00								
49.36       INTEREST INCOME       B       -961 CAP REL COSTS-BLDG & FIXT       1.00       11       49.36         49.37       USE OF AUTO       B       2,658 NON REIMBURSABLE       194.00       0       49.37         50.00       TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,       -30,573,412       -30,573,412       50.00								
50.00         TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,         -30, 573, 412         50.00								1
(Transfer to Worksheet A,						194.00	0	
	50.00			-30, 573, 412				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.

Health Financial Systems	TRI NI TAS HOSPI TAL			In Lieu of Form CMS-2552-10		
ADJUSTMENTS TO EXPENSES			Provider CCN: 31-0027	Period: From 01/01/2021	Worksheet A-8	
				To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
			Expense Classification c			
			To/From Which the Amount is	s to be Adjusted		
Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	

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.

Heal th	Financial Syste	ems	TRI NI TAS	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
PROVI DI	ER BASED PHYSIC	I AN ADJUSTMENT		Provider C	CN: 31-0027	Peri od:	Worksheet A-8	-2
						From 01/01/2021 To 12/31/2021		
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		AGGREGATE-HOUSE PHYSICIANS	4, 479, 334	3, 686, 932	792, 40			1.00
2.00		SUBPROVIDER - IPF	1, 560, 209	1, 530, 934	29, 27			2.00
3.00		SUBPROVI DER	253, 940	244, 282	9, 65	8 211, 500	213	3.00
4.00		NURSING FACILITY	50, 000	50, 000		0 0	0	4.00
5.00		OTHER LONG TERM CARE	98, 017	98, 017		0 0	0	5.00
6.00		ANESTHESI OLOGY	3, 596, 663	2, 157, 998				6.00
7.00		RADI OLOGY-DI AGNOSTI C	1, 811, 338	1, 744, 738	66, 60			7.00
8.00		CARDIAC CATHETERIZATION	468, 446	465, 246	3, 20			8.00
9.00		LABORATORY	393, 760	262, 520	131, 24	0 181, 300	1, 293	9.00
10.00		RESPI RATORY THERAPY	868	868		0 0	0	10.00
11.00	69.00	ELECTROCARDI OLOGY	101, 453	101, 453		0 0	0	11.00
12.00		CLINIC	257, 438	257, 438		0 0	0	12.00
13.00		PSYCH CLINIC	2, 741, 831	2, 576, 973	164, 85	8 181, 300	1, 519	13.00
14.00		PEDIATRIC CLINIC	211, 829	211, 829		0 0	0	14.00
15.00		THERAPEUTIC SCHOOL	6, 194	6, 194		0 0	0	15.00
16.00		CHILD DAY TREATMENT	45, 479	45, 479		0 0	0	16.00
17.00	90.16	MICA	56, 247	56, 247		0 0	0	17.00
18.00		WOUND CENTER	21, 578	21, 578		0 0	0	18.00
19.00		EMERGENCY	1, 087, 970		703, 91	7 211, 500	6, 935	19.00
20.00	90.09	AFTER SCHOOL PROGRAM	185, 184	185, 184		0 0	0	20.00
200.00			17, 427, 778	14, 087, 963	3, 339, 81	5	39, 008	200.00

Heal th	Financial Syste	ems	TRI NI TAS	HOSPI TAL		In Li	eu of Form CMS-:	2552-10
PROVI DI	ER BASED PHYSIC	I AN ADJUSTMENT		Provider (		Period:	Worksheet A-8	-2
						From 01/01/2021 To 12/31/2021		pared:
							6/1/2022 10:5	<u>5 am</u>
	Wkst. A Line #		Unadjusted RCE		Cost of	Provi der	Physician Cost	
		Identi fi er	Limit	Unadjusted RCE			of Malpractice	
				Limit	Conti nui ng Educati on	Share of col. 12	Insurance	
	1.00	2.00	8,00	9,00	12.00	13.00	14.00	
1.00		AGGREGATE-HOUSE PHYSICIANS	1, 111, 290			13.00	14.00	1.00
2.00		SUBPROVIDER - IPF	26, 539				0	2.00
3.00		SUBPROVI DER	20, 337				0	3.00
4.00		NURSING FACILITY	21,030	1,003			0	4.00
5.00		OTHER LONG TERM CARE	0	0	(		0	5.00
6.00		ANESTHESI OLOGY	1, 526, 145	76, 307	(		0	6.00
7.00		RADI OLOGY-DI AGNOSTI C	27,805		(		0	7.00
8.00		CARDI AC CATHETERI ZATI ON	2, 615		(	ol o	o	8.00
9.00		LABORATORY	112, 702		(	0	0	9.00
10.00	65.00	RESPI RATORY THERAPY	0	0	(	0 0	0	10.00
11.00	69.00	ELECTROCARDI OLOGY	0	0	(	0 0	0	11.00
12.00	90.00	CLINIC	0	0	(	0 0	0	12.00
13.00	90. 02	PSYCH CLINIC	132, 401	6, 620	(	0 0	0	13.00
14.00	90.06	PEDIATRIC CLINIC	0	0	(	0 0	0	14.00
15.00	90.08	THERAPEUTIC SCHOOL	0	0	(	0 0	0	15.00
16.00	90.13	CHILD DAY TREATMENT	0	0	(	0 0	0	16.00
17.00	90.16	-	0	0	(	0 0	O	17.00
18.00		WOUND CENTER	0	0	(	0 0	, O	18.00
19.00		EMERGENCY	705, 170	35, 259	(	0 0	0	19.00
20.00		AFTER SCHOOL PROGRAM	0	0	(	0	0	20.00
200.00			3, 666, 325	183, 317	(	0 0	0	200.00

Heal th	Financial Syste	ems	TRI NI TAS	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
PROVI D	ER BASED PHYSIC	I AN ADJUSTMENT		Provider C		Peri od:	Worksheet A-8	3-2
						From 01/01/2021 To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
	Wkst. A Line #		Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	1.00	2.00	14 15.00	16.00	17.00	18,00		
1.00		AGGREGATE-HOUSE PHYSICIANS	15.00					1,00
2.00		SUBPROVIDER - IPF	0	1, 111, 290 26, 539		3, 686, 932 1, 533, 670		2.00
2.00		SUBPROVIDER - TPF	0	20, 539 21, 658		244, 282		2.00
3.00 4.00		NURSING FACILITY	0	21,058		50,000		4.00
4.00 5.00		OTHER LONG TERM CARE	0	0		98,017		4.00 5.00
6.00		ANESTHESI OLOGY	0	1, 526, 145		2, 157, 998		6.00
7.00		RADI OLOGY-DI AGNOSTI C	0	27, 805				7.00
8.00		CARDI AC CATHETERI ZATI ON	0	2, 615				8.00
9.00		LABORATORY	0	112, 702				9,00
10.00		RESPIRATORY THERAPY	0	112,702	10, 550	868		10.00
10.00		ELECTROCARDI OLOGY	0	0		101,453		11.00
12.00		CLINIC	0	0		257, 438		12.00
13.00		PSYCH CLINIC	0	132, 401	32, 45			13.00
14.00		PEDIATRIC CLINIC	0	02,101	02,10	211,829		14.00
15.00		THERAPEUTI C SCHOOL	0	0		6, 194		15.00
16.00		CHILD DAY TREATMENT	0	0	(	45, 479		16.00
17.00	90.16		0	0		56, 247		17.00
18.00		WOUND CENTER	0	0		21, 578		18.00
19.00		EMERGENCY	0	705, 170	l i	384,053		19.00
20.00		AFTER SCHOOL PROGRAM	0	0		185, 184		20.00
200.00			0	3, 666, 325	93, 11			200.00

	Financial Systems	TRINITAS H	Provider CC		eriod: rom 01/01/2021	Worksheet B Part I Date/Time Pre	pared:
			CAPI TAL REL	ATED COSTS		6/1/2022 10:5	
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	0.4/4.440	0.4/4.440				
1.00 2.00 4.00 5.00 6.00 7.00 8.00	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	8, 161, 119 5, 355, 494 26, 351, 999 41, 681, 141 5, 760, 358 9, 022, 389 1, 149, 428	32, 049 916, 058 88, 852 2, 771, 287 23, 124	5, 355, 494 21, 031 601, 136 58, 306 1, 818, 574 15, 174	26, 405, 079 3, 502, 707 179, 204 198, 519 13, 284	46, 701, 042 6, 086, 720 13, 810, 769 1, 201, 010	6.00 7.00 8.00
9.00 10.00 11.00 12.00 13.00 14.00	00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	4, 904, 490 5, 411, 671 -754, 273 0 1, 443, 958 1, 563, 606	117, 709 179, 450 0 7, 808 41, 556	117, 759 0 5, 124 27, 270	537, 022 464, 716 0 262, 070 113, 988	5, 636, 464 6, 173, 596 -754, 273 0 1, 718, 960 1, 746, 420	10.00 11.00 12.00 13.00 14.00
15.00 16.00 17.00 19.00 20.00 21.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING PROGRAM 02100 I & SERVICES-SALARY & FRINGES APPRV	10, 862, 163 2, 236, 717 1, 526, 492 0 -3, 083, 864 4, 116, 004	33, 754 39, 686 8, 055 0 64, 659 39, 145	22, 150 26, 043 5, 286 0 42, 431 25, 688	414, 666 269, 687 282, 238 0 494, 719 611, 560	11, 332, 733 2, 572, 133 1, 822, 071 0 -2, 482, 055 4, 792, 397	16.00 17.00 19.00 20.00
22. 00 23. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	-861, 577 0	72, 399 0	47, 510 0	48, 223 0	-693, 445 0	22.00
30. 00 31. 00 34. 01 40. 00 41. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03401 HOUSE PHYSICIANS 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	17, 186, 559 5, 507, 091 1, 034, 335 6, 773, 828	604, 749 110, 236 0 228, 903	396, 849 72, 339 0 150, 211	2, 559, 836 1, 017, 176 317, 653 1, 532, 775	20, 747, 993 6, 706, 842 1, 351, 988 8, 685, 717 0	31.00
42.00 43.00 44.00 45.00 46.00	04200 SUBPROVI DER 04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY 04600 OTHER LONG TERM CARE	1, 994, 752 1, 356, 553 672, 164 4, 846, 609 1, 730, 953	85, 276 48, 988 52, 179 214, 149 71, 303	140, 529	429, 540 229, 077 133, 490 809, 304 332, 725	2, 565, 528 1, 666, 765 892, 074 6, 010, 591 2, 181, 772	42.00 43.00 44.00 45.00
50. 00 51. 00 52. 00 53. 00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM 05100 RECOVERY ROOM 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	6, 103, 819 1, 127, 864 2, 663, 724 1, 486, 824	188, 936 19, 850 58, 049 3, 760	123, 984 13, 026 38, 093 2, 468	1, 079, 034 223, 345 511, 397 0	7, 495, 773 1, 384, 085 3, 271, 263 1, 493, 052	50.00 51.00 52.00 53.00
54.00 55.00 56.00 57.00 58.00 59.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON	2, 459, 468 -3, 168, 854 584, 111 763, 636 385, 257 1, 155, 282	103, 592 245, 171 2, 795 7, 555 8, 569 37, 487	67, 979 160, 886 1, 834 4, 958 5, 623 24, 600	521, 359 542, 656 49, 610 106, 877 44, 471 184, 893	3, 152, 398 -2, 220, 141 638, 350 883, 026 443, 920 1, 402, 262	55.00 56.00 57.00 58.00
60.00 62.00 62.30 65.00 66.00	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILIACS 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	4, 805, 742 1, 664, 387 0 2, 755, 410 2, 780, 684	73, 372 4, 945 0 21, 672 54, 933	48, 148 3, 245 0 14, 221 36, 048	488, 682 51, 741 0 480, 762 228, 970	5, 415, 944 1, 724, 318 0 3, 272, 065 3, 100, 635	62.00 62.30 65.00
67.00 68.00 69.00 71.00 72.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENTS	220, 327 137, 121 817, 308 15, 306, 688 7, 150, 165	0 685 17, 048 0 0	0 449 11, 188 0 0	34, 048 26, 889 148, 794 0 0	254, 375 165, 144 994, 338 15, 306, 688 7, 150, 165	68.00 69.00 71.00 72.00
73.00 74.00 76.97 76.98 76.99	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY 07699 LITHOTRIPSY 0UTPATIENT SERVICE COST CENTERS	13, 848, 187 8, 686, 818 0 0	0 135, 202 0 0 0	0 88, 722 0 0 0	0 1, 016, 697 0 0 0	13, 848, 187 9, 927, 439 0 0	76. 97 76. 98
90. 00 90. 02 90. 03 90. 04 90. 05	09000 CLINIC 09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED 09003 WORKFIRST 09004 CANCER CLINIC	1, 164, 758 11, 346, 375 7, 333 78, 535 0	237, 808 0 0 0	67, 907 156, 054 0 0 0	318, 059 2, 372, 061 1, 451 15, 597 0	1, 654, 206 14, 112, 298 8, 784 94, 132 0	90. 02 90. 03 90. 04 90. 05
90. 06 90. 07 90. 08 90. 09	09005 PEDIATRIC CLINIC 09006 WOMEN'S CLINIC 09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM	613, 708 1, 697, 700 689, 960 146, 086	20, 548 51, 645 0 30, 713	33, 891 0	137, 048 277, 008 114, 208 62, 551	784, 788 2, 060, 244 804, 168 259, 505	90. 07 90. 08

Health Financial Systems	TRINITAS F	IOSPI TAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre 6/1/2022 10:5	
		CAPI TAL REL	_ATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
	0	1.00	2.00	4.00	4A	
90. 11 09009 PERI NATAL ADDI CTI ON 90. 12 09010 THERAPEUTI C NURSERY	15, 805 18, 660	32, 706 0		3 2, 930 0 2, 930		90. 11 90. 12
90. 13 09011 CHILD DAY TREATMENT	1,002,121	36, 398				
90. 14 09012 DI ABETES CENTER	0	7,603				90.14
90. 15 09013 WOUND CENTER	558, 135	7,603	4, 98	9 78, 567	649, 294	90.15
90. 16 09014 MI CA	76, 834	36, 097	23, 68	7 25, 189	161, 807	90.16
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	1, 026, 488	28, 460				
91.00 09100 EMERGENCY	7, 283, 579	171, 826				
91. 01 09101 EMERGENCY	2, 586, 590	36, 467	23, 93	0 465, 574		91.01
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART					0	92.00
	2 (22 012	24.020	22.05	/ 471 100	2 1 ( 1 0 1 0	05 00
95. 00 09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	2, 633, 012	34, 830	22, 85	6 471, 120	3, 161, 818	95.00
113. 00 11300 I NTEREST EXPENSE	I					113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	268, 629, 806	7, 671, 181	5, 033, 98	6 26, 387, 837	267, 801, 118	
NONREI MBURSABLE COST CENTERS	200/02//000	110111101	0,000,70	20,007,007	20170017110	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	26, 645	17, 48	5 17, 242	61, 372	192.00
193.00 19300 NONPALD WORKERS	0	357, 201	234, 40	3 0	591, 604	193.00
194.0007950 NON REIMBURSABLE	7, 591, 827	106, 092	69, 62	0 0	7, 767, 539	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0		0 0		201.00
202.00  TOTAL (sum lines 118 through 201)	276, 221, 633	8, 161, 119	5, 355, 49	4 26, 405, 079	276, 221, 633	202.00

6/1/2022 10:55 am C: \255210\CMTEMP\A0_Trinitas_310027_12312021.mcrx

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	TRINITAS H	Provider C	F	eriod: rom 01/01/2021 o 12/31/2021	Worksheet B Part I Date/Time Pre 6/1/2022 10:5	pared
	Cost Center Description	ADMI NI STRATI VE			LAUNDRY &	HOUSEKEEPI NG	
		& GENERAL 5.00	<u>REPAI RS</u> 6. 00	PLANT 7.00	LINEN SERVICE 8.00	9.00	
	GENERAL SERVICE COST CENTERS	0.00	0.00	7.00	0.00	7.00	
0	00100 CAP REL COSTS-BLDG & FIXT						1.0
0	00200 CAP REL COSTS-MVBLE EQUI P						2.0
0 0	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL	46, 701, 042					4.0
0	00600 MAI NTENANCE & REPAI RS	1, 206, 157	7, 292, 877				6.0
0	00700 OPERATION OF PLANT	2, 736, 770	2, 836, 915				7.0
0	00800 LAUNDRY & LINEN SERVICE	237, 995	23, 672				8.0
0	00900 HOUSEKEEPI NG	1, 116, 933	120, 496				
	01000 DI ETARY 01100 CAFETERI A	1, 223, 372	183, 700				
	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	
	01300 NURSI NG ADMI NI STRATI ON	340, 633	7, 993	,			
	01400 CENTRAL SERVICES & SUPPLY	346,074	42, 540				
	01500 PHARMACY	2, 245, 717	34, 554	150, 317	12, 206	59, 628	15.0
	01600 MEDI CAL RECORDS & LI BRARY	509, 699	40, 626			70, 106	
	01700 SOCIAL SERVICE	361,065	8, 246				
	01900 NONPHYSI CI AN ANESTHETI STS 02000 NURSI NG PROGRAM	0	0 66, 191	0 287, 944	-	0 114, 222	
	02100 I &R SERVICES-SALARY & FRINGES APPRV	949, 671	40, 072				
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	74, 114				
	02300 PARAMED ED PRGM-(SPECIFY)	0	0				
	INPATIENT ROUTINE SERVICE COST CENTERS	- F		1	1		
	03000 ADULTS & PEDIATRICS	4, 111, 571	619, 071				
	03100 I NTENSI VE CARE UNI T	1, 329, 041	112, 846				
	03401 HOUSE PHYSI CLANS 04000 SUBPROVI DER – I PF	267, 913 1, 721, 179	234, 324	0 1, 019, 364	-	0 404, 361	34. 40.
	04100 SUBPROVI DER – I RF	0	234, 324	0	02,772	0	
	04200 SUBPROVI DER	508, 390	87, 296	379, 757			
00	04300 NURSERY	330, 289	50, 148	218, 154	17, 714	86, 537	43.
	04400 SKILLED NURSING FACILITY	176, 775	53, 415				
	04500 NURSING FACILITY	1, 191, 071	219, 221				
00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	432, 344	72, 992	317, 531	25, 784	125, 958	46.
00	05000 OPERATING ROOM	1, 485, 377	193, 411	841, 382	68, 320	333, 759	50.
	05100 RECOVERY ROOM	274, 273	20, 320				
00	05200 DELIVERY ROOM & LABOR ROOM	648, 240	59, 424	258, 509	20, 991	102, 545	52.
	05300 ANESTHESI OLOGY	295, 866	3, 849				
	05400 RADI OLOGY-DI AGNOSTI C	624, 685	106, 045				
	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0 126, 497	250, 977 2, 861			433, 098 4, 937	
	05700 CT SCAN	174, 982	7, 734				
	05800 MRI	87, 968	8, 772				
00	05900 CARDI AC CATHETERI ZATI ON	277, 875	38, 375			66, 222	59.
	06000 LABORATORY	1, 073, 234	75, 109				
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	341, 694	5, 062				
	06250 BLOOD CLOTTING FOR HEMOPHILIACS	(49.200	0		-		
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	648, 399 614, 428	22, 185 56, 234				
	06700 OCCUPATI ONAL THERAPY	50, 407	00, 204				1
	06800 SPEECH PATHOLOGY	32, 725	701	3, 050	248	1, 210	
	06900 ELECTROCARDI OLOGY	197, 040	17, 452	75, 921	6, 165	30, 116	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3, 033, 204	0	0	-	0	
	07200 I MPL. DEV. CHARGED TO PATIENTS	1, 416, 891	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	2, 744, 184 1, 967, 241	0 138, 404	602, 090	0 48, 890	0 238, 837	
	07697 CARDI AC REHABI LI TATI ON	1, 907, 241	138, 404	002,090	40, 090	230, 037	
	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	
	07699 LI THOTRI PSY	0	0	0	0	0	
	OUTPATIENT SERVICE COST CENTERS				1		
	09000 CLINIC	327, 801	105, 933				
	09001 PSYCH CLINIC	2, 796, 521	243, 439	1, 059, 018			
	09002 PSYCH CLINIC FEE BASED 09003 WORKFIRST	1, 741 18, 653	0		0	0	
	09004 CANCER CLINIC	18, 653	0		0	0	
	09005 PEDIATRIC CLINIC	155, 515	21, 035	91, 508	7, 430		
	09006 WOMEN' S CLINIC	408, 262	52, 868				
80	09007 THERAPEUTIC SCHOOL	159, 356	0	0		0	90.
	09008 AFTER SCHOOL PROGRAM	51, 424	31, 440				
	09009 PERINATAL ADDICTION	14, 447	33, 481				
	09010 THERAPEUTIC NURSERY	4, 278	0				
	09011 CHI LD DAY TREATMENT 09012 DI ABETES CENTER	235, 725 2, 495	37, 260 7, 783				
1/	NAME AND ADDRESS AND ADDRESS ADDRE	Z. 470	1.183	, აა, იებ	Z, 149	1 13,431	1 70.

Health Financial Systems	TRI NI TAS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO		eriod: rom 01/01/2021	Worksheet B Part I	
				o 12/31/2021	Date/Time Pre	
					6/1/2022 10: 5	5 am
Cost Center Description		MAINTENANCE &		LAUNDRY &	HOUSEKEEPI NG	
	& GENERAL	REPAI RS	PLANT	LINEN SERVICE		
	5.00	6.00	7.00	8.00	9.00	
90. 16 09014 MI CA	32, 064				63, 766	
90.17 09015 BAYONNE MENTAL HEALTH CENTER	247, 489	29, 134	126, 738	10, 291	50, 274	90.17
91.00 09100 EMERGENCY	1, 746, 768	175, 896	765, 187	62, 133	303, 534	91.00
91. 01 09101 EMERGENCY	616, 791	37, 330	162, 396	13, 186	64, 419	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS		·				
95.00 09500 AMBULANCE SERVICES	626, 552	35, 655	155, 105	12, 595	61, 527	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	45, 032, 416	6, 791, 336	17, 202, 638	1, 388, 491	6, 575, 160	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	12, 162	27, 276	118, 655	9, 635	47, 068	192.00
193.00 19300 NONPALD WORKERS	117, 233	365, 661	1, 590, 707	129, 165	631, 002	193.00
194.0007950 NON REIMBURSABLE	1, 539, 231	108, 604	472, 454	38, 363	187, 413	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	46, 701, 042	7, 292, 877	19, 384, 454	1, 565, 654		
	,,	, , , , , , , , , , , , , , , , , , , ,	,,,	.,,,	.,,	

	Financial Systems	TRINITAS H				u of Form CMS-	2552-10
COST #	ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre	pared:
	Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE O PERSONNEL	F NURSI NG ADMI NI STRATI ON	6/1/2022 10:5 CENTRAL SERVI CES &	<u>5 am</u>
		10.00	11.00	12.00	13.00	SUPPLY 14.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5.00	00500 ADMI NI STRATI VE & GENERAL						5.00
6.00	00600 MAI NTENANCE & REPAI RS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00 9.00
10.00	01000 DI ETARY	8, 761, 695					10.00
11.00	01100 CAFETERI A	0	-754, 273				11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0		0 0 2. 118. 977		12.00
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	0		0 2, 118, 977 0 39, 238	2, 447, 767	13.00 14.00
15.00	01500 PHARMACY	0	0		0 0	49, 842	•
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	0		0 0	0	
17.00 19.00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0	0		0 0	0	
20.00	02000 NURSING PROGRAM	0	0		0 79, 227	0 4, 364	•
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0		0 0	0	1
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0		0 0	0	
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0		0 0	0	23.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	3, 371, 918	0		0 513, 264	311, 423	30.00
31.00	03100 I NTENSI VE CARE UNI T	269, 711	0		0 163, 958	118, 357	•
34.01	03401 HOUSE PHYSI CLANS	0	0		0 0	0	
40.00	04000 SUBPROVIDER - IPF	1, 362, 575	0		0 125, 091	22, 093	•
41.00 42.00	04100 SUBPROVI DER – I RF 04200 SUBPROVI DER	635, 577	0		0 33, 016	0 354	
43.00	04300 NURSERY	033, 377	0		0 40, 788	24, 667	
44.00	04400 SKILLED NURSING FACILITY	304, 946	0		0 38, 321	0	
45.00	04500 NURSI NG FACI LI TY	2, 075, 791	0		0 178, 648	51, 298	
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0		0 13, 733	714	46.00
50.00	05000 OPERATING ROOM	267, 145	0		0 212, 211	856, 430	50.00
51.00	05100 RECOVERY ROOM	0	0		0 37, 718	5, 252	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 79, 901	54, 087	•
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0 0 10, 769	63, 002 118, 976	•
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 45, 415	23, 314	•
56.00	05600 RADI OI SOTOPE	0	0		0 0	1, 107	
57.00	05700 CT SCAN	0	0		0 0		57.00
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0		0 14, 325	10, 823 82, 863	
60.00	06000 LABORATORY	0	0		0 0	9, 991	•
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 0	133	•
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	0		0 2,715	54, 791 3, 531	•
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	177	•
68.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0		0 3, 148	3, 651	
71.00 72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	
74.00	07400 RENAL DIALYSIS	0	0		0 129, 073	199, 445	1
76.97	07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	
76. 98 76. 99	07698 HYPERBARI C OXYGEN THERAPY 07699 LI THOTRI PSY	0	0			0	
/0///	OUTPATIENT SERVICE COST CENTERS		0		<u> </u>		
90.00	09000 CLI NI C	0	0		0 20, 747	3, 453	•
90.02	09001 PSYCH CLINIC	293, 704	0		0 66, 161 0 0	8, 403	•
90. 03 90. 04	09002 PSYCH CLINIC FEE BASED 09003 WORKFIRST	0	0			0	
90. 04 90. 05	09004 CANCER CLINIC	0	0		0 0	0	90.04
90.06	09005 PEDIATRI C CLINI C	0	0		0 15, 067	1, 552	•
90.07	09006 WOMEN' S CLINIC	0	0		0 24, 530	10, 635	•
90. 08 90. 09	09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM	0 12, 618	0		0 6, 937 0 738	0	
90.09 90.11	09009 PERINATAL ADDI CTI ON	1, 957	0		0 0	0	90.09
90.12	09010 THERAPEUTIC NURSERY	0	0		0 0	0	
	09011 CHI LD DAY TREATMENT	150, 701	0		0 3, 427	0	
90.14	09012 DI ABETES CENTER	0	0		0 0	0	90.14

Health Financial Systems	TRINITAS H	IOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period:	Worksheet B	
				From 01/01/2021 To 12/31/2021		narod
				10 12/31/2021	6/1/2022 10:5	
Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE C	F NURSI NG	CENTRAL	
			PERSONNEL	ADMI NI STRATI ON	SERVICES &	
					SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
90.15 09013 WOUND CENTER	0	C	)	0 11, 152		
90. 16 09014 MI CA	15, 052	C	D	0 0	503	
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0	C	D	0 0	245	
91. 00 09100 EMERGENCY	0	C	D	0 170, 875		
91. 01 09101 EMERGENCY	0	C	)	0 28, 503	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS	,		1		-	
95. 00 09500 AMBULANCE SERVICES	0	C	)	0 10, 281	17, 437	95.00
SPECIAL PURPOSE COST CENTERS	ii		1			-
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	8, 761, 695	C	)	0 2, 118, 977	2, 447, 767	118.00
NONREI MBURSABLE COST CENTERS	Г — Т		1		1	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	C	D	0 0		192.00
193. 00 19300 NONPAI D WORKERS	0	C	0	0 0		193.00
194.00 07950 NON REIMBURSABLE	0	C		0 0		194.00
200.00 Cross Foot Adjustments	_			_		200.00
201.00 Negative Cost Centers	0	-754, 273		0 0		201.00
202.00  TOTAL (sum lines 118 through 201)	8, 761, 695	-754, 273	3	0 2, 118, 977	2, 447, 767	202.00

Health Financial Systems	TRINITAS H	IOSPI TAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		eriod: rom 01/01/2021	Worksheet B Part I	
			T		Date/Time Pre 6/1/2022 10:5	
Cost Center Description	PHARMACY		SOCIAL SERVICE		NURSI NG	
		RECORDS & LI BRARY		ANESTHETI STS	PROGRAM	
	15.00	16.00	17.00	19.00	20.00	
GENERAL         SERVICE         COST         CENTERS           1.00         00100         CAP         REL         COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUI P						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMINISTRATIVE & GENERAL						4.00 5.00
6. 00 00600 MAI NTENANCE & REPAI RS						6.00
7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE						7.00 8.00
9.00 00900 HOUSEKEEPI NG						9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A						10.00
12. 00 01200 MAINTENANCE OF PERSONNEL						12.00
13. 00 01300 NURSING ADMINISTRATION						13.00
14. 00 01400 CENTRAL SERVI CES & SUPPLY 15. 00 01500 PHARMACY	13, 884, 997					14.00 15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	328, 042	3, 711, 689				16.00
17. 00 01700 SOCI AL SERVI CE 19. 00 01900 NONPHYSI CI AN ANESTHETI STS	0	0	2, 244, 395 0	0		17.00 19.00
20. 00 02000 NURSI NG PROGRAM	2, 048	0	0	Ū	-1, 904, 678	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			21.00 22.00
23. 00 02300 PARAMED ED PRGM- (SPECI FY)	0	0	0			23.00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	356, 435	1 744 404	2 244 205			20.00
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T	356, 435 133, 596	1, 744, 494 0	2, 244, 395 0	0	0 0	
34. 01 03401 HOUSE PHYSI CI ANS	0	0	0	0	0	34.01
40. 00 04000 SUBPROVI DER - I PF 41. 00 04100 SUBPROVI DER - I RF	1, 014 0	74, 234 37, 117	0	0	0	40.00
42. 00 04200 SUBPROVI DER	0	0	0	0	0	42.00
43. 00 04300 NURSERY 44. 00 04400 SKI LLED NURSI NG FACI LI TY	26, 095 57, 544	0	0	0	0	
45. 00 04500 NURSING FACILITY	0	0	0	0	0	1
46. 00 04600 OTHER LONG TERM CARE ANCI LLARY SERVICE COST CENTERS	0	0	0	0	0	46.00
50. 00 05000 OPERATI NG ROOM	137, 711	668, 104	0	0	0	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	11, 805 90, 855	0	0	0	0	51.00 52.00
53. 00 05300 ANESTHESI OLOGY	490, 301	0	0	0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	5, 264 44, 558	0	0	0	0	54.00 55.00
56. 00   05600  RADI 0L0GT-THERAPEUTIC	263	0	0	0	0	56.00
57. 00 05700 CT SCAN	372	0	0	0	0	
58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON	8, 339	0	0	0	0 0	58.00 59.00
60. 00 06000 LABORATORY	417	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.00 62.30
65. 00 06500 RESPI RATORY THERAPY	4, 198	0	0	0	0	65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	1, 727 0	0	0	0	0	66.00 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	456	0	0	0	0 0	69.00 71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
74. 00   07400   RENAL DI ALYSI S 76. 97   07697   CARDI AC REHABI LI TATI ON	11, 923, 871 0	0	0	0	0	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76. 98
76. 99 07699 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	76.99
90. 00 09000 CLI NI C	0	593, 870	0	0	0	
90. 02 09001 PSYCH CLINIC 90. 03 09002 PSYCH CLINIC FEE BASED	1, 618 0	0	0	0	0	
90. 04 09003 WORKFI RST	0	0	0	0	0	90.03
	0	0	0	0	0	90.05
90.06 09005 PEDIATRIC CLINIC 90.07 09006 WOMEN'S CLINIC	353	0	0	0	0 0	90.06 90.07
90. 08 09007 THERAPEUTIC SCHOOL	0	0	0	0	0	90. 08
90. 09 09008 AFTER SCHOOL PROGRAM 90. 11 09009 PERINATAL ADDI CTI ON	0	0	0	0	0	90. 09 90. 11
90. 12 09010 THERAPEUTIC NURSERY	O	0	0	0	0	90. 12
90. 13  09011  CHI LD DAY TREATMENT 90. 14  09012  DI ABETES CENTER	0	0	0	0	0	90. 13 90. 14
	· · · · · · · · · · · · · · · · · · ·	•	Ŭ		•	· · ·

Health Financial Systems	TRINITAS H	OSPI TAL		In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		eriod: rom 01/01/2021	Worksheet B Part I	
			Т	o 12/31/2021	Date/Time Pre 6/1/2022 10:5	pared: 5 am
Cost Center Description	PHARMACY		SOCIAL SERVICE		NURSI NG	
		RECORDS & LI BRARY		ANESTHETI STS	PROGRAM	
	15.00	16.00	17.00	19.00	20.00	
90. 15 09013 WOUND CENTER	0	0	C	0	0	90.15
90. 16 09014 MI CA	0	0	C	0	0	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	C	0	0	90.17
91.00 09100 EMERGENCY	256, 953	593, 870	C	0	0	91.00
91.01 09101 EMERGENCY	0	0	C	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	1, 162	0	C	0	0	95.00
SPECIAL PURPOSE COST CENTERS			1	1		
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	13, 884, 997	3, 711, 689	2, 244, 395	0	0	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0		192.00
193. 00 19300 NONPALD WORKERS	0	0		0		193.00
194.00 07950 NON REI MBURSABLE	0	0		0		194.00
200.00 Cross Foot Adjustments	0	0		0		200.00
201.00Negative Cost Centers202.00TOTAL (sum lines 118 through 201)	12 994 007	U 2 711 400	2 244 205	0	-1, 904, 678	
202.00  TOTAL (sum lines 118 through 201)	13, 884, 997	3, 711, 689	2, 244, 395	0	-1, 904, 678	1202. UU

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	TRINITAS F	Provider CC		Period: From 01/01/2021	worksheet B Part I Part (Time Dree	
					To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		INTERNS &	RESIDENTS				
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES APPRV	SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	GENERAL SERVICE COST CENTERS	21.00	22.00	23.00	24.00	25.00	
00 00 00 00 00 00 00 00 00 00 00 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY						1.0 2.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0
. 00 2. 00 3. 00 4. 00 5. 00 5. 00 7. 00 9. 00 9. 00 9. 00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING PROGRAM						11.0 12.0 13.0 14.0 15.0 16.0 17.0 19.0 20.0
. 00 2. 00 3. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRV 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	6, 039, 767	-142, 845		0		21.0 22.0 23.0
). 00 . 00 . 01	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03401 HOUSE PHYSICIANS	4, 348, 632	0 0 0		0 42, 349, 270 0 9, 559, 854 0 1, 619, 901	-4, 348, 632 0 0	31.0
). 00 . 00 2. 00 3. 00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04200 SUBPROVI DER 04300 NURSERY	1, 328, 749 0 0	000000000000000000000000000000000000000		0 15, 061, 473 0 37, 117 0 4, 391, 396 0 2, 461, 157	-1, 328, 749 0 0 0	40.0 41.0 42.0 43.0
. 00 5. 00 5. 00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0 0 0		0 1, 866, 487 0 11, 136, 018 0 3, 170, 828	0 0 0	44.0 45.0 46.0
0. 00	05000 OPERATI NG ROOM	0	0		0 12, 559, 623	0	50.0
. 00	05100 RECOVERY ROOM	0	0		0 1, 864, 092	0	
2.00 3.00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	0	0		0 4, 585, 815 0 2, 370, 819	0	52.0 53.0
	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 4, 699, 913		
	05500 RADI OLOGY-THERAPEUTI C	0	0		0 -242, 316	0	
. 00	05600 RADI OI SOTOPE	0	0		0 787, 471	0	56.0
. 00	05700 CT SCAN	0	0		0 1, 152, 326	0	57.
8.00 9.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0		0 607, 877 0 2, 070, 757	0	58. 59.
0.00	06000 LABORATORY	0	0		0 7,057,583	0	60.
2. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 2, 103, 754	0	62.
2. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0	62.
6.00	06500 RESPI RATORY THERAPY	0	0		0 4, 144, 269	0	65.
o. 00 7. 00	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	0	0		0 4, 140, 804 0 304, 959	0	66. 67.
. 00 3. 00	06800 SPEECH PATHOLOGY	0	0		0 203, 078	0	68.
00.00	06900 ELECTROCARDI OLOGY	0	0		0 1, 328, 287	0	
. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 18, 339, 892	0	71.
2. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 8, 567, 056	0	
8.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 16, 592, 371	0	
. 00 . 97	07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON	0	0		0 25, 175, 290	-1, 451, 716	
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	
	07699 LI THOTRI PSY	0	0		0 0	0	
	OUTPATIENT SERVICE COST CENTERS				1		
0.00	09000 CLINIC	362, 386	0		0 3, 749, 451	-362, 386	
0. 02	09001 PSYCH CLINIC	0	0		0 19, 087, 245	0	90.
). 03 ). 04	09002 PSYCH CLINIC FEE BASED 09003 WORKFIRST	0	0		0 10, 525	0	90. 90.
	09004 CANCER CLINIC	0			0 112, 785 0 0		90.
). 05	09005 PEDIATRIC CLINIC	0	0		0 1, 113, 194		90. 90.
	09006 WOMEN' S CLINIC	0	0		0 2, 896, 788		90.
	09007 THERAPEUTIC SCHOOL	0	Ō		0 970, 461	0	90.
	09008 AFTER SCHOOL PROGRAM		0		0 557, 859	0	90.

Health Financial Systems	TRINITAS H	HOSPI TAL		In Lie	eu of Form CMS-2552-10	5
COST ALLOCATI ON - GENERAL SERVI CE COSTS		Provider CO		Period: From 01/01/2021 To 12/31/2021		_
	INTERNS &	RESI DENTS				Ī.,
Cost Center Description	SERVI CES-SALAR Y & FRI NGES APPRV	PRGM COSTS APPRV	PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	21.00	22.00	23.00	24.00	25.00	
90. 11       09009       PERI NATAL ADDI CTI ON         90. 12       09010       THERAPEUTI C NURSERY         90. 13       09011       CHI LD DAY TREATMENT         90. 14       09012       DI ABETES CENTER				0 338, 042 0 25, 868 0 1, 856, 218 0 72, 908	0 90.12 0 90.13	2
90. 15 09013 WOUND CENTER	0	0		0 886, 302		
90. 16 09014 MI CA	0	0		0 483, 945	0 90.16	,
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0		0 1, 713, 096		
91. 00 09100 EMERGENCY	0	0		0 13, 149, 059		
91. 01 09101 EMERGENCY	0	0		0 4, 035, 186		
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART					0 92.00	)
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	0	0		0 4, 082, 132	0 95.00	1
SPECI AL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE	1				113.00	,
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6, 039, 767	0		0 265, 208, 285		
NONREI MBURSABLE COST CENTERS	0,007,707	0		0 203, 200, 203	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 276, 168	0 192.00	)
193. 00 19300 NONPALD WORKERS	0	0		0 3, 425, 372	0 193.00	J
194.0007950 NON REIMBURSABLE	0	0		0 10, 113, 604	0 194.00	1
200.00 Cross Foot Adjustments	0	0		0 0	0 200. 00	1
201.00 Negative Cost Centers	0	-142, 845		0 -2, 801, 796		
202.00 TOTAL (sum lines 118 through 201)	6, 039, 767	-142, 845		0 276, 221, 633	-7, 491, 483 202. 00	)

COST /	1 Financial Systems ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepa	ared
	Cost Center Description	Total		10 12/31/2021	6/1/2022 10: 55	am
		26.00				
1 00	GENERAL SERVICE COST CENTERS	1				4
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 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS					5.00
6.00 7.00	00700 OPERATION OF PLANT					6.00
8.00	00800 LAUNDRY & LINEN SERVICE					7.00 8.00
8.00 9.00	00900 HOUSEKEEPING					9.00
10.00	01000 DI ETARY				1	10.00
11.00	01100 CAFETERIA					11.00
12.00	01200 MAINTENANCE OF PERSONNEL					12.00
13.00						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY					14.00
15.00						15.00
16.00						16.00
	01700 SOCIAL SERVICE					17.00
	01900 NONPHYSI CI AN ANESTHETI STS					19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00		38, 000, 638			3	30.00
31.00	03100 INTENSIVE CARE UNIT	9, 559, 854			3	31.00
34.01	03401 HOUSE PHYSI CLANS	1, 619, 901			3	34.01
40.00	04000 SUBPROVIDER - IPF	13, 732, 724			4	40.00
41.00	04100 SUBPROVI DER – I RF	37, 117			4	41.00
42.00	04200 SUBPROVI DER	4, 391, 396			4	42.00
43.00	04300 NURSERY	2, 461, 157			4	43.00
44.00		1, 866, 487				44.00
45.00	04500 NURSING FACILITY	11, 136, 018				45.00
46.00		3, 170, 828			2	46.00
	ANCI LLARY SERVICE COST CENTERS					
50.00		12, 559, 623				50.00
51.00		1, 864, 092				51.00
52.00		4, 585, 815				52.00
53.00		2, 370, 819				53.00
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	4, 699, 913 -242, 316				54.00 55.00
56.00		787, 471				56.00
57.00		1, 152, 326				57.00
58.00		607, 877				58.00
59.00		2,070,757				59.00
60.00		7, 057, 583				60.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2, 103, 754				62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0			6	62.30
65.00	06500 RESPI RATORY THERAPY	4, 144, 269			6	65.00
66.00	06600 PHYSI CAL THERAPY	4, 140, 804			6	66.00
	06700 OCCUPATI ONAL THERAPY	304, 959				67.00
	06800 SPEECH PATHOLOGY	203, 078				68.00
	06900 ELECTROCARDI OLOGY	1, 328, 287				69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18, 339, 892				71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	8, 567, 056				72.00
	07300 DRUGS CHARGED TO PATIENTS	16, 592, 371				73.00
	07400 RENAL DI ALYSI S	23, 723, 574				74.00
	07697 CARDI AC REHABI LI TATI ON	0				76.97
	07698 HYPERBARI C OXYGEN THERAPY	0				76.98
/6.99		0				76.99
00.00		2 207 0/5				00.01
	09000 CLINIC 09001 PSYCH CLINIC	3, 387, 065				90.00 90.02
	09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED	19, 087, 245 10, 525				90. 02 90. 03
90.03		112, 785				90.03
	09004 CANCER CLINIC	112, 785				90.04
	09005 PEDIATRIC CLINIC	1, 113, 194				90.00
	09006 WOMEN' S CLINIC	2, 896, 788				90.00
	09007 THERAPEUTIC SCHOOL	970, 461				90.08
	09008 AFTER SCHOOL PROGRAM	557, 859				90.00
	09009 PERINATAL ADDICTION	338, 042				90. 11
	09010 THERAPEUTIC NURSERY	25, 868				90.12
	09011 CHI LD DAY TREATMENT	1, 856, 218				90.12
	09012 DI ABETES CENTER	72, 908				90.14
		886, 302				90.15
90, 15	09013 WOUND CENTER	000.302				

Health Financial Systems	TRINITAS HOS	SPI TAL	In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 31-0027	Period: From 01/01/2021	Worksheet B Part I	
			To 12/31/2021	Date/Time Pre	
Cost Conton Description	Total			6/1/2022 10:5	
Cost Center Description	Total				
	26.00				
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	1, 713, 096				90.17
91.00 09100 EMERGENCY	13, 149, 059				91.00
91. 01 09101 EMERGENCY	4,035,186				91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS					1
95. 00 09500 AMBULANCE SERVICES	4, 082, 132				95.00
SPECIAL PURPOSE COST CENTERS					1
113.00 11300 I NTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	257, 716, 802				118.00
NONREI MBURSABLE COST CENTERS					1
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	276, 168				192.00
193.00 19300 NONPALD WORKERS	3, 425, 372				193.00
194.0007950 NON REIMBURSABLE	10, 113, 604				194.00
200.00 Cross Foot Adjustments	0				200.00
201.00 Negative Cost Centers	-2, 801, 796				201.00
202.00 TOTAL (sum lines 118 through 201)	268, 730, 150				202.00
	200, 700, 100				1-52.00

	Financial Systems TION OF CAPITAL RELATED COSTS	TRINITAS H	HOSPITAL Provider CO		eri od:	u of Form CMS-2 Worksheet B	2552-10
				F	rom 01/01/2021 p 12/31/2021	Part II Date/Time Pre 6/1/2022 10:5	
			CAPI TAL REI	ATED COSTS		0/1/2022 10.3	
	Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		Related Costs	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS			2.00			
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	32, 049	21, 031	53, 080	53, 080	4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	0	916, 058	601, 136	1, 517, 194	7,066	5.00
6.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	0	88, 852 2, 771, 287	58, 306 1, 818, 574	147, 158 4, 589, 861	360 399	6.00 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	2, 771, 287	1, 818, 374	4, 589, 801	27	8.00
9.00	00900 HOUSEKEEPI NG	0	117, 709	77, 243	194, 952	1, 079	9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	0	179, 450	117, 759 0	297, 209 0	934 0	10.00 11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSI NG ADMI NI STRATI ON	0	7, 808	5, 124	12, 932	527	13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	41, 556 33, 754	27, 270 22, 150	68, 826 55, 904	229 833	14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	39, 686	26, 043	65, 729	542	
17.00	01700 SOCIAL SERVICE	0	8, 055	5, 286	13, 341	567	17.00
19.00 20.00	01900 NONPHYSI CI AN ANESTHETI STS 02000 NURSI NG PROGRAM	0	0	0 42, 431	107 000	0 994	19.00 20.00
20.00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	64, 659 39, 145	25, 688	107, 090 64, 833	1, 229	20.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	72, 399	47, 510	119, 909	. 97	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	23.00
30.00	03000 ADULTS & PEDIATRICS	0	604, 749	396, 849	1,001,598	5, 143	30.00
31.00	03100 I NTENSI VE CARE UNI T	0	110, 236	72, 339	182, 575	2,044	
34. 01 40. 00	03401 HOUSE PHYSI CLANS 04000 SUBPROVI DER – I PF	0		150 211	0 270 114	638	34.01 40.00
40.00	04100 SUBPROVIDER - IRF	0	228, 903 0	150, 211 0	379, 114 0	3, 079 0	40.00
42.00	04200 SUBPROVI DER	0	85, 276	55, 960	141, 236	863	42.00
43.00 44.00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY	0	48, 988 52, 179	32, 147 34, 241	81, 135 86, 420	460 268	43.00 44.00
45.00	04500 NURSING FACILITY	0	214, 149		354, 678	1, 626	
46.00	04600 OTHER LONG TERM CARE	0	71, 303	46, 791	118, 094	668	46.00
50.00	ANCI LLARY SERVI CE COST CENTERS	0	188, 936	123, 984	312, 920	2, 168	50.00
51.00	05100 RECOVERY ROOM	0	19, 850		32, 876	449	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	58, 049	38, 093	96, 142	1, 027	52.00
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	3, 760 103, 592	2, 468 67, 979	6, 228 171, 571	0 1, 047	53.00 54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	245, 171	160, 886	406, 057	1, 090	
56.00	05600 RADI OI SOTOPE	0	2, 795		4,629	100	
57.00 58.00	05700 CT SCAN 05800 MRI	0	7, 555 8, 569	4, 958 5, 623	12, 513 14, 192	215 89	57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	37, 487	24, 600	62, 087	371	
60.00	06000 LABORATORY	0	73, 372	48, 148	121, 520	982	
62.00 62.30	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	4, 945 0	3, 245	8, 190 0	104 0	62.00 62.30
65.00	06500 RESPI RATORY THERAPY	0	21, 672	14, 221	35, 893	966	65.00
66.00 67.00	06600 PHYSI CAL THERAPY	0	54, 933	36, 048	90, 981	460	66.00 67.00
68.00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0	685	449	1, 134	68 54	
69.00	06900 ELECTROCARDI OLOGY	0	17, 048		28, 236	299	69.00
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 TMPL. DEV. CHARGED TO PATTENTS	0		0	0	0	72.00 73.00
74.00	07400 RENAL DI ALYSI S	0	135, 202	88, 722	223, 924	2, 043	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76. 98 76. 99	07698 HYPERBARI C OXYGEN THERAPY 07699 LI THOTRI PSY	0		0 0	0	0	76. 98 76. 99
	OUTPATIENT SERVICE COST CENTERS						
90.00		0	103, 482	67, 907	171, 389	639	90.00
90. 02 90. 03	09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED	0	237, 808 0	156, 054 0	393, 862 0	4, 766 3	90. 02 90. 03
90.04	09003 WORKFI RST	0	0	0	0	31	
90.05	09004 CANCER CLINIC	0	0	0	0	0	90.05
90. 06 90. 07	09005 PEDIATRIC CLINIC 09006 WOMEN'S CLINIC		20, 548 51, 645		34, 032 85, 536	275 557	90.06 90.07
90.08	09007 THERAPEUTIC SCHOOL	0	0	0	03, 330	229	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0	30, 713	20, 155	50, 868	126	
90.11	09009 PERINATAL ADDICTION	0	32, 706	21, 463	54, 169	6	90.11

Health Financial Systems	TRI NI TAS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	F	Period: From 01/01/2021 Fo 12/31/2021	Worksheet B Part II Date/Time Pre 6/1/2022 10:5	
		CAPI TAL REI	LATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
90. 12 09010 THERAPEUTIC NURSERY 90. 13 09011 CHILD DAY TREATMENT	0	0 36, 398		-	6 255	
90. 14 09012 DI ABETES CENTER	0	7,603			0	90.14
90. 15 09013 WOUND CENTER	0	7, 603	4, 989	12, 592	158	90.15
90. 16 09014 MI CA	0	36, 097	23, 687	59, 784	51	90.16
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0	28, 460	18, 676	6 47, 136	352	90.17
91.00 09100 EMERGENCY	0	171, 826				
91. 01 09101 EMERGENCY	0	36, 467	23, 930	60, 397	935	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	0	34, 830	22, 856	57, 686	947	95.00
SPECIAL PURPOSE COST CENTERS	-			1		
113.00 11300 INTEREST EXPENSE		7 (71 101	F 022 00/	10 705 1/7	F2 045	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	0	7, 671, 181	5, 033, 986	5 12, 705, 167	53, 045	118.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	26, 645	17, 485	44, 130	35	192.00
193. 00 19300 NONPALD WORKERS	0	357, 201				193.00
194. 00 07950 NON REIMBURSABLE	0	106, 092				194.00
200.00 Cross Foot Adjustments		100,072	0,,020	0		200.00
201.00 Negative Cost Centers		0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	8, 161, 119	5, 355, 494	13, 516, 613	53, 080	202.00

6/1/2022 10:55 am C: \255210\CMTEMP\A0_Trinitas_310027_12312021.mcrx

LOCA	Financial Systems TION OF CAPITAL RELATED COSTS	TRINITAS H		Provi der CCN: 31-0027 Peri od: From 01/01/2021 To 12/31/2021				
	Cost Center Description	ADMI NI STRATI VE		OPERATI ON OF	LAUNDRY &	6/1/2022 10: 5 HOUSEKEEPI NG		
		& GENERAL 5.00	<u>REPAI RS</u> 6. 00	PLANT 7.00	LINEN SERVICE 8.00	9.00		
	GENERAL SERVICE COST CENTERS							
00	00100 CAP REL COSTS-BLDG & FIXT						1.00	
00 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00	
00	00500 ADMINI STRATI VE & GENERAL	1, 524, 260					5.00	
00	00600 MAINTENANCE & REPAIRS	39, 369	186, 887				6.00	
00	00700 OPERATION OF PLANT	89, 328	72, 697	4, 752, 285			7.00	
00	00800 LAUNDRY & LINEN SERVICE	7, 768	607		71, 946		8.00	
00	00900 HOUSEKEEPING	36, 457	3, 088		1, 956			
00 . 00 .	01000 DI ETARY 01100 CAFETERI A	39, 931 0	4, 707 0		2, 982 0	15, 595 0		
2.00	01200 MAINTENANCE OF PERSONNEL	0	0		0	0		
8.00	01300 NURSI NG ADMI NI STRATI ON	11, 118	205		130			
. 00	01400 CENTRAL SERVICES & SUPPLY	11, 296	1, 090		691	3, 611	14.00	
5.00	01500 PHARMACY	73, 300	885		561	2, 933		
. 00	01600 MEDI CAL RECORDS & LI BRARY	16, 637	1, 041	43, 327	659			
	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	11, 785	211 0	8, 794	134	700		
	02000 NURSI NG PROGRAM	0	1, 696	-	1, 074	-		
. 00	02100 I &R SERVICES-SALARY & FRINGES APPRV	30, 997	1,027		650	3, 402		
2.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	1, 899	79, 042	1, 203	6, 292	22.00	
8.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	104.440	45.0(4	((0.044	10.010	50.550		
). 00 . 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	134, 140 43, 380	15, 864 2, 892		10, 049 1, 832	52, 552 9, 580		
. 00	03401 HOUSE PHYSI CI ANS	8, 745	2, 092	120, 331	1, 032	9, 580		
0.00	04000 SUBPROVI DER – I PF	56, 179	6,005	-	3, 804	19, 892		
. 00	04100 SUBPROVIDER - IRF	0	0	0	0	0		
2.00	04200 SUBPROVI DER	16, 594	2, 237	93, 101	1, 417	7, 411	42.00	
	04300 NURSERY	10, 781	1, 285		814			
. 00	04400 SKI LLED NURSI NG FACI LI TY	5,770	1, 369		867			
5.00 5.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	38, 877 14, 112	5, 618 1, 870					
. 00	ANCI LLARY SERVICE COST CENTERS	14, 112	1,070	//,040	1,105	0,177	40.00	
0. 00	05000 OPERATI NG ROOM	48, 483	4, 956	206, 273	3, 140	16, 419	50.00	
. 00	05100 RECOVERY ROOM	8, 952	521	21, 671	330		51.00	
2.00	05200 DELIVERY ROOM & LABOR ROOM	21, 159	1, 523		965			
8.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	9,657	99		62	327		
. 00 5. 00	05500 RADI OLOGY - THERAPEUTI C	20, 390	2, 718 6, 432		1, 721 4, 074	9, 002 21, 306		
b. 00	05600 RADI OL SOTOPE	4, 129	73		46			
. 00	05700 CT SCAN	5, 711	198		126			
8.00	05800 MRI	2, 871	225		142	745		
	05900 CARDI AC CATHETERI ZATI ON	9, 070	983		623		59.00	
		35,030	1, 925		1, 219			
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILIACS	11, 153 0	130 0		82 0		62.00 62.30	
	06500 RESPI RATORY THERAPY	21, 164	569		-		65.00	
	06600 PHYSI CAL THERAPY	20, 055	1, 441					
	06700 OCCUPATI ONAL THERAPY	1, 645	0		0			
		1,068	18					
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	6, 431 99, 004	447 0		283 0			
	07200 IMPL. DEV. CHARGED TO PATIENTS	46, 247	0	0	0	0		
	07300 DRUGS CHARGED TO PATIENTS	89, 570	0	0	0			
. 00	07400 RENAL DI ALYSI S	64, 211	3, 547	147, 608	2, 247	11, 750	74.00	
	07697 CARDIAC REHABILITATION	0	0	0	0	0		
	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0		
). 99	07699 LI THOTRI PSY OUTPATI ENT SERVI CE COST CENTERS	0	0	0	0	0	76. 99	
0. 00	09000 CLINIC	10, 699	2, 715	112, 977	1, 720	8, 993	90.00	
	09001 PSYCH CLINIC	91, 278	6, 238					
	09002 PSYCH CLINIC FEE BASED	57	0		0		90.03	
	09003 WORKFIRST	609	0	0	0	0		
		0	0	0	0	0		
	09005 PEDIATRIC CLINIC 09006 WOMEN'S CLINIC	5,076	539 1, 355		341 858			
	09007 THERAPEUTIC SCHOOL	13, 326 5, 201	1, 355		858			
	09008 AFTER SCHOOL PROGRAM	1,678	806	-	510			
). 09								
	09009 PERINATAL ADDICTION	472	858	35, 707	543	2, 842	90.1	
). 11 ). 12	09010 THERAPEUTIC NURSERY	140	0	0	0	0	90.12	
). 11 ). 12 ). 13		1		0 39, 738		0 3, 163	90. 12 90. 13	

Health Financial Systems	TRI NI TAS I	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		eriod: rom 01/01/2021	Worksheet B Part	
			T		Date/Time Pre 6/1/2022 10:5	pared: 5 am
Cost Center Description		MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	& GENERAL	REPAI RS	PLANT	LINEN SERVICE		
	5.00	6.00	7.00	8.00	9.00	
90. 16 09014 MI CA	1, 047		39, 409		3, 137	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	8, 078				2, 473	
91. 00 09100 EMERGENCY	57, 014	4, 508	187, 593	2, 855	14, 932	91.00
91. 01 09101 EMERGENCY	20, 132	957	39, 813	606	3, 169	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS	_	_				
95. 00 09500 AMBULANCE SERVICES	20, 451	914	38, 026	579	3, 027	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 469, 797	174, 035	4, 217, 392	63, 804	323, 463	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	397	699	29, 089	443	2, 316	192.00
193.00 19300 NONPALD WORKERS	3, 826	9, 370	389, 977	5, 936	31, 042	193.00
194.0007950 NON REIMBURSABLE	50, 240	2, 783	115, 827	1, 763	9, 220	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1, 524, 260	186, 887	4, 752, 285	71, 946	366, 041	202.00

Health Financial Systems		TRINITAS H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELA	TED COSTS		Provider C		Period: From 01/01/2021	Worksheet B Part II	
					Го 12/31/2021	Date/Time Pre 6/1/2022 10:5	
Cost Center De	scription	DI ETARY	CAFETERI A	MAINTENANCE OI PERSONNEL	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES &	
						SUPPLY	
GENERAL SERVICE COST	CENTERS	10.00	11.00	12.00	13.00	14.00	
1.00 00100 CAP REL COSTS-	BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS- 4.00 00400 EMPLOYEE BENEF							2.00 4.00
5. 00 00500 ADMI NI STRATI VE							5.00
6.00 00600 MAI NTENANCE &							6.00
7.00 00700 OPERATION OF P 8.00 00800 LAUNDRY & LINE							7.00 8.00
9.00 00900 HOUSEKEEPI NG							9.00
10. 00  01000 DI ETARY 11. 00  01100 CAFETERI A		557, 274	0				10.00 11.00
12. 00 01200 MAINTENANCE OF	PERSONNEL	0	0		b		12.00
13.00 01300 NURSI NG ADMI NI		0	0		34, 116		13.00
14.00 01400 CENTRAL SERVIC 15.00 01500 PHARMACY	ES & SUPPLY	0	0		0 632 0 0	131, 744 2, 683	
16.00 01600 MEDICAL RECORD	S & LI BRARY	0	0			2,003	
17.00 01700 SOCIAL SERVICE		0	0		0	0	
19.00 01900 NONPHYSI CLAN A 20.00 02000 NURSI NG PROGRA		0	0		0 0 0 1,276	0 235	
21.00 02100 I &R SERVICES-S	ALARY & FRINGES APPRV	0	0			0	1
	THER PRGM COSTS APPRV	0	0			0	
23.00 02300 PARAMED ED PRG		0	0	<u>'</u>	0 0	0	23.00
30. 00 03000 ADULTS & PEDIA	TRI CS	214, 465	0		8, 261	16, 762	
31.00 03100 I NTENSI VE CARE 34.01 03401 HOUSE PHYSI CI A		17, 155 0	0		2,640 0 0	6, 370 0	
40. 00 04000 SUBPROVI DER -		86, 664	0		2,014	1, 189	
41.00 04100 SUBPROVI DER -	I RF	0	0		0 0	0	
42. 00 04200 SUBPROVI DER		40, 425	0		532	19	
43.00 04300 NURSERY 44.00 04400 SKI LLED NURSI N	G FACILITY	19, 396	0		0 657 0 617	1, 328 0	
45.00 04500 NURSING FACILI	TY	132, 027	0	1	2, 876	2, 761	
46.00 04600 OTHER LONG TER ANCI LLARY SERVICE CO		0	0	(	221	38	46.00
50. 00 05000 OPERATI NG ROOM		16, 991	0		3, 417	46, 091	50.00
51.00 05100 RECOVERY ROOM		0	0		607	283	
52.00 05200 DELIVERY ROOM 53.00 05300 ANESTHESI OLOGY		0	0		0 1,286 0 0	2, 911 3, 391	1
54. 00 05400 RADI OLOGY-DI AG		0	0		173	6, 404	1
55. 00 05500 RADI OLOGY-THER	APEUTI C	0	0		731	1, 255	•
56. 00 05600 RADI 0I SOTOPE 57. 00 05700 CT SCAN		0	0			60 1, 964	•
58. 00 05800 MRI		0	0			583	
59.00 05900 CARDI AC CATHET	ERI ZATI ON	0	0	(	231	4, 460	
60.00 06000 LABORATORY 62.00 06200 WHOLE BLOOD &	PACKED RED BLOOD CELL	0	0			538 7	60.00 62.00
62. 30 06250 BLOOD CLOTTING		0	0		0	0	
65. 00 06500 RESPI RATORY TH		0	0	(	0 0	2, 949	
66. 00 06600 PHYSI CAL THERA 67. 00 06700 OCCUPATI ONAL T		0	0			190 10	
68.00 06800 SPEECH PATHOLO		0	0		0	0	68.00
69.00 06900 ELECTROCARDI OL		0	0		51	196	
71.00 07100 MEDICAL SUPPLI 72.00 07200 IMPL. DEV. CHA	ES CHARGED TO PATIENT	0	0			0	
73. 00 07300 DRUGS CHARGED		0	0		0	0	
74.00 07400 RENAL DIALYSIS		0	0		2, 078	10, 735	
76. 97 07697 CARDI AC REHABI 76. 98 07698 HYPERBARI C OXY		0	0			0	
76. 99 07699 LI THOTRI PSY		0	0			0	
OUTPATIENT SERVICE C	COST CENTERS			1			
90. 00 09000 CLINIC 90. 02 09001 PSYCH CLINIC		0 18, 681	0		0 334 0 1,065	186 452	
90. 02 09001 PSTCH CLINIC 90. 03 09002 PSYCH CLINIC F	EE BASED	18, 081	0		0 1,005	432	1
90. 04 09003 WORKFI RST		0	0		0 0	0	90.04
90.05 09004 CANCER CLINIC 90.06 09005 PEDIATRIC CLIN		0	0		0 0	0 84	
90. 06 09005 PEDIATRIC CLIN 90. 07 09006 WOMEN' S CLINIC		0	0		243 2 395	84 572	1
90.08 09007 THERAPEUTIC SC	HOOL	0	0		112	0	90.08
90. 09 09008 AFTER SCHOOL P 90. 11 09009 PERINATAL ADDI		803	0		12	0	90. 09 90. 11
90. 11 09009 PERINATAL ADDI 90. 12 09010 THERAPEUTIC NU		125 0	0			0	
90. 13 09011 CHI LD DAY TREA	TMENT	9, 585	0		55	0	90. 13
90. 14 09012 DI ABETES CENTE	R	0	0	(	0 0	0	90.14

Health Financial Systems	TRINITAS H	OSPI TAL		In Lie	eu of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 31-0027	Period:	Worksheet B	
				From 01/01/2021 To 12/31/2021	Part II Date/Time Pre	pared [.]
					6/1/2022 10: 5	
Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE (		CENTRAL	
			PERSONNEL	ADMI NI STRATI ON		
	10.00	11.00	12.00	12.00	SUPPLY	
90. 15 09013 WOUND CENTER	10.00	11.00	12.00	13.00 0 180	14.00	90, 15
90. 15 109013 WOUND CENTER 90. 16 109014 MICA	957	(		0 180	2, 119	90.15
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	937	(		0 0	13	90.10
91. 00 09100 EMERGENCY	0	(		0 2,751		
91. 01 09101 EMERGENCY	0	(		0 459		91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	Ŭ	· · · · ·		107	0	92.00
OTHER REIMBURSABLE COST CENTERS	<u> </u>					/2.00
95.00 09500 AMBULANCE SERVI CES	0	(	D	0 166	939	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	557, 274	(		0 34, 116	131, 744	118.00
NONREI MBURSABLE COST CENTERS	i		1		1	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	(		0 0		192.00
193. 00 19300 NONPAI D WORKERS	0	(	)	0 0		193.00
194.00 07950 NON REIMBURSABLE	0	(		0 0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	U 557 074	(	2			201.00
202.00  TOTAL (sum lines 118 through 201)	557, 274	(	4	0 34, 116	131, 744	202.00

		TRINITAS H		N. 21 0027		eu of Form CMS-2	2552-10
ALLUCA	TION OF CAPITAL RELATED COSTS		Provider CC	F	eriod: rom 01/01/2021 o 12/31/2021	Date/Time Pre	
	Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	NONPHYSI CI AN ANESTHETI STS	6/1/2022 10:5 NURSI NG PROGRAM	
		15.00	16.00	17.00	19.00	20.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1 00
$\begin{array}{c} 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ \end{array}$	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFI TS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATION OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	173, 951					$\begin{array}{c} 1. 00 \\ 2. 00 \\ 4. 00 \\ 5. 00 \\ 6. 00 \\ 7. 00 \\ 8. 00 \\ 9. 00 \\ 10. 00 \\ 11. 00 \\ 12. 00 \\ 13. 00 \\ 14. 00 \\ 15. 00 \end{array}$
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	4, 110 0	135, 494	35, 532			16.00 17.00
19.00 20.00 21.00 22.00	01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING PROGRAM 02100 I&R SERVICES-SALARY & FRINGES APPRV 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0 26 0 0	0 0 0 0	0 0 0 0	0	188, 602	19.00 20.00 21.00 22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0			23.00
30.00	03000 ADULTS & PEDIATRICS	4, 465	63, 682	35, 532			30.00
31.00	03100 I NTENSI VE CARE UNI T	1, 674	0	0			31.00
34.01	03401 HOUSE PHYSI CI ANS	0	0	0			34.01
40.00 41.00	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	13	2, 710 1, 355	0			40.00 41.00
41.00	04200 SUBPROVI DER	0	1, 355	0			41.00
43.00	04300 NURSERY	327	0	0			43.00
44.00	04400 SKILLED NURSING FACILITY	721	0	0			44.00
45.00 46.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	0	0			45.00 46.00
40.00	ANCI LLARY SERVICE COST CENTERS	0	0	0			40.00
50.00	05000 OPERATI NG ROOM	1, 725	24, 389	0			50.00
51.00	05100 RECOVERY ROOM	148	0	0			51.00
52.00 53.00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	1, 138 6, 142	0	0			52.00 53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	66	0	0			54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	558	0	0			55.00
56.00	05600 RADI OI SOTOPE	3	0	0			56.00
57.00	05700 CT SCAN 05800 MRI	5	0	0			57.00
	05900 CARDI AC CATHETERI ZATI ON	104	0				58.00 59.00
60.00	06000 LABORATORY	5	0	0			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS 06500 RESPIRATORY THERAPY	0 53	0	0			62.30
65.00 66.00	06600 PHYSI CAL THERAPY	22	0	0			65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0			68.00
69.00 71.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	6	0	0			69.00 71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0			73.00
	07400 RENAL DIALYSIS	149, 382	0	0			74.00
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	0	0	0			76. 97 76. 98
	07699 LI THOTRI PSY	0	0	0			76.99
	OUTPATIENT SERVICE COST CENTERS					1	
	09000 CLINIC	0	21, 679	0			90.00
	09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED	20	0				90. 02 90. 03
90.04	09003 WORKFIRST	0	0	0			90.03
90.05	09004 CANCER CLINIC	0	Ō	0			90. 05
90.06		0	0	0			90.06
	09006 WOMEN'S CLINIC 09007 THERAPEUTIC SCHOOL	4	0				90. 07 90. 08
	09008 AFTER SCHOOL PROGRAM	o	0	0			90.08
90. 11	09009 PERINATAL ADDICTION	0	0	0			90. 11
	09010 THERAPEUTIC NURSERY	0	0	0			90.12
	09011 CHI LD DAY TREATMENT 09012 DI ABETES CENTER	0	0				90. 13 90. 14
	1 I	, V	9		1	1	

Health Financial Systems	TRINITAS H	IOSPI TAL		In Lie	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	F	eriod: rom 01/01/2021	Worksheet B Part II	
			T	0 12/31/2021	Date/Time Pre 6/1/2022 10:5	
Cost Center Description	PHARMACY		SOCIAL SERVICE		NURSI NG	
		RECORDS & LI BRARY		ANESTHETI STS	PROGRAM	
	15.00	16.00	17.00	19.00	20.00	
90.15 09013 WOUND CENTER	0	0	0			90.15
90. 16 09014 MI CA	0	0	0			90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	0			90.17
91.00 09100 EMERGENCY	3, 219	21, 679	0			91.00
91.01 09101 EMERGENCY	0	0	0			91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS	·			i		
95. 00 09500 AMBULANCE SERVICES	15	0	0			95.00
SPECIAL PURPOSE COST CENTERS	,		1	1	1	
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	173, 951	135, 494	35, 532	0	0	118.00
NONREI MBURSABLE COST CENTERS					1	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0			192.00
193. 00 19300 NONPALD WORKERS	0	0	0			193.00
194.00 07950 NON REI MBURSABLE	0	0	0	0		194.00
200.00Cross Foot Adjustments201.00Negative Cost Centers	0	0		0	188, 602	200.00
201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118 through 201)	173, 951	135, 494	35, 532		188, 602	1
202.00 TOTAL (Sum Times The through 201)	1/3,931	155, 494	30,032	1 0	1 100, 002	1202.00

LLOCA	TION OF CAPITAL RELATED COSTS		Provider CC	F	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Pre	
		INTERNS &	RESIDENTS			6/1/2022 10: 5	5 am
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES APPRV	SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
	GENERAL SERVICE COST CENTERS						
. 00 . 00 . 00 . 00 . 00 . 00 . 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 0. 00 1. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-WVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS 02000 IL&R SERVICES OTHER PROMICOSTS ADDRY	144, 875	208 442				$\begin{array}{c} 1. \ 0\\ 2. \ 0\\ 4. \ 0\\ 5. \ 0\\ 6. \ 0\\ 7. \ 0\\ 8. \ 0\\ 9. \ 0\\ 10. \ 0\\ 11. \ 0\\ 12. \ 0\\ 13. \ 0\\ 14. \ 0\\ 15. \ 0\\ 15. \ 0\\ 16. \ 0\\ 17. \ 0\\ 20. \ 0\\ 21. \ 0\\ 21. \ 0\\ 22. \ 0\\ 21. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. \ 0\\ 22. $
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)		208, 442	(			22. 0 23. 0
0. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS				2, 222, 754	0	30.00
	03100 I NTENSI VE CARE UNI T				390, 493	0	31.00
4. 01	03401 HOUSE PHYSI CI ANS				9, 383	0	34.0
	04000 SUBPROVI DER – I PF				810, 570	0	40.0
	04100 SUBPROVI DER – I RF				1, 355	0	41.0
	04200 SUBPROVI DER				303, 835	0	42.0
3.00	04300 NURSERY				154, 527	0	43.0
4.00	04400 SKILLED NURSING FACILITY				176, 930	0	44.0
5.00	04500 NURSING FACILITY				794, 430	0	45.0
6.00	04600 OTHER LONG TERM CARE				220, 231	0	46.0
	ANCI LLARY SERVI CE COST CENTERS						
0. OO	05000 OPERATING ROOM				686, 972	0	50.0
1.00	05100 RECOVERY ROOM				67, 562	0	51.0
2.00	05200 DELIVERY ROOM & LABOR ROOM				194, 572	0	52.0
3.00	05300 ANESTHESI OLOGY				30, 011	0	53. C
4.00	05400 RADI OLOGY-DI AGNOSTI C				326, 189	0	54.C
5.00	05500 RADI OLOGY-THERAPEUTI C				709, 170	0	55. C
6.00	05600 RADI OI SOTOPE				12, 334	0	56. C
7.00	05700 CT SCAN				29, 637	0	57.C
B. 00	05800 MRI				28, 202	0	58. C
9.00	05900 CARDI AC CATHETERI ZATI ON				122, 114	0	59. C
0. 00	06000 LABORATORY				247, 699	0	60. C
2. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL				25, 495	0	62.0
2. 30	06250 BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.3
	06500 RESPI RATORY THERAPY				87, 497	0	65.0
6. 00	06600 PHYSI CAL THERAPY				178, 853	0	66.0
	06700 OCCUPATI ONAL THERAPY				1, 723	0	67. C
8.00	06800 SPEECH PATHOLOGY				3, 093	0	68. C
9. 00	06900 ELECTROCARDI OLOGY				56, 044	0	69. C
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT				99, 004	0	71. C
2. 00	07200 IMPL. DEV. CHARGED TO PATIENTS				46, 247	0	72. C
3. 00	07300 DRUGS CHARGED TO PATIENTS				89, 570	0	73.0
	07400 RENAL DIALYSIS				617, 525	0	74.C
	07697 CARDI AC REHABI LI TATI ON				0	0	76.9
	07698 HYPERBARI C OXYGEN THERAPY				0	0	76.9
					0	0	76.9
	OUTPATIENT SERVICE COST CENTERS	1			004 653		0.0
					331, 331	0	90.0
	09001 PSYCH CLINIC				800, 608	0	90.0
	09002 PSYCH CLINIC FEE BASED				60	0	90.0
	09003 WORKFIRST				640	0	90.0
	09004 CANCER CLINIC				0	0	90.0
	09005 PEDIATRIC CLINIC				64, 810	0	90.0
	09006 WOMEN' S CLINIC	1			163, 475	0	90.0
	09007 THERAPEUTIC SCHOOL				5, 542	0	90.0

Health Financial Systems	TRINITAS F	IOSPI TAL		In Lie	u of Form CMS-2552-	-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepare 6/1/2022 10:55 am	 :d: 1
	INTERNS &	RESI DENTS				
Cost Center Description	SERVI CES-SALAR Y & FRI NGES APPRV	PRGM COSTS APPRV	PRGM		Intern & Residents Cost & Post Stepdown Adjustments	
	21.00	22.00	23.00	24.00	25.00	
90. 11 09009 PERINATAL ADDI CTI ON				94, 722	0 90.	
90. 12 09010 THERAPEUTIC NURSERY 90. 13 09011 CHILD DAY TREATMENT				146	0 90. 0 90.	
90. 13 09011 CHILD DAY TREATMENT 90. 14 09012 DI ABETES CENTER				122, 333 21, 960	0 90.	
90. 15 09013 WOUND CENTER				21, 980	0 90.	
90. 16 09014 MICA				105, 959	0 90.	
90. 17 09015 BAYONNE MENTAL HEALTH CENTER				90, 343	0 90.	
91. 00 09100 EMERGENCY				595, 578		
91. 01 09101 EMERGENCY				126, 468	0 91.	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.	00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVI CES				122, 750	0 95.	00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE					113.	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0		0 11, 510, 285	0 118.	00
NONREI MBURSABLE COST CENTERS	1			77.400		
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES				77, 109		
193. 00 19300 NONPALD WORKERS				1, 031, 755	0 193.	
194.00 07950 NON REIMBURSABLE 200.00 Cross Foot Adjustments	144, 875	0		355, 545 0 144, 875	0 194. 0 200.	
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers	144,875	0 208, 442		0 144, 875	0 200.	
202.00 TOTAL (sum lines 118 through 201)	144, 875	208, 442		0 13, 516, 613		
202.00 TOTAL (Sum TINES THE CHI OUGH 201)	144,075	200, 442	I	op 13, 510, 013	0/202.	00

6/1/2022 10:55 am C: \255210\CMTEMP\A0_Trinitas_310027_12312021.mcrx

ALLOCA	Financial Systems TION OF CAPITAL RELATED COSTS	TRINITAS HO	Provider CCN: 31-0027	In Lieu of Form C Period: Worksheet	
ALLUUF	ATTON OF CALLER RELATED COSTS			From 01/01/2021 Part II To 12/31/2021 Date/Time	
	Cost Center Description	Total		6/1/2022	10:55 am
		26.00			
1 00	GENERAL SERVICE COST CENTERS				1.0
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP				1.0
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.0
5.00	00500 ADMI NI STRATI VE & GENERAL				5.0
5.00	00600 MAINTENANCE & REPAIRS				6.0
. 00	00700 OPERATION OF PLANT				7.0
3.00	00800 LAUNDRY & LINEN SERVICE				8.0
0.00	00900 HOUSEKEEPI NG				9.0
0.00	01000 DI ETARY				10.0
1.00	01100 CAFETERI A				11.0
2.00	01200 MAINTENANCE OF PERSONNEL				12.0
3.00	01300 NURSI NG ADMI NI STRATI ON				13.0
4.00	01400 CENTRAL SERVICES & SUPPLY				14.0
5.00	01500 PHARMACY				15.0
6.00	01600 MEDI CAL RECORDS & LI BRARY				16.0
7.00	01700 SOCI AL SERVI CE				17.0
9.00	01900 NONPHYSICIAN ANESTHETISTS				19.0
20.00	02000 NURSI NG PROGRAM				20.0
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRV				21.0
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV				22.0
23.00	02300 PARAMED ED PRGM-(SPECIFY)				23. 0
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	2, 222, 754			30. 0
31.00	03100 I NTENSI VE CARE UNI T	390, 493			31.0
34.01	03401 HOUSE PHYSI CI ANS	9, 383			34.0
0.00	04000 SUBPROVI DER – I PF	810, 570			40.0
1.00	04100 SUBPROVI DER – I RF	1, 355			41.0
2.00	04200 SUBPROVI DER	303, 835			42.0
3.00	04300 NURSERY	154, 527			43.0
4.00	04400 SKILLED NURSING FACILITY	176, 930			44.0
5.00	04500 NURSING FACILITY	794, 430			45.0
46.00	04600 OTHER LONG TERM CARE	220, 231			46.0
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	686, 972			50.0
51.00	05100 RECOVERY ROOM	67, 562			51.0
52.00	05200 DELIVERY ROOM & LABOR ROOM	194, 572			52.0
53.00	05300 ANESTHESI OLOGY	30, 011			53.0
54.00	05400 RADI OLOGY-DI AGNOSTI C	326, 189			54.0
55.00	05500 RADI OLOGY-THERAPEUTI C	709, 170			55.0
56.00	05600 RADI OI SOTOPE	12, 334			56.0
57.00	05700 CT SCAN	29, 637			57.0
58.00	05800 MRI	28, 202			58.0
59.00	05900 CARDI AC CATHETERI ZATI ON	122, 114			59.0
50.00	06000 LABORATORY	247, 699			60.0
52.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	25, 495			62.0
52.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0			62.3
5.00	06500 RESPI RATORY THERAPY	87, 497			65.0
56.00	06600 PHYSI CAL THERAPY	178, 853			66.0
57.00	06700 OCCUPATI ONAL THERAPY	1, 723			67.0
58.00	06800 SPEECH PATHOLOGY	3, 093			68.0
59.00	06900 ELECTROCARDI OLOGY	56,044			69.0
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	99,004			71.0
	07200 I MPL. DEV. CHARGED TO PATIENTS	46, 247			72.0
	07300 DRUGS CHARGED TO PATIENTS	89, 570			73.0
	07400 RENAL DI ALYSI S	617, 525			74.0
	07697 CARDIAC REHABILITATION	017, 525			76.9
	07698 HYPERBARI C OXYGEN THERAPY	0			76.9
0.90 6.99	07699 LI THOTRI PSY	0			76.9
5. 77	OUTPATIENT SERVICE COST CENTERS				/0.9
0. 00	09000 CLINIC	331, 331			90.0
	09001 PSYCH CLINIC	800, 608			90.0
0.02	09002 PSYCH CLINIC FEE BASED	1			90.0
		60			90.0
0.04	09003 WORKFIRST	640			
0.05	09004 CANCER CLINIC	0			90.0
0.06	09005 PEDIATRIC CLINIC	64, 810			90.0
	09006 WOMEN' S CLINIC	163, 475			90.0
0.08	09007 THERAPEUTIC SCHOOL	5, 542			90.0
	09008 AFTER SCHOOL PROGRAM	91,003			90.0
0.11	09009 PERINATAL ADDICTION	94, 722			90.1
	09010 THERAPEUTIC NURSERY	146			90. 1
	09011 CHILD DAY TREATMENT	122, 333			90. 1
	09012 DI ABETES CENTER	21, 960			90. 1
0. 15	09013 WOUND CENTER	28, 536			90. 1
	09014 MI CA	105, 959			90. 1

Health Financial Systems	TRINITAS HOS	SPI TAL	In Lieu of Form	CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0027	Peri od: Workshee	В
			From 01/01/2021 Part II To 12/31/2021 Date/Time	e Prepared:
				10:55 am
Cost Center Description	Total			
	26.00			
90.17 09015 BAYONNE MENTAL HEALTH CENTER	90, 343			90. 17
91.00 09100 EMERGENCY	595, 578			91.00
91.01 09101 EMERGENCY	126, 468			91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	122, 750			95.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	11, 510, 285			118.00
NONREI MBURSABLE COST CENTERS				
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	77, 109			192.00
193.00 19300 NONPALD WORKERS	1, 031, 755			193.00
194.0007950 NON REIMBURSABLE	355, 545			194.00
200.00 Cross Foot Adjustments	144, 875			200.00
201.00 Negative Cost Centers	397, 044			201.00
202.00 TOTAL (sum lines 118 through 201)	13, 516, 613			202.00

	Financial Systems NLLOCATION - STATISTICAL BASIS	TRI NI TAS	HOSPITAL Provider C		eri od:	u of Form CMS-2 Worksheet B-1	2552-10
					rom 01/01/2021 o 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		CAPITAL RE	LATED COSTS			10/1/2022 10.3	
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci I i ati on	ADMI NI STRATI VE & GENERAL (ACCUM COST)	
		1.00	2.00	4.00	5A	5.00	
1 00	GENERAL SERVICE COST CENTERS	1 101 100	<u>.</u>		1		1 00
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP	1, 191, 492	1, 191, 492				1.00 2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	4,679		132, 957, 455			4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	133, 741		17, 637, 202			5.00
6.00	00600 MAINTENANCE & REPAIRS	12, 972		902, 347		-,	
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	404, 597 3, 376		999, 600 66, 891		13, 810, 769 1, 201, 010	
9.00	00900 HOUSEKEEPING	17, 185				5, 636, 464	9.00
10.00	01000 DI ETARY	26, 199				6, 173, 596	10.00
11.00		C	0	0		0	11.00
12.00 13.00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	1, 140	1, 140	1, 319, 598	0		12.00 13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	6,067		573, 966			
15.00	01500 PHARMACY	4, 928	4, 928	2, 087, 969			
16.00	01600 MEDICAL RECORDS & LIBRARY	5, 794		1, 357, 956			
17.00 19.00	01700 SOCI AL SERVICE 01900 NONPHYSI CI AN ANESTHETI STS	1, 176	1, 176	1, 421, 152	0	1, 822, 071 0	17.00 19.00
20.00	02000 NURSI NG PROGRAM	9,440	9, 440	2, 491, 055	-		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	5, 715		3, 079, 387			21.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	10, 570					22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	C	0 0	C	0	0	23.00
30.00	03000 ADULTS & PEDIATRICS	88, 291	88, 291	12, 889, 534	0	20, 747, 993	30.00
31.00	03100 INTENSIVE CARE UNIT	16, 094	16, 094	5, 121, 785			31.00
34.01	03401 HOUSE PHYSI CI ANS	0	0	1, 599, 475		1, 351, 988	
40.00 41.00	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	33, 419	33, 419	7, 717, 979		8, 685, 717	40.00 41.00
41.00	04200 SUBPROVI DER	12, 450	12, 450	-	-		
43.00	04300 NURSERY	7, 152		1, 153, 469		1, 666, 765	43.00
44.00	04400 SKI LLED NURSI NG FACI LI TY	7,618					
45.00 46.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	31, 265 10, 410					45.00 46.00
40.00	ANCI LLARY SERVICE COST CENTERS	10,410	<u>, 10, 410</u>	1,073,371	0	2,101,772	40.00
50.00	05000 OPERATI NG ROOM	27, 584		5, 433, 258			50.00
51.00	05100 RECOVERY ROOM	2,898					
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	8, 475		2, 575, 035			
54.00	05400 RADI OLOGY-DI AGNOSTI C	15, 124		-	-		
55.00	05500 RADI OLOGY-THERAPEUTI C	35, 794		2, 732, 432		0	
56.00 57.00	05600 RADI OI SOTOPE	408		249, 801			
58.00	05700 CT SCAN 05800 MRI	1, 103 1, 251		538, 155 223, 925		883, 026 443, 920	
59.00	05900 CARDI AC CATHETERI ZATI ON	5, 473		930, 993		1, 402, 262	
60.00	06000 LABORATORY	10, 712				5, 415, 944	
62.00 62.30	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILIACS	722		260, 531		1, 724, 318 0	
65.00	06500 RESPIRATORY THERAPY	3, 164	-	2, 420, 779	-	3, 272, 065	
66.00	06600 PHYSI CAL THERAPY	8, 020		1, 152, 933		3, 100, 635	
67.00	06700 OCCUPATI ONAL THERAPY	C	0	171, 441		254, 375	
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	100		135, 392 749, 223		165, 144 994, 338	68.00 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,409	0 2,409	149,223	0	15, 306, 688	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	C	0	C	0	7, 150, 165	
73.00	07300 DRUGS CHARGED TO PATIENTS	C	0	C	0	13, 848, 187	
74.00 76.97	07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON	19, 739	19, 739	5, 119, 374	0	9, 927, 439	74.00 76.97
76.97	07698 HYPERBARI C OXYGEN THERAPY						76.97
76.99	07699 LI THOTRI PSY	C	0	C	-	0	76.99
oo	OUTPATIENT SERVICE COST CENTERS						00.5-
90. 00 90. 02	09000 CLINIC 09001 PSYCH CLINIC	15, 108				1	
90.02 90.03	09002 PSYCH CLINIC FEE BASED	34,719	0 34,719	7, 307		8, 784	
90.04	09003 WORKFI RST	C	o o	78, 535			
90.05	09004 CANCER CLINIC	0	0	0	-	0	90.05
90. 06 90. 07	09005 PEDIATRIC CLINIC 09006 WOMEN'S CLINIC	3, 000 7, 540		690, 076 1, 394, 819		784, 788 2, 060, 244	
90.07 90.08	09007 THERAPEUTIC SCHOOL	, 540	0	575, 070			
90.09	09008 AFTER SCHOOL PROGRAM	4, 484	4, 484				
	22 10, EE am C. \ 2EE210\ CMTEMD\ AO Tri ni tac 2100						

Health Financial Systems	TRI NI TAS I	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC	CN: 31-0027	Peri od:	Worksheet B-1	
				From 01/01/2021 To 12/31/2021	Date/Time Pre	narod
				10 12/31/2021	6/1/2022 10:5	
	CAPI TAL REI	ATED COSTS	I			
Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
	(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS		& GENERAL	
			DEPARTMENT		(ACCUM COST)	
			(GROSS			
	1.00	0.00	SALARI ES)		F 00	
90. 11 09009 PERINATAL ADDI CTI ON	1.00	2.00	4.00	5A	5.00	90, 11
90. 11 09009 PERINATAL ADDICTION 90. 12 09010 THERAPEUTIC NURSERY	4,775		14, 75		72, 904	
90. 12 09010 THERAPEOTIC NORSERY 90. 13 09011 CHILD DAY TREATMENT	e e e e e e e e e e e e e e e e e e e	0	14, 75		21, 590	
	5, 314		640, 24		1, 189, 555	
90. 14 09012 DI ABETES CENTER 90. 15 09013 WOUND CENTER	1, 110 1, 110		395, 60	0	12, 592 649, 294	
90. 15 109013 WOUND CENTER 90. 16 109014 MICA	5, 270		126, 83		161, 807	
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	4, 155		882, 69		1, 248, 925	•
90. 17 09013 BATONNE MENTAL HEALTH CENTER 91. 00 09100 EMERGENCY	25, 086		6, 277, 44		8, 814, 849	
91. 00 109100 EMERGENCY	5, 324		2, 344, 30		3, 112, 561	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	5, 524	5, 524	2, 344, 30	5 0	3, 112, 301	92.00
OTHER REIMBURSABLE COST CENTERS						72.00
95. 00 09500 AMBULANCE SERVICES	5,085	5, 085	2, 372, 23	1 0	3, 161, 818	95.00
SPECIAL PURPOSE COST CENTERS	0,000	0,000	2,012,20	<u> </u>	0, 101, 010	,0.00
113. 00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 119, 963	1, 119, 963	132, 870, 63	5 -40, 551, 128	227, 249, 990	
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	3, 890	3, 890	86, 82	0 0	61, 372	192.00
193. 00 19300 NONPALD WORKERS	52, 150	52, 150		0 0	591, 604	193.00
194.0007950 NON REIMBURSABLE	15, 489	15, 489		0 0	7, 767, 539	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	8, 161, 119	5, 355, 494	26, 405, 07	9	46, 701, 042	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	6. 849495	4. 494780	0. 19859		0. 198162	•
204.00 Cost to be allocated (per Wkst. B,			53, 08	0	1, 524, 260	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part			0.00039	9	0. 006468	205.00
206.00 NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2)						207 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00
	I	I I		1	I	I

COST A	Financial Systems LLOCATION - STATISTICAL BASIS	TRI NI TAS	Provi der C		eriod: rom 01/01/2021	u of Form CMS-2 Worksheet B-1	
				T		Date/Time Pre 6/1/2022 10:5	
	Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (HOURS OF SERVI CE)	DI ETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00 5.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						2.00 4.00 5.00
6.00 7.00 8.00 9.00	00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	1, 040, 100 404, 597 3, 376 17, 185	635, 503 3, 376 17, 185	632, 127	614, 942		6.00 7.00 8.00 9.00
10.00 11.00 12.00	01000 DI ETARY 01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL	26, 199			26, 199 0	331, 222 0 0	1
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	1, 140 6, 067 4, 928	1, 140 6, 067 4, 928	6, 067	1, 140 6, 067 4, 928	0 0	13.00 14.00 15.00
17.00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 01900 NONPHYSI CI AN ANESTHETI STS	5, 794 1, 176 0	5, 794	5, 794	5, 794 1, 176 0	0 0 0	16.00 17.00 19.00
20. 00 21. 00 22. 00	02000 NURSING PROGRAM 02100 I&R SERVICES-SALARY & FRINGES APPRV 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	9, 440 5, 715 10, 570	9, 440 5, 715 10, 570	5, 715	9, 440 5, 715 10, 570	0 0 0	20.00 21.00 22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	23.00
30. 00 31. 00 34. 01	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03401 HOUSE PHYSICIANS	88, 291 16, 094 0	88, 291 16, 094 0	88, 291 16, 094 0	88, 291 16, 094 0	127, 470 10, 196 0	1
40.00 41.00 42.00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04200 SUBPROVI DER	33, 419 0 12, 450	33, 419 0 12, 450	0	33, 419 0 12, 450	51, 510 0 24, 027	40.00 41.00
43.00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY	7, 152 7, 618 31, 265	7, 152 7, 618 31, 265	7, 152 7, 618	7, 152 7, 618 31, 265	0 11, 528 78, 472	43.00 44.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	10, 410	10, 410		10, 410	0	
50.00	05000 OPERATI NG ROOM	27, 584	27, 584	27, 584	27, 584	10, 099	50.00
51.00 52.00 53.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	2, 898 8, 475 549	2, 898 8, 475 549	8, 475	2, 898 8, 475 549	0 0 0	51.00 52.00 53.00
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	15, 124 35, 794 408	15, 124 35, 794 408	35, 794 408	15, 124 35, 794 408	0 0 0	
	05700 CT SCAN 05800 MRI	1, 103 1, 251	1, 103 1, 251	1, 103 1, 251	1, 103 1, 251	0	07.00
59.00 60.00 62.00	05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	5, 473 10, 712 722	5, 473 10, 712 722		5, 473 10, 712 722	0 0 0	59.00 60.00 62.00
62.30 65.00 66.00	06250 BLOOD CLOTTI NG FOR HEMOPHI LI ACS 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0 3, 164 8, 020	0 3, 164 8, 020		0 3, 164 8, 020	0 0 0	62.30 65.00 66.00
67.00 68.00 69.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0 100 2, 489	0 100 2, 489		0 100 2, 489	0 0 0	67.00 68.00 69.00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	000000000000000000000000000000000000000	0	0 0	0 0 0	0 0 0	71.00 72.00 73.00
74. 00 76. 97	07400 RENAL DIALYSIS 07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY	19, 739 0 0	19, 739 0 0	19, 739 0 0	19, 739 0 0	0 0 0	74.00 76.97 76.98
76. 99	07699 LI THOTRI PSY OUTPATI ENT SERVI CE COST CENTERS	0	0	0	0	0	76.99
90. 02	099001 CLINIC 09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED	15, 108 34, 719	15, 108 34, 719		15, 108 34, 719 0	0 11, 103 0	
90.04	09003 WORKFIRST 09004 CANCER CLINIC 09005 PEDIATRIC CLINIC	0 0 3,000	0 0 3, 000	0 0 3, 000	0 0 3, 000	0 0 0	90.03 90.04 90.05 90.06
90. 07 90. 08	09006 WOMEN'S CLINIC 09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM	7, 540 7, 540 0 4, 484	7, 540 7, 540 0 4, 484	7, 540 0	3,000 7,540 0 4,484	0 0 477	90.07 90.07 90.08 90.09
90. 11 90. 12	09000 AFTER SCHOOL PROGRAM 09009 PERINATAL ADDICTION 09010 THERAPEUTIC NURSERY 09011 CHILD DAY TREATMENT	4,484 4,775 0 5,314	4, 484 4, 775 0 5, 314	4, 775 0	4, 775 0	74 0	90. 11 90. 12

Health Financial Systems	TRINITAS H	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				rom 01/01/2021 o 12/31/2021	Date/Time Pre	nared
					6/1/2022 10:5	
Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	REPAI RS	PLANT	LINEN SERVICE	· · · · ·	(MEALS SERVED)	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	SERVICE)		
	6.00	7.00	8.00	9.00	10.00	
90. 14 09012 DI ABETES CENTER	1, 110				0	90.14
90.15 09013 WOUND CENTER	1, 110	1, 110	1, 110	1, 110	0	90. 15
90. 16 09014 MI CA	5, 270	5, 270	5, 270	5, 270	569	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	4, 155	4, 155	4, 155	5 4, 155	0	90. 17
91.00 09100 EMERGENCY	25, 086	25, 086	25, 086	25, 086	0	91.00
91.01 09101 EMERGENCY	5, 324	5, 324	5, 324	5, 324	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS			1			
95. 00 09500 AMBULANCE SERVICES	5, 085	5, 085	5, 085	5, 085	0	95.00
SPECIAL PURPOSE COST CENTERS			1	1		
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	968, 571	563, 974	560, 598	3 543, 413	331, 222	118.00
NONREI MBURSABLE COST CENTERS					-	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	3, 890					192.00
193.00 19300 NONPALD WORKERS	52, 150					193.00
194.00 07950 NON REIMBURSABLE	15, 489	15, 489	15, 489	15, 489		194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		10 204 454		7 440 (42		201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7, 292, 877	19, 384, 454	1, 565, 654	7, 440, 643	8, 761, 695	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.011708	30. 502537	2. 476803	12. 099748	26. 452636	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	186, 887	4, 752, 285	71, 946	366, 041	557, 274	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 179682	7. 477990	0. 113816	0. 595245	1. 682479	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

	Financial Systems NLLOCATION - STATISTICAL BASIS	TRINITAS H	HOSPI TAL Provi der	CCN: 3		In Lie eriod: fom 01/01/2021	u of Form CMS-2 Worksheet B-1	
					To		Date/Time Pre 6/1/2022 10:5	
	Cost Center Description	CAFETERI A (MEALS SERVED)	MAI NTENANCE PERSONNEL (NUMBER HOUSED)	ADMI	NURSI NG NI STRATI ON ECT NRSI NG HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00		13.00	14.00	15.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ \end{array}$	GENERAL       SERVICE       COST CENTERS         00100       CAP       REL       COSTS-BLDG & FIXT         00200       CAP       REL       COSTS-MUBLE       EQUIP         00400       EMPLOYEE       BENEFITS       DEPARTMENT         00500       ADMINISTRATIVE & GENERAL         00600       MAINTENANCE & REPAIRS         00700       OPERATION OF PLANT         00800       LAUNDRY & LINEN SERVICE         00900       HOUSEKEEPING         01000       DI ETARY         01100       CAFETERIA         01200       MAINTENANCE OF PERSONNEL         01300       NURSI NG ADMINISTRATION         01400       CENTRAL SERVICES & SUPPLY         01500       PHARMACY         01600       MEDICAL         01700       SOCIAL         01700       SOCIAL         01700       NONPHYSI CIAN         01700       NURSI NG PROGRAM         02100       I&R SERVICES-SALARY & FRINGES APPRV         02200       I&R SERVICES-OTHER PRGM COSTS APPRV         02200       PARAMED ED PROM-(SPECIFY)         INPATI ENT ROUTINE SERVICE COST CENTERS	198, 060 0 1, 758 1, 603 3, 713 3, 773 2, 053 0 3, 653 7, 102 537 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 324, 495 24, 526 0 0 0 49, 522 0 0 0 0	12, 077, 010 245, 913 0 0 21, 533 0 0 0 0 0	2, 162, 947 51, 101 0 319 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ \end{array}$
$\begin{array}{c} 30.\ 00\\ 31.\ 00\\ 34.\ 01\\ 40.\ 00\\ 41.\ 00\\ 42.\ 00\\ 43.\ 00\\ 44.\ 00\\ 45.\ 00\\ 46.\ 00\\ \end{array}$	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03401 HOUSE PHYSICIANS 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04200 SUBPROVIDER 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	23, 545 7, 236 1, 157 13, 173 0 4, 019 1, 667 1, 680 9, 221 3, 991		0 0 0 0 0 0 0 0 0 0	320, 824 102, 484 0 78, 190 0 20, 637 25, 495 23, 953 111, 666 8, 584	1, 536, 525 583, 962 0 109, 003 0 1, 745 121, 703 0 253, 098 3, 521	55, 524 20, 811 0 158 0 0 4, 065 8, 964 0 0	30.00 31.00 34.01 40.00 41.00 42.00 43.00 44.00 45.00 46.00
$\begin{array}{c} 50.\ 00\\ 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 62.\ 00\\ 62.\ 00\\ 62.\ 00\\ 62.\ 00\\ 62.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 67.\ 00\\ 68.\ 00\\ 71.\ 00\\ 72.\ 00\\ 71.\ 00\\ 73.\ 00\\ 74.\ 00\\ 76.\ 98\\ 76.\ 99\end{array}$	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM 05100 RECOVERY ROOM 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 CADI AC CATHETERI ZATI ON 06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTI NG FOR HEMOPHI LI ACS 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 06600 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07407 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 001704 OLOGY 07100 MEDI CAL SUPPLI ES CHARGAD TO PATI ENTS 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 0UTPATI ENT SERVICE COST CENTERS	9, 636 1, 704 3, 981 0 4, 944 5, 213 368 861 416 1, 272 4, 832 437 0 3, 966 1, 969 260 233 1, 689 0 0 0 8, 722 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 132, 645\\ 23, 576\\ 49, 943\\ 0\\ 6, 731\\ 28, 387\\ 0\\ 0\\ 0\\ 0\\ 8, 954\\ 0\\ 0\\ 0\\ 0\\ 0\\ 1, 697\\ 0\\ 0\\ 1, 968\\ 0\\ 0\\ 0\\ 0\\ 80, 679\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	$\begin{array}{c} 4,\ 225,\ 540\\ 25,\ 915\\ 266,\ 857\\ 310,\ 844\\ 587,\ 015\\ 115,\ 029\\ 5,\ 464\\ 180,\ 036\\ 53,\ 399\\ 408,\ 835\\ 49,\ 293\\ 654\\ 0\\ 270,\ 331\\ 17,\ 421\\ 874\\ 0\\ 18,\ 012\\ 0\\ 18,\ 012\\ 0\\ 984,\ 039\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	21, 452 1, 839 14, 153 76, 377 820 6, 941 41 58 0 1, 299 65 0 0 654 269 0 0 654 269 0 0 0 1, 299 0 0 0 1, 299 0 0 0 1, 299 0 0 0 1, 299 0 0 0 1, 299 0 0 0 1, 299 0 0 0 0 0 0 0 0 0 0 0 0 0	51.00 52.00 53.00 54.00 55.00 56.00 57.00 58.00
90.00 90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09 90.11 90.12	001PATTENT SERVICE COST CENTERS 09000 CLINIC 09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED 09003 WORKFIRST 09004 CANCER CLINIC 09005 PEDIATRIC CLINIC 09005 PEDIATRIC CLINIC 09006 WOMEN'S CLINIC 09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM 09009 PERINATAL ADDICTION 090010 THERAPEUTIC NURSERY	3, 474 27, 307 0 0 1, 008 3, 338 1, 140 514 30 17		0 0 0 0 0 0 0 0 0 0 0 0	12, 968 41, 355 0 0 9, 418 15, 333 4, 336 461 0 0	17, 039 41, 458 0 0 7, 659 52, 472 0 0 0 0 0	0 252 0 0 0 0 55 0 0 0 0 0 0 0	90.00 90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09 90.11 90.12

Health Financial Systems	TRINITAS H	OSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider (		Peri od:	Worksheet B-1	
				From 01/01/2021	Data (Time Dres	
				To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
Cost Center Description	CAFETERIA	MAINTENANCE OF	F NURSI NG	CENTRAL	PHARMACY	
	(MEALS SERVED)	PERSONNEL	ADMI NI STRATI C	N SERVICES &	(COSTED	
		(NUMBER		SUPPLY	REQUIS.)	
		HOUSED)	(DIRECT NRSIN	G (COSTED		
			HRS)	REQUIS.)		
	11.00	12.00	13.00	14.00	15.00	
90. 13 09011 CHI LD DAY TREATMENT	1, 711	(	0 2,14		0	90.13
90. 14 09012 DI ABETES CENTER	0	(	0	0 0	0	90.14
90. 15 09013 WOUND CENTER	655	(	0 6, 97			90. 15
90. 16 09014 MI CA	195	(	0	0 2, 481	0	90.16
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	1, 989	(	0	0 1, 210		90.17
91. 00 09100 EMERGENCY	11, 254	(	0 106, 80			91.00
91. 01 09101 EMERGENCY	0	(	0 17, 81	6 0	0	91.01
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
OTHER REIMBURSABLE COST CENTERS	(					
95. 00 09500 AMBULANCE SERVICES	4, 672	(	0 6, 42	6 86, 033	181	95.00
SPECIAL PURPOSE COST CENTERS	1		1			110.00
113.00 11300 INTEREST EXPENSE	107 (00		1 224 40	10 077 010	2 1/2 047	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	197, 688		0 1, 324, 49	5 12, 077, 010	2, 162, 947	118.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	208		0	0 0	0	192.00
193. 00 19300 NONPAID WORKERS	208	(		0 0		192.00
194. 00 07950 NON REIMBURSABLE	164			0 0		193.00
200.00 Cross Foot Adjustments	104	,		0 0	0	200.00
201.00 Negative Cost Centers						200.00
202.00 Cost to be allocated (per Wkst. B,	-754, 273		0 2, 118, 97	7 2, 447, 767	13, 884, 997	
Part I)	-734,273	,	2,110,97	2,447,707	13,004,777	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	0.00000	0 1.59983	8 0. 202680	6. 419481	203.00
204.00 Cost to be allocated (per Wkst. B,	0	(	0 34, 11			
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 000000	0.00000	0. 02575	8 0.010909	0. 080423	205.00
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						

	Financial Systems ALLOCATION - STATISTICAL BASIS	TRI NI TAS			Period:	worksheet B-1	
					From 01/01/2021 To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
	Cost Center Description	MEDI CAL RECORDS & LI BRARY (TI ME SPENT)	SOCI AL SERVI CE (TI ME SPENT)	ANESTHETI STS (ASSI GNED TI ME)	FROGRAM (ASSIGNED TIME)	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES APPRV (ASSI GNED TI ME)	
	GENERAL SERVICE COST CENTERS	16.00	17.00	19.00	20.00	21.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01900 NURPISICIAN ANESTHETISTS 02000 NURSING PROGRAM 02100 I&R SERVICES-SALARY & FRINGES APPRV	100 C C C C C			0 100	100	1
22. 00 23. 00	02200 I & SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)						22.00 23.00
30. 00 31. 00 34. 01 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00 46. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 03401 HOUSE PHYSI CI ANS 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04200 SUBPROVI DER 04200 NURSERY 04400 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY 04600 OTHER LONG TERM CARE	47 C 2 1 C C C C C C C C C C C C C C C C C			0 98 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 22 0 0 0 0 0 0 0 0 0	30. 00 31. 00 34. 01 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00
50 00	ANCI LLARY SERVI CE COST CENTERS	19		7		0	50.00
$\begin{array}{c} 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 62.\ 00\\ 62.\ 00\\ 62.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 71.\ 00\\ 72.\ 00\\ 71.\ 00\\ 72.\ 00\\ 74.\ 00\\ 74.\ 00\\ 76.\ 98\\ 76.\ 99\\ 90.\ 00\end{array}$	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILI ACS 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 07697 CARDI AC REHABILI TATI ON 07698 HYPERBARI C 0XYGEN THERAPY 007699 LI THOTRI PSY 0UTPATI ENT SERVICE COST CENTERS 09000 CLI NI C						$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 54.\ 00\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 59.\ 00\\ 60.\ 00\\ 62.\ 00\\ 62.\ 00\\ 62.\ 00\\ 62.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 67.\ 00\\ 71.\ 00\\ 71.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 74.\ 00\\ 74.\ 99\\ 76.\ 99\\ 90.\ 00\\ \end{array}$
90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08	09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED 09003 WORKFIRST 09004 CANCER CLINIC 09005 PEDIATRIC CLINIC 09006 WOMEN'S CLINIC 09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM						90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08

90.12         0010 THERAPEUTIC NURSERY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Health Financial Systems	TRI NI TAS	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
Cost Center Description         MEDICAL BECORDS & LIBRARY (TIME SPENT)         SOCIAL SERVICE NUMPHYSICIAN ASSIGNED TIME)         NURSING PROGRAM (ASSIGNED TIME)         INTERNS & RESIDENTS           90.11         09009         PERINATAL ADDICTION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			Provider C		From 01/01/2021	Date/Time Pre	pared:
LIBRARY (TIME SPENT)         (TIME SPENT)         (ASSIGNED TIME)         (ASSIGNED TIME)         APPRV (TIME)           90.11         09009         PERINATAL ADDICTION         16.00         17.00         19.00         20.00         21.00         90.11           90.12         09010         THERAPEUTIC NURSERY         0         0         0         0         90.11           90.14         09011         CHERAPEUTIC NURSERY         0         0         0         90.11           90.14         09012         IABETES CENTER         0         0         0         90.13           90.14         09012         IABETES CENTER         0         0         0         90.16           90.16         09014         MICA         CENTER         0         0         0         90.16           90.16         09014         MICA         CENTER         0         0         0         90.16           90.16         09014         MICRECENCY         16         0         0         0         91.00           91.00         19101         EMERGENCY         16         0         0         0         91.00           92.00         92000         MURSABLE         COST CENTERS	Cost Center Description	MEDI CAL	SOCI AL SERVI CE	NONPHYSI CI AN	NURSI NG	I NTERNS & RESI DENTS	
90.11         00009         DERINATAL ADDICTION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<		LI BRARY (TI ME SPENT)		(ASSI GNED TI ME)	(ASSI GNED TI ME)	APPRV (ASSI GNED TI ME)	
90.12         09010         THERAPEUTIC NURSERY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<		16.00	17.00	19.00	20.00	21.00	
90.13         09011         CHILD DAY TREATMENT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	90. 11 09009 PERINATAL ADDICTION	0	0 0		0 0	0	90.11
90.14         09012         DIABETES CENTER         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	90. 12 09010 THERAPEUTIC NURSERY	0	0		0 0	0	90.12
90.15         09013         WOUND CENTER         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	90.13 09011 CHILD DAY TREATMENT	0	0		0 0	0	90.13
90.16         09014 MICA         0         0         0         0         0         0         90.16           90.17         09015         BAYONNE MENTAL HEALTH CENTER         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	90. 14 09012 DI ABETES CENTER	0	0		0 0	0	90.14
90.17         09015         BAYONNE MENTAL HEALTH CENTER         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00 <th1< td=""><td>90.15 09013 WOUND CENTER</td><td>0</td><td>0</td><td></td><td>0 0</td><td>0</td><td>90.15</td></th1<>	90.15 09013 WOUND CENTER	0	0		0 0	0	90.15
91.00       09100       EMERGENCY       16       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	90. 16 09014 MICA	0	0		0 0	0	90.16
91.01       09101       EMERGENCY       0       0       0       0       0       0       91.01       92.00         09200       OBSERVATION BEDS (NON-DISTINCT PART       0       0       0       0       0       92.00         07101       OTHER REINBURSABLE COST CENTERS       0       0       0       0       0       0       0       95.00         SPECIAL PURPOSE COST CENTERS       0       0       0       0       0       0       0       0       0       0       0       0       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       114.00       20.00       0       <	90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0		0 0	0	90.17
92.00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART         92.00           0THER REIMBURSABLE COST CENTERS         95.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	91.00 09100 EMERGENCY	16	0		0 0	0	91.00
OTHER         REI MBURSABLE         COST CENTERS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         114.00         12.00 <th< td=""><td>91. 01 09101 EMERGENCY</td><td>0</td><td>0</td><td></td><td>0 0</td><td>0</td><td>91.01</td></th<>	91. 01 09101 EMERGENCY	0	0		0 0	0	91.01
95.00         09500         AMBULANCE SERVICES         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td>92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>92.00</td>	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS           113.00         INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)         100         100         100         100         113.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         100         100         0         100         100         100         100         100         113.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         100         100         0         100         100         100         100         100         100         118.00           NONREI MBURSABLE COST CENTERS         0         0         0         0         0         192.00         192.00         192.00         192.00         192.00         192.00         192.00         192.00         0         0         0         192.00         193.00         192.00         193.00         0         0         0         192.00         193.00         0         0         0         193.00         193.00         0         0         0         193.00         193.00         0         0         0         193.00         0         0         193.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         201.00 <t< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>			-				
113.00       INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)       100       100       0       100       100       113.00         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       100       100       0       100       100       100       100       100       100       118.00         NORREI MBURSABLE COST CENTERS       0       0       0       0       0       118.00       0       118.00         192.00       19200       NONPAID WORKERS       0       0       0       0       192.00       0       0       192.00       193.00       0       193.00       0       0       0       193.00       0       193.00       0       0       0       0       193.00       0       193.00       0       193.00       0       194.00       0       0       0       0       194.00       0       0       0       0       193.00       0       194.00       0       0       0       0       0       0       194.00       0       0       0       0       0       0       193.00       194.00       207.00       207.00       0       0       194.00       200.00       0       0       0       200.00       200.00 </td <td></td> <td>0</td> <td>0 0</td> <td></td> <td>0 0</td> <td>0</td> <td>95.00</td>		0	0 0		0 0	0	95.00
118.00         SUBTOTALS (SUM OF LINES 1 through 117)         100         100         0         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100		- P	-	1	- F	-	
NONRE         IMBURSABLE         COST         CENTERS           192.00         19200         PHYSICIANS'         PRIVATE OFFICES         0         0         0         0         0         192.00           193.00         19300         NONREI MBURSABLE         0         0         0         0         0         0         193.00           194.00         07950         NON REI MBURSABLE         0         0         0         0         0         0         194.00           200.00         Cross Foot Adjustments         0         0         0         0         0         194.00           201.00         Negative Cost Centers         0         0         0         -1,904,678         6,039,767         202.00           202.00         Cost to be allocated (per Wkst. B, Part I)         37,116.890000         22,443.950000         0.000000         0.000000         60,397.670000         203.00           204.00         Cost to be allocated (per Wkst. B, Part I)         37,116.890000         22,443.950000         0.000000         0.000000         60,397.670000         203.00           205.00         Unit cost multiplier (Wkst. B, Part I)         37,116.890000         355.320000         0.0000000         1,448.750000         205.00							113.00
192.00       19200       PHYSICIANS' PRIVATE OFFICES       0       0       0       0       0       192.00         193.00       19300       NONPAID       WORKERS       0       0       0       0       0       0       193.00       193.00       193.00       193.00       193.00       0       0       0       0       0       0       0       193.00       193.00       193.00       193.00       193.00       0       0       0       0       0       0       0       193.00       193.00       193.00       193.00       193.00       0       0       0       0       0       0       0       0       0       0       0       193.00       193.00       193.00       193.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td>100</td> <td>100</td> <td></td> <td>0 100</td> <td>100</td> <td>118.00</td>		100	100		0 100	100	118.00
193.00       19300       NONPAID WORKERS       0       0       0       0       193.00         194.00       07950       NON REIMBURSABLE       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		1	1	1			
194.00       07950       NON REIMBURSABLE       0       0       0       0       0       194.00         200.00       Cross Foot Adjustments       Cross Foot Adjustments       201.00       202.00       Cost to be allocated (per Wkst. B, Part I)       37,711,689       2,244,395       0       -1,904,678       6,039,767       202.00       202.00       203.00       Unit cost multiplier (Wkst. B, Part I)       37,711,689       22,443.95000       0.000000       0.000000       60,397.670000       203.00       203.00       204.00       Cost to be allocated (per Wkst. B, Part I)       37,7116.890000       35,532       0       188,602       144,875       204.00       204.00       205.00       144,875       204.00       205.00       1,448.750000       205.00       205.00       1,448.750000       205.00       205.00       1,448.750000       205.00       206.00       206.00       206.00       206.00       206.00       206.00       206.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00		0			0 0		
200.00       Cross Foot Adjustments       200.00       200.00       200.00       200.00       200.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       203.00       201.00       203.00       201.00       203.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       <		0	0 0		0 0		
201.00         Negative Cost Centers         201.00           202.00         Cost to be allocated (per Wkst. B, Part I)         3,711,689         2,244,395         0         -1,904,678         6,039,767         202.00         202.00           203.00         Unit cost multiplier (Wkst. B, Part I)         37,116.890000         22,443.95000         0.000000         0.000000         60,397.670000         203.00           204.00         Cost to be allocated (per Wkst. B, Part I)         37,116.890000         35,532         0         188,602         144,875         204.00           205.00         Unit cost multiplier (Wkst. B, Part II)         1,354.940000         355.320000         0.000000         1,886.020000         1,448.750000         205.00           206.00         NAHE adjustment amount to be allocated (per Wkst. D,         0.000000         0.000000         206.00         206.00           207.00         NAHE unit cost multiplier (Wkst. D,         0.000000         207.00         207.00		0	0 0		0 0	0	
202.00       Cost to be allocated (per Wkst. B, Part I)       3,711,689       2,244,395       0       -1,904,678       6,039,767       202.00         203.00       Unit cost multiplier (Wkst. B, Part I)       37,116.890000       22,443.95000       0.000000       0.000000       60,397.670000       203.00         204.00       Cost to be allocated (per Wkst. B, Part I)       37,116.890000       35,532       0       188,602       144,875       204.00         205.00       Unit cost multiplier (Wkst. B, Part II)       1,354.940000       355.320000       0.000000       1,886.020000       1,448.750000       205.00         206.00       NAHE adjustment amount to be allocated (per Wkst. B, 2)       0.000000       0.000000       0.000000       1,000000       206.00         207.00       NAHE unit cost multiplier (Wkst. D,       0       0.000000       0.000000       207.00	5						
203.00       Part I)       Unit cost multiplier (Wkst. B, Part I)       37, 116.890000       22, 443.950000       0.000000       0.000000       60, 397.670000       203.00         204.00       Cost to be allocated (per Wkst. B, Part II)       135, 494       35, 532       0       188, 602       144, 875       204.00         205.00       Unit cost multiplier (Wkst. B, Part II)       1, 354.940000       355.320000       0.000000       1, 886.020000       1, 448.750000       205.00         206.00       NAHE adjustment amount to be allocated (per Wkst. B, 2)       0.000000       0.000000       0.000000       207.00         207.00       NAHE unit cost multiplier (Wkst. D,       0.000000       0.000000       207.00							
204.00         Cost to be allocated (per Wkst. B, Part II)         135,494         35,532         0         188,602         144,875         204.00           205.00         Unit cost multiplier (Wkst. B, Part II)         1,354.940000         355.320000         0.000000         1,886.020000         1,448.750000         205.00           206.00         NAHE adjustment amount to be allocated (per Wkst. B-2)         0         0.000000         0.000000         206.00         206.00           207.00         NAHE unit cost multiplier (Wkst. D,         0         0.000000         207.00	Part I)				0 –1, 904, 678		
Part II)         Part III)         Part III)				0.00000			
206.0011) NAHE adjustment amount to be allocated (per Wkst. B-2)0206.00207.00NAHE unit cost multiplier (Wkst. D,0.000000207.00		135, 494	35, 532		0 188, 602	144, 875	204.00
206.00NAHE adjustment amount to be allocated (per Wkst. B-2)0206.00207.00NAHE unit cost multiplier (Wkst. D,0.000000207.00	205.00 Unit cost multiplier (Wkst. B, Part	1, 354. 940000	355. 320000	0.00000	0 1, 886. 020000	1, 448. 750000	205.00
207.00 NÄHE unit cost multiplier (Wkst. D, 0.000000 207.00	206.00 NAHE adjustment amount to be allocated				0		206. 00
Parts III and IV)					0. 000000		207.00

OST ALI	Financial Systems LOCATION - STATISTICAL BASIS	TRINITAS H	Provider CC	CN: 31-0027	In Lieu of Form CM Period: Worksheet B		
					From 01/01/2021 To 12/31/2021	Date/Time Prepar	
		INTERNS &				6/1/2022 10:55 a	
	Cost Center Description	RESI DENTS SERVI CES-OTHER	PARAMED ED				
		PRGM COSTS	PRGM				
		APPRV (ASSI GNED	(ASSIGNED TIME)				
		TI ME)	TTWE)				
		22.00	23.00				
_	ENERAL SERVICE COST CENTERS					1	
	00200 CAP REL COSTS-MVBLE EQUIP					2	
	00400 EMPLOYEE BENEFITS DEPARTMENT					4	
	00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS					5	
1	00700 OPERATION OF PLANT						
	00800 LAUNDRY & LINEN SERVICE					8	
	00900 HOUSEKEEPI NG					0	
	01000 DI ETARY 01100 CAFETERI A					10	
	1200 MAINTENANCE OF PERSONNEL					12	
	01300 NURSI NG ADMI NI STRATI ON					13	
	01400 CENTRAL SERVICES & SUPPLY					14	
	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY					15	
	1700 SOCIAL SERVICE					17	
	01900 NONPHYSICIAN ANESTHETISTS					19	
	02000 NURSING PROGRAM					20	
	22100 I & R SERVI CES-SALARY & FRI NGES APPRV	100				21	
	02200 I&R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)	100	0			22	
-	NPATIENT ROUTINE SERVICE COST CENTERS		0	<u> </u>		2	
	03000 ADULTS & PEDI ATRI CS	90	0			30	
	03100 I NTENSI VE CARE UNI T	9	0			31	
	)3401 HOUSE PHYSI CI ANS )4000 SUBPROVI DER – I PF	0	0			34	
	04100 SUBPROVIDER - IRF	0	0			41	
	04200 SUBPROVI DER	0	0			42	
	04300 NURSERY	0	0			43	
	)4400 SKILLED NURSING FACILITY )4500 NURSING FACILITY	0	0			44	
	04600 OTHER LONG TERM CARE	0	0			46	
	NCI LLARY SERVICE COST CENTERS	1 1					
1	05000 OPERATING ROOM	0	0 0			50	
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	0			51	
	05300 ANESTHESI OLOGY	0	0			53	
	05400 RADI OLOGY-DI AGNOSTI C	0	0			54	
	05500 RADI OLOGY-THERAPEUTI C	0	0			55	
	05600 RADI OI SOTOPE 05700 CT_SCAN	0	0			56	
	05800 MRI	0	0			58	
	05900 CARDI AC CATHETERI ZATI ON	0	0			59	
	06000 LABORATORY	0	0			60	
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62	
	06500 RESPIRATORY THERAPY	0	0			65	
	06600 PHYSI CAL THERAPY	0	0			66	
	06700 OCCUPATIONAL THERAPY	0	0			67	
	06800  SPEECH PATHOLOGY 06900  ELECTROCARDI OLOGY	0	0			68	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0			72	
	7300 DRUGS CHARGED TO PATIENTS	0	0			73	
	07400 RENAL DIALYSIS	0	0			74	
	)7697 CARDIAC REHABILITATION )7698 HYPERBARIC OXYGEN THERAPY	0	0			76	
	07699 LI THOTRI PSY	0	0			76	
	DUTPATIENT SERVICE COST CENTERS						
		0	0			90	
	09001 PSYCH CLINIC 09002 PSYCH CLINIC FEE BASED	0	0			90	
	09003 WORKFIRST	0	0			90	
	09004 CANCER CLINIC	0	0			90	
1	09005 PEDIATRIC CLINIC	0	0			90	
1	09006 WOMEN' S CLINIC	0	0			90	
. 08  0	09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM	0	0			90	

Health Financial Systems	TRINITAS H	HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC	CN: 31-0027	Peri od:	Worksheet B-1	
				From 01/01/2021 To 12/31/2021	Date/Time Pre	nared
				10 12/31/2021	6/1/2022 10: 5	
	INTERNS &					
	RESI DENTS					
Cost Center Description	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM				
	APPRV	(ASSI GNED				
	(ASSI GNED	TIME)				
	TIME)	(				
	22.00	23.00				
90. 11 09009 PERINATAL ADDI CTI ON	0	0				90.11
90. 12 09010 THERAPEUTIC NURSERY	0	0				90. 12
90. 13 09011 CHI LD DAY TREATMENT	0	0				90. 13
90. 14 09012 DI ABETES CENTER	0	0				90. 14
90.15 09013 WOUND CENTER	0	0				90. 15
90. 16 09014 MI CA	0	0				90. 16
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0	0				90.17
91.00 09100 EMERGENCY	0	0				91.00
91.01 09101 EMERGENCY	0	0				91.01
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95. 00 09500 AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS	V	0				93.00
113. 00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	100	0				118.00
NONREI MBURSABLE COST CENTERS						1
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0				192.00
193. 00 19300 NONPAI D WORKERS	0	0				193.00
194.0007950 NON REIMBURSABLE	0	0				194.00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	-142, 845	0				202.00
203.00 Part I) 203.00 Unit cost multiplier (Wkst. B. Part I)	0, 000000	0. 000000				203.00
203.00Unit cost multiplier (Wkst. B, Part I)204.00Cost to be allocated (per Wkst. B,	208, 442	0.000000				203.00
Part II)	208, 442	0				204.00
205.00 Unit cost multiplier (Wkst. B, Part	2,084.420000	0. 000000				205.00
	2,0011120000	01 000000				200.00
206.00 NAHE adjustment amount to be allocated		o				206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,		0. 000000				207.00
Parts III and IV)						

Health Financial Systems	TRINITAS HOSPITAL				In Lie	u of Form CMS-2	2552-10
POST STEPDOWN ADJUSTMENTS		Provider CCN: 31-0027			riod:	Worksheet B-2	
					om 01/01/2021 12/31/2021	Date/Time Pre 6/1/2022 10:5	
			Wo	rksh	neet		
	Descripti	on	CODE		Line No.	Amount	
	1.00		2.00		3.00	4.00	
1.00	ADJ FOR EPO COSTS	IN RENAL		1	74.00	0	1.00
	DI ALYSI S						
2.00	ADJ FOR EPO COSTS	IN HOME		1	94.00	0	2.00
	PROGRAM						
3.00	ADJ FOR ARANESP CC	STS IN		1	74.00	0	3.00
	RENAL DIALYSIS						
4.00	ADJ FOR ARANESP CC	IN ISTS IN		1	94.00	0	4.00
	HOME PROGRAM						
5.00	ADJ FOR ESA COSTS	IN RENAL		1	74.00	-1, 451, 716	5.00
	DI ALYSI S						
6. 00	ADJ FOR ESA COSTS	IN HOME		1	94.00	0	6.00
	PROGRAM						

Health Financial Systems	TRI NI TAS H	HOSPI TAL			u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2021	Worksheet C Part I	
				0 12/31/2021	Date/Time Pre	
		Title	xviii	Hospi tal	6/1/2022 10:5 PPS	
				Costs		
Cost Center Description	Total Cost (from Wkst. B,	Therapy Limit	Total Costs	RCE Di sal I owance	Total Costs	
	Part I, col.	Adj .		DI Sal I Owance		
	26)					
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
30. 00 03000 ADULTS & PEDI ATRI CS	38,000,638		38, 000, 638	3 0	38, 000, 638	30.00
31. 00 03100 I NTENSI VE CARE UNI T	9, 559, 854		9, 559, 854	l 0	9, 559, 854	31.00
34. 01 03401 HOUSE PHYSI CI ANS	1, 619, 901		1, 619, 901		1, 619, 901	34.01
40. 00 04000 SUBPROVI DER - I PF 41. 00 04100 SUBPROVI DER - I RF	13, 732, 724 37, 117		13, 732, 724 37, 117		13, 735, 460 37, 117	40.00
42. 00 04200 SUBPROVI DER	4, 391, 396		4, 391, 396		4, 391, 396	
43. 00 04300 NURSERY	2, 461, 157		2, 461, 157		2, 461, 157	
44. 00 04400 SKI LLED NURSI NG FACI LI TY	1, 866, 487		1, 866, 487		1, 866, 487	
45. 00 04500 NURSING FACILITY 46. 00 04600 OTHER LONG TERM CARE	11, 136, 018 3, 170, 828		11, 136, 018 3, 170, 828		11, 136, 018 3, 170, 828	
ANCILLARY SERVICE COST CENTERS	3, 170, 020	<u> </u>	3, 170, 020	, 0	3, 170, 020	40.00
50. 00 05000 OPERATI NG ROOM	12, 559, 623		12, 559, 623			
51.00 05100 RECOVERY ROOM	1, 864, 092		1, 864, 092		1, 864, 092	
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	4, 585, 815 2, 370, 819		4, 585, 815 2, 370, 819		4, 585, 815 2, 370, 819	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 699, 913		4, 699, 913		4, 738, 708	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	55.00
56. 00 05600 RADI 0I SOTOPE	787, 471		787, 471		787, 471	56.00
57. 00  05700 CT_SCAN 58. 00  05800 MRI	1, 152, 326 607, 877		1, 152, 326 607, 877		1, 152, 326 607, 877	
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 070, 757		2, 070, 757		2, 071, 342	
60. 00 06000 LABORATORY	7, 057, 583		7, 057, 583		7, 076, 121	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2, 103, 754		2, 103, 754		2, 103, 754	62.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS 65. 00 06500 RESPIRATORY THERAPY	0 4, 144, 269		4, 144, 269		0 4, 144, 269	62.30 65.00
66. 00 06600 PHYSI CAL THERAPY	4, 144, 289				4, 144, 209	
67. 00 06700 OCCUPATI ONAL THERAPY	304, 959	-			304, 959	
68.00 06800 SPEECH PATHOLOGY	203, 078				203, 078	
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	1, 328, 287 18, 339, 892		1, 328, 287 18, 339, 892		1, 328, 287 18, 339, 892	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	8, 567, 056		8, 567, 056		8, 567, 056	
73.00 07300 DRUGS CHARGED TO PATIENTS	16, 592, 371		16, 592, 371		16, 592, 371	
74.00 07400 RENAL DI ALYSI S	23, 723, 574		23, 723, 574		23, 723, 574	
76. 97 07697 CARDI AC REHABI LI TATI ON 76. 98 07698 HYPERBARI C OXYGEN THERAPY	0				0	
76. 99 07699 LI THOTRI PSY	0				0	
OUTPATIENT SERVICE COST CENTERS			1			
90. 00 09000 CLINIC	3, 387, 065		3, 387, 065			
90. 02 09001 PSYCH CLINIC 90. 03 09002 PSYCH CLINIC FEE BASED	19, 087, 245 10, 525		19, 087, 245 10, 525		19, 119, 702 10, 525	
90. 04 09003 WORKFIRST	112, 785		112, 785		112, 785	
90. 05 09004 CANCER CLINIC	0		0	0 0	0	
90. 06 09005 PEDIATRIC CLINIC	1, 113, 194		1, 113, 194		1, 113, 194	
90. 07 09006 WOMEN' S CLINIC 90. 08 09007 THERAPEUTIC SCHOOL	2, 896, 788 970, 461		2, 896, 788 970, 461		2, 896, 788 970, 461	90. 07 90. 08
90. 09 09008 AFTER SCHOOL PROGRAM	557, 859		557, 859		557, 859	
90. 11 09009 PERINATAL ADDICTION	338, 042		338, 042		338, 042	
90. 12 09010 THERAPEUTIC NURSERY	25,868		25, 868		25, 868	
90. 13  09011 CHI LD DAY TREATMENT 90. 14  09012 DI ABETES CENTER	1, 856, 218 72, 908		1, 856, 218 72, 908		1, 856, 218 72, 908	
90. 15 09013 WOUND CENTER	886, 302		886, 302		886, 302	
90. 16 09014 MI CA	483, 945		483, 945	5 O	483, 945	90.16
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	1, 713, 096		1, 713, 096		1, 713, 096	
91. 00  09100  EMERGENCY 91. 01  09101  EMERGENCY	13, 149, 059 4, 035, 186		13, 149, 059 4, 035, 186		13, 149, 059 4, 035, 186	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	4,035,180		4,035,180		4, 035, 180	
OTHER REI MBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	4, 082, 132		4, 082, 132	2 0	4, 082, 132	95.00
SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	257, 959, 118	0	257, 959, 118	93, 111	258, 052, 229	200. 00
201.00 Less Observation Beds	0		(			201.00
202.00  Total (see instructions)	257, 959, 118	0	257, 959, 118	93, 111	258, 052, 229	202.00

Health Financial Systems	TRINITAS H				eu of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2021 Fo 12/31/2021		pared:
			e XVIII	Hospi tal	6/1/2022 10: 5 PPS	5 am
		Charges		nospital		
Cost Center Description	I npati ent	Outpati ent	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	6.00	7.00	8.00	9.00	10.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	171 707 504		171 707 50	4		1 20 00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT	171, 797, 504 85, 479, 610		171, 797, 50 85, 479, 610			30.00 31.00
34. 01   03401 HOUSE PHYSI CLANS	05, 479, 010					34.01
40. 00 04000 SUBPROVI DER – I PF	82, 860, 903		82, 860, 90	3		40.00
41.00 04100 SUBPROVI DER – I RF	0			C		41.00
42. 00 04200 SUBPROVI DER	13,075,151		13, 075, 15			42.00
43. 00 04300 NURSERY 44. 00 04400 SKI LLED NURSI NG FACI LI TY	26, 114, 601 436, 804		26, 114, 60 436, 80			43.00 44.00
45. 00 04500 NURSING FACILITY	7, 159, 792		7, 159, 79			45.00
46.00 04600 OTHER LONG TERM CARE	2, 815, 943		2, 815, 94			46.00
ANCI LLARY SERVI CE COST CENTERS	1 1		1	1	1	
50. 00 05000 OPERATING ROOM	29, 941, 091	83, 950, 270				
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 976, 857 10, 117, 150	4, 361, 704 751, 693				
53. 00 05300 ANESTHESI OLOGY	2, 844, 382	2, 965, 366				
54.00 05400 RADI OLOGY-DI AGNOSTI C	9, 093, 685	33, 417, 515				
55. 00 05500 RADI OLOGY-THERAPEUTI C	398, 104	21, 625, 319				
56. 00 05600 RADI OI SOTOPE	2, 639, 684	12, 511, 897				
57. 00   05700   CT SCAN 58. 00   05800   MRI	19, 795, 352 3, 919, 091	44, 378, 706 5, 954, 618				
59. 00 05900 CARDI AC CATHETERI ZATI ON	7, 434, 364	8, 904, 425				
60. 00 06000 LABORATORY	50, 092, 736	73, 538, 734				
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	5, 068, 831	2, 592, 638	7, 661, 46			
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0. 000000		
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	10, 178, 260 2, 683, 504	6, 563, 142 4, 841, 305				
67. 00 06700 OCCUPATI ONAL THERAPY	675, 168	958, 331				
68.00 06800 SPEECH PATHOLOGY	475, 469	63, 910				
69. 00 06900 ELECTROCARDI OLOGY	16, 099, 884	14, 672, 031				
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12, 115, 226	17, 309, 850				
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 73. 00 07300 DRUGS CHARGED TO PATIENTS	7, 870, 459 43, 041, 084	8, 520, 047 94, 158, 632				
74. 00 07400 RENAL DIALYSIS	3, 773, 647	43, 946, 478				
76. 97 07697 CARDI AC REHABI LI TATI ON	0	C		0. 000000		
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	C		0. 000000		
76. 99 07699 LI THOTRI PSY	0	C	(	0. 000000	0.00000	76.99
90. 00 09000 CLINIC	0	813, 642	813, 64	2 4. 162844	0.00000	90.00
90. 02 09001 PSYCH CLINIC	0	37, 369, 882				
90. 03 09002 PSYCH CLINIC FEE BASED	0	2, 894, 956				
90. 04 09003 WORKFI RST	0	9, 618	9, 61			
	0	(20.4F)		0.00000		1
90. 06 09005 PEDIATRIC CLINIC 90. 07 09006 WOMEN'S CLINIC	0	639, 456 14, 088, 439				1
90. 08 09007 THERAPEUTIC SCHOOL	0	792, 942			0.000000	
90.09 09008 AFTER SCHOOL PROGRAM	0	C		0. 000000		
90. 11 09009 PERINATAL ADDICTION	0	C		0. 000000		
90. 12 09010 THERAPEUTIC NURSERY	0	C		0. 000000		
90. 13 09011 CHI LD DAY TREATMENT 90. 14 09012 DI ABETES CENTER	0			0. 000000 0. 000000		
90. 15 09013 WOUND CENTER	0	7, 224, 212	7, 224, 21			
90. 16 09014 MI CA	0	C		0. 000000		1
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0	3, 235, 900				
91. 00 09100 EMERGENCY 91. 01 09101 EMERGENCY	20, 358, 715	144, 625, 315				
91.01 09101 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	23, 800 1, 418, 452	575, 459 C				
OTHER REIMBURSABLE COST CENTERS	1,410,402	- C	1 1, 410, 45.	- 0.00000	0.00000	/2.00
95. 00 09500 AMBULANCE SERVICES	198, 556	13, 088, 874	13, 287, 43	0. 307218	0.00000	95.00
SPECIAL PURPOSE COST CENTERS	1 1			1		
113.00 11300 INTEREST EXPENSE	651 072 050	711 245 204	1 262 210 14	-		113.00
200.00Subtotal (see instructions)201.00Less Observation Beds	651, 973, 859	/11, 345, 306	1, 363, 319, 16			200.00 201.00
202.00 Total (see instructions)	651, 973, 859	711, 345, 306	1, 363, 319, 16	5		202.00
				•		•

	ancial Systems DN OF RATIO OF COSTS TO CHARGES	TRINITAS HC	Provider CCN: 31-0027	Period: From 01/01/2021	u of Form CMS-2552 Worksheet C Part I
				To 12/31/2021	Date/Time Prepare 6/1/2022 10:55 am
	Cost Costor Decesistics		Title XVIII	Hospi tal	PPS
	Cost Center Description	PPS Inpatient Ratio			
		11.00			
	ATI ENT ROUTI NE SERVI CE COST CENTERS				30.
	00 INTENSIVE CARE UNIT				31.
	01 HOUSE PHYSI CI ANS				34.
	00 SUBPROVI DER – I PF				40.
	00 SUBPROVIDER - IRF				41.
	00 SUBPROVI DER 00 NURSERY				42.
	00 SKILLED NURSING FACILITY				44.
. 00 045	00 NURSING FACILITY				45.
	OO OTHER LONG TERM CARE				46.
	I LLARY SERVI CE COST CENTERS	0. 110277			50
	00 RECOVERY ROOM	0. 110277			50. 51.
	00 DELIVERY ROOM & LABOR ROOM	0. 421923			52.
00 053	00 ANESTHESI OLOGY	0. 408076			53.
	00 RADI OLOGY-DI AGNOSTI C	0. 111470			54.
	00 RADI OLOGY-THERAPEUTI C 00 RADI 0I SOTOPE	0. 000000 0. 051973			55.
	00 CT SCAN	0. 051973			56. 57.
		0.061565			58.
	00 CARDI AC CATHETERI ZATI ON	0. 126775			59.
	00 LABORATORY	0. 057236			60.
	00 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 274589			62.
	50 BLOOD CLOTTING FOR HEMOPHILIACS 00 RESPIRATORY THERAPY	0. 000000 0. 247546			62. 65.
	00 PHYSI CAL THERAPY	0. 550287			66.
	00 OCCUPATIONAL THERAPY	0. 186691			67.
	00 SPEECH PATHOLOGY	0. 376503			68.
		0.043166			69.
	00 MEDICAL SUPPLIES CHARGED TO PATIENT 00 IMPL. DEV. CHARGED TO PATIENTS	0. 623274 0. 522684			71.
	00 DRUGS CHARGED TO PATIENTS	0. 120936			73.
	00 RENAL DI ALYSI S	0. 497140			74.
	97 CARDI AC REHABI LI TATI ON	0. 000000			76.
	98 HYPERBARI C OXYGEN THERAPY	0.000000			76.
	99 LITHOTRIPSY PATIENT SERVICE COST CENTERS	0.000000			76.
	00 CLINIC	4. 162844			90.
02 090	01 PSYCH CLINIC	0. 511634			90.
	02 PSYCH CLINIC FEE BASED	0.003636			90.
	03 WORKFIRST 04 CANCER CLINIC	11. 726450			90.
	04 CANCER CLINIC 05 PEDIATRIC CLINIC	0. 000000 1. 740845			90. 90.
	06 WOMEN' S CLINIC	0. 205615			90.
	07 THERAPEUTIC SCHOOL	1. 223874			90.
	08 AFTER SCHOOL PROGRAM	0.000000			90.
	09 PERINATAL ADDICTION	0.00000			90.
	10 THERAPEUTIC NURSERY 11 CHILD DAY TREATMENT	0. 000000 0. 000000			90. 90.
	12 DI ABETES CENTER	0. 000000			90.
15 090	13 WOUND CENTER	0. 122685			90.
		0.00000			90.
	15 BAYONNE MENTAL HEALTH CENTER	0. 529403			90. 91.
	00 EMERGENCY 01 EMERGENCY	0. 079699 6. 733626			91.
	00 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000			92.
	ER REIMBURSABLE COST CENTERS				
00 095	00 AMBULANCE SERVICES	0. 307218			95.
	CIAL PURPOSE COST CENTERS	1			
	00 INTEREST EXPENSE				113.
D. 00 1. 00	Subtotal (see instructions) Less Observation Beds				200. 201.
	Total (see instructions)				201.

1.00         DO COND         NTTNO UT CARF UNIT         9.599, 854         9, 559, 854         0         0         34.           0.00         DOOD SUBFROVIDER - IPF         15.061, 473         15.061, 473         0         34.           0.00         DOOD SUBFROVIDER - IPF         37.117         37.117         0         41.           0.00         DOOD SUBFROVIDER - IPF         37.117         37.117         0         41.           0.00         DOOD SUBFROVIDER - IPF         37.117         37.117         0         41.           0.00         DOOD SUBFROVIDER - IPF         37.117         37.117         0         41.           0.00         DOOD SUBFROVIDER - IPF         37.017         2.461.157         0         44.           0.00         DOOD SUBFROVIDER - IPF         1.136.018         11.136.018         0         45.           0.00         DOOD SUBFROVIDER - IPF         2.570.819         0         0         53.           0.00         DOOD SUBFROVIDER - IPF         2.370.819         0         53.           0.00         DOSDOO CARDI LOGV-INERAPUTIC         4097.973         4.097.971         0         55.           0.00         DOSDOO CARDI LOGV-INERAPUTIC         776.757         2.070.757	Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	TRINITAS H	Provider CO		Period: From 01/01/2021 To 12/31/2021	Date/Time Pre	pared:
Loss Center Description         Total Cost (Frem Rist: 8, Per 12, cost 100         Total Cost Per 12, cost 100         Cost Per 12, cost 100         Cost Per 12, cost 100         Total Cost Per 12, cost 100         Total Cost Per 12, cost Per 14, cost P			Titl	e XIX	Hospi tal		5 am
Impact I and 240         Adj         Disal Lowance           240         2.00         3.00         4.00         5.00           1         0.0         2.00         3.00         4.00         5.00           0.0         0.000         0.001         1.00         2.00         3.00         4.00         5.00           0.0         0.001         0.01101         1.019         0.01         1.019         0.01         3.01         0.0100         3.010         4.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         4.00         3.00         4.00         3.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         5.00         4.00         5.00         4.00         5.00         5.00				<u> </u>			
IMPATIENT ROUTINE SERVICE OST CENTERS         1.00         2.00         3.00         4.00         5.00           100         DEDDA JAULIS & PEDIALINCS         42,349,270         0         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03         0.03	Cost Center Description	(from Wkst. B, Part I, col.		Total Costs	RCE	Total Costs	
0.0         0.0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0			2.00	3.00	4.00	5.00	
1.00         DOUD INTENSUF CAPE UNIT         9, 59, 884         9, 59, 884         0         0         34.           0.00         DADO SUBPROVIDER - 1PF         15, 061, 473         15, 061, 473         0         0         34.           0.00         DADO SUBPROVIDER - 1PF         37, 117         37, 117         0         0         14.         0         14.         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				1		1	
1.01       0.025       PHYSICA MISS       1.6 (19, 901       1, 16 (19, 901       0       0       44.0         0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00							
0.00         0.00         SUBPROVIDER - IPF         15, 061, 473         15, 061, 473         0         40           0.00         GAUDOS         SUBPROVIDER         4, 391, 396         4, 991, 396         0         42           0.00         GAUDOS         SUBPROVIDER         4, 391, 396         2, 461, 157         0         0         43           0.00         GAUDOS         SUBPROVIDER         170, 129         1, 866, 487         0         43           0.00         GAUDOS         SUBPROVIDER         170, 129         1, 866, 487         0         44           0.00         GAUDOS         SUBPROVIDER         170, 129         1, 866, 927         0         64           0.00         GAUDOS         SUBPROVIDER         1, 559, 623         1, 646, 902         0         51           0.00         GAUDOS         ALARDER ROOM         1, 585, 815         4, 585, 815         0         52         30         62         0         52         30         60         52         30         60         52         51         64         585, 815         0         52         30         52         30         52         30         52         30         52         30         52							31.00
1.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>40.00</td></td<>						-	40.00
3.00         9.00         PAGO         2.401,157         2.401,157         0         0         443           5.00         PAGO         PAGO         11,136,018         11,136,018         0         44.           5.00         PAGO         PAGO         11,136,018         11,136,018         0         44.           5.00         PAGO         PAGO         2,594,632         0         0         46.           0         PAGO         PAGO         2,594,632         1,259,633         0         0         53.           2.00         PAGO         PAGO         2,594,632         1,459,632         0         0         53.           3.00         PAGO         2,594,632         1,459,632         0         0         53.           3.00         PAGO         2,597,6315         0         0         53.         55.         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>41.00</td></td<>							41.00
4.00         A400         SKI LLED NURSI NG FACILITY         1, 864, 487         1, 866, 487         0         44.           6.00         Addoll SKIN F FACILITY         11, 136, 018         11, 136, 018         0         45.           0.00         COUD OPERATING TERM CARE         3, 170, 828         3, 170, 828         0         46.           0.00         COUD OPERATING TERM CARE         3, 170, 828         12, 559, 623         0         50.           0.00         COUD OPERATING TERM CARE         12, 559, 623         0         50.         50.           0.00         COUD OPERATING TERM CARE         12, 559, 623         0         51.         52.         52.         52.         53.         50.         52.         52.         53.         53.         53.         53.         53.         53.         53.         53.         53.         53.         53.         53.         53.         53.         53.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.         59.							42.00
5.00         BOOM MURSING FACULITY         11, 136, 018         11, 136, 018         0         45.           00         Dedoc Other LOW TERM CARE         3, 170, 828         3, 170, 828         0         46.           00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00<						-	43.00
6.00         0 e000         CPERATING TERM CARE         3, 170, 828         3, 170, 828         0, 00         0         46.           AMCILLARY SERVICE COST CENTERS         12, 559, 623         0         0         50         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						-	44.00
ANCILLARY SERVICE COST CENTERS         Image: Control of							45.00
0.000         DOOD         DECOMENT FROM         12.559, 623         12.559, 623         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		3, 170, 020		3, 170, 02	.0		40.00
2.00         DECOUNDECLIVERY ROOM & LABOR ROOM         4, 568, 515         4, 568, 515         0         0         0         572         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	50. 00 05000 OPERATI NG ROOM	12, 559, 623				0	50.00
3.00         3.00         AMESTHESIOLOGY         2, 370, 819         2, 370, 819         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							51.00
4.00         65400         RADI 0LOCY-DI AGNOSTIC         4.699, 913         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							52.00
5.00         SSOOR RAD LOLGOY - THERAPEUTIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							53.00
6.00         06000 RADIOLSTOPE         787, 471         787, 471         0         0         550.           7.00         05700 CT SCAN         1, 152, 326         1, 152, 326         0         55.           8.00         06800 MRI         607, 877         607, 877         0         0         58.           0.00         06000 LABORATORY         7, 057, 583         7, 057, 583         0         60.           0.00         6200 MRI         2, 103, 754         2, 103, 754         0         62.           0.00         6200 CUPATIONAL THERAPY         4, 144, 269         0         4, 144, 269         0         64.           0.00         66000 SPEECH PATHORY HERAPY         4, 144, 269         0         304, 959         0         66.           0.00         66000 SPEECH PATHORY HERAPY         304, 959         0         304, 959         0         67.           0.00         67000 CUPATIONAL THERAPY         304, 959         0         304, 959         0         67.           0.00         67000 CUPATIONAL THERAPY         304, 959         0         306         71.         328, 287         0         0         71.           0.00         00000 CUPATIONAL MARGED TO PATIENTS         16, 592, 371 <t< td=""><td></td><td></td><td></td><td>4,077,71</td><td></td><td></td><td>55.00</td></t<>				4,077,71			55.00
8.00 6500 MRI		787, 471		787, 47			56.00
9.00 6500 CARDIAC CATHETERIZATION 2,070,757 2,070,757 0,0 6500 (500 (500 (500 (500 (500 (500 (50	57.00 05700 CT SCAN	1, 152, 326		1, 152, 32	6 0	0	57.00
0.00         0.000         LABORATORY         7, 057, 583         7, 057, 583         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							58. OC
2.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELL         2, 103, 754         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							59.00
2.30       06250       BLOOD CLOTTI NG FOR HENOPHI LLACS       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>60.00</td>							60.00
5.00         06500         RESPI RATORY THERAPY         4, 144, 269         0         4, 144, 269         0         6, 144, 269         0         6, 144, 269         0         6, 66, 66           0.00         06000         SPECCH PATHOLOGY         203, 078         0         203, 078         0         6, 66, 67           0.00         06000         SPECCH PATHOLOGY         1, 328, 287         0         0         6, 66, 68           0.00         06000         LECTROCARD LOGY         1, 328, 287         0         0         7, 70         0         6, 70, 70         0         6, 70, 71         0         6, 70, 71         0         6, 70, 71         0         6, 70, 71         0         0         0         7, 72         0         0         7, 72         0         7, 72         0         7, 72         0         7, 73         0         7, 73         0         7, 73         0         7, 73         0         7, 73         0         7, 73         0         7, 73         0         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74         7, 74		2, 103, 734		2,103,73			62.30
7.00         66700         OCCUPATI ONAL THERAPY         304,959         0         304,959         0         67.0           8.00         068000         SEECCH PATHOLOGY         203,078         0         203,078         0         66.0         67.0           9.00         06900         ELECTROCARDIOLOGY         1,328,287         1,328,287         0         0         67.0           2.00         07200         MPL. DEV. CHARGED TO PATIENTS         8,567,056         8,557,056         0         73.0           3.00         07300         DRUSC SHARGED TO PATIENTS         16,592,371         0         73.0         0         74.0         74.0         0         74.0           6.90         07497         CARDIAC REHABILITATION         0         0         0         0         76.0         0         0         76.0           074597         CARDIAC REHABILITATION         0         0         0         0         0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         76.0         90.0         76.0         90.0         90.0         <		4, 144, 269	0	4, 144, 26			65.00
8.00       06800       SPEECH PATHOLOGY       203,078       0       203,078       0       6600       660       660       660       660       660       670       670       680       670       670       680       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670       670 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>66.00</td></td<>							66.00
9.00 06900 [LICTROCARDI OLOCY 1, 328, 287 1, 328, 287 0, 0 6900 [CILON CONTROL SUPPLIES CHARGED TO PATIENT 18, 339, 892 0, 0 7100 [MPL. DEV. CHARGED TO PATIENTS 8, 567, 056 0, 0 72. 3.00 07300 [RNLS CHARGED TO PATIENTS 16, 592, 371 1, 0 0 73.00 [RNLS CHARGED TO PATIENTS 16, 592, 371 1, 0 0 73.00 [RNLS CHARGED TO PATIENTS 2, 723, 574 2, 23, 723, 574 0, 0 0 0 0 74. 4. 5.97 07697 [CARDI AC REHABI LITATI ON 23, 723, 574 2, 23, 723, 574 0, 0 0 0 0 0 76. 5.97 0, 0 0 0 0 0 76. 5.97 0, 0 0 0 0 0 76. 5.97 0, 0 0 0 0 0 0 76. 5.97 0, 0 0 0 0 0 0 76. 5.97 0, 0 0 0 0 0 0 76. 5.97 0, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							67.00
1.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       18, 339, 892       0       0       71.         2.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       16, 592, 371       16, 592, 371       0       73.         4.00       07400       RNAL DI ALYSI S       23, 723, 574       0       0       0       74.         6.97       0769       CARDIA C RHABIL LITATI ON       0       0       0       0       76.         0.01769       O1769       CARDIA C REHABIL LITATI ON       0       0       0       76.         0.01769       O1769       CARDIA C REHABIL LITATI ON       0       0       0       76.         0.01769       O1769       CARDIA C REHABIL LITATI ON       0       0       0       76.         0.01769       O1769       CARDIA C REHABIL LITATI ON       0       0       0       76.         0.02       90001 CLINIC       0       19, 087, 245       19, 087, 245       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td>69.00</td></td<>			0				69.00
2.00         07200         IMPL         DEV. CHARGED TO PATIENTS         8, 567, 056         9, 567, 056         0         0730           3.00         07300         DRIGS CHARGED TO PATIENTS         16, 592, 371         16, 592, 371         0         0         74           4.00         07400         RENAL DI ALYSI S         23, 723, 574         23, 723, 574         0         0         74           5.97         07697         CARDIAC REHABILITATION         0         0         0         74           6.99         07699         LITHOTRIPSY         0         0         0         0         75           0.00         09000         CLINIC         3, 749, 451         3, 749, 451         0         09         90           0.01         09001         PSYCH CLINIC         19, 087, 245         19, 087, 245         0         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         90 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>71.00</td>							71.00
4.00       07400       REMAL DI ALYSI S       23, 723, 574       0       0       74.         6.97       07697       CARDI AC REHABIL ITATI ON       0       0       0       0       0       75.         6.99       07698       HYPERBARIC OXYGEN THERAPY       0       0       0       0       76.         6.99       07698       LITHOTRI PSY       0       0       0       0       76.         0.00       09000       CLINIC       3,749,451       19,087,245       0       90.       90.         0.02       09001       PSYCH CLINIC       19,087,245       112,785       0       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       90.       9						0	72.00
6.97         07697         CARDIA C REHABILITATION         0         0         0         76.           6.98         07698         HYPERBARIC OXYGEN THERAPY         0         0         0         76.           0017PATIENT SERVICE COST CENTERS         0         0         0         0         0         0         76.           001700         CLINIC         3,749,451         3,749,451         0         0         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.         90.						-	73.00
6.98         07698         HYPERBARI C 0XYGEN THERAPY         0         0         0         0         76.           0UTPALITORT IST SERVICE COST CENTERS         0         0         0         0         76.           0.00         09001         DISTRATION (CE COST CENTERS         3,749,451         3,749,451         0         90.0           0.02         09001         PSYCH CLINIC         19,087,245         19,087,245         0         90.0           0.03         09002         PSYCH CLINIC         112,785         112,785         0         90.0           0.04         09003         WORKPIRST         112,785         0         0         90.0           0.05         09004         CANCER CLINIC         1,113,194         1,113,194         0         90.0           0.06         09005         PEDI ATRI C CLINIC         1,113,194         1,113,194         0         90.0           0.07         09006         WORKPINS CLINIC         2,896,788         2,896,788         0         90.0           0.01         09002         PSTRIAL ADDI CTI ON         338,042         0         90.0         90.0           0.12         09010         THERAPETUIC SCHOOL         977,455         957,859				23, 723, 57		-	74.00
6.99         07699         LITHOTRI PSY         0         0         0         76.           0.00         000000         CLINIC         3,749,451         3,749,451         0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0		-					76.97
OUTPATIENT SERVICE COST CENTERS           0.00         09000 CLINIC         3,749,451         3,749,451         0         0         90.0           0.20         09001 PSYCH CLINIC         19,087,245         0         90.0         90.0           0.00         09002 PSYCH CLINIC         19,087,245         0         90.0         90.0           0.01 PSYCH CLINIC FEE BASED         10,525         10,525         0         90.0           0.05         09004 (ANCER CLINIC         0         0         0         90.0           0.50         09004 (ANCER CLINIC         112,785         0         0         90.0           0.00         09005 PEDIATRIC CLINIC         1,113,194         1,113,194         0         0         90.0           0.00         09006 WOMEN'S CLINIC         2,896,788         0         0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.							•
0.02       09001       PSYCH CLINIC       19,087,245       19,087,245       0       0       90.         0.03       09002       PSYCH CLINIC FEE BASED       10,525       10,525       0       90.         0.04       09003       WORKFIRST       112,785       0       0       90.         0.05       09004       CANCER CLINIC       0       0       0       90.         0.05       09005       PEDIATRIC CLINIC       1,113,194       1,113,194       0       90.         0.06       09007       THERAPEUTIC SCHOOL       970,461       970,461       0       90.         0.08       09007       THERAPEUTIC SCHOOL       970,461       970,461       0       90.         0.10       09008       AFTER SCHOOL PROGRAM       557,859       557,859       0       90.         0.11       09009       PERINATAL ADDICTION       338,042       0       90.       90.         0.12       090101       THERAPEUTIC VISERY       25,868       22,908       0       90.         0.13       09011       CHI DAY TREATMENT       1,856,218       0       0       90.         0.14       09013       WOUND CENTER       886,302       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
0.03       09002       PSYCH CLINIC FEE BASED       10, 525       0       0       90.         0.04       09003       WORKFI RST       112, 785       112, 785       0       0       90.         0.05       09004       CANCER CLINIC       0       0       0       90.       90.       90.04       0.05       112, 785       0       0       90.07       90.04       0.07       0       0       90.07       90.04       0.07       0       0       90.07       90.04       0.07       0       0       90.07       90.06       WORN'S CLINIC       1, 113, 194       1, 113, 194       0       90.07       90.06       90.07       THERAPEUTIC SCHOOL       970, 461       0       90.07       90.08       AFTER SCHOOL PROGRAM       557, 859       0       90.07       90.01       90.07       THERAPEUTIC NURSERY       2, 868       25, 868       0       90.07       90.01       90.01       10, 525       0       90.07       90.01       90.01       10, 525       0       90.07       90.01       90.01       90.01       90.01       113, 90.01       11, 856, 218       0       90.0       90.01       90.01       90.01       90.01       90.01       90.01       90.01							•
0.04         09003         WORKFIRST         112,785         0         0         90.           0.05         09004         CANCER CLINIC         0         0         0         0         90.           0.06         09005         PEDIATRIC CLINIC         1,113,194         1,113,194         0         90.           0.07         09006         WOMEN'S CLINIC         2,896,788         2,896,788         0         90.           0.08         09007         THERAPEUTIC SCHOOL         970,461         970,461         0         90.           0.09         9008         AFTER SCHOOL PROGRAM         557,859         0         0         90.           0.11         09009         PERI NATAL ADDI CTION         338,042         0         90.         90.           0.12         09010         THERAPEUTI C NURSERY         25,868         25,868         0         0         90.           0.13         09011         CHUD DAY TREATMENT         1,856,218         1,856,218         0         90.         90.           0.13         09013         WOLMD CENTER         886,302         0         90.         90.           0.14         09012         MAETER SCHONE         483,945         483,9						-	
0.05         09004         CANCER CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							90.03
0.06       09005       PEDI ATRI C CLINI C       1, 113, 194       1, 113, 194       0       0       90.         0.07       09006       WOMEN'S CLINI C       2, 896, 788       2, 896, 788       0       90.         0.08       09007       THERAPEUTI C SCHOOL       970, 461       0       0       90.         0.09       09008       AFTER SCHOOL PROGRAM       557, 859       557, 859       0       90.         0.11       09009       PERI NATAL ADDI CTI ON       338, 042       338, 042       0       90.         0.11       09009       PERI NATAL ADDI CTI ON       338, 042       338, 042       0       90.         0.11       09010       THERAPEUTI C NURSERY       25, 868       25, 868       0       90.         0.13       09011       CHI LD DAY TREATMENT       1, 856, 218       1, 856, 218       0       90.         0.14       09012       DI ABETES CENTER       72, 908       0       0       90.         0.14       09014       MI CA       483, 945       483, 945       0       0       90.         0.10       09106       EMERGENCY       13, 149, 059       13, 149, 059       0       0       91.         0.10 <td></td> <td>0</td> <td></td> <td>112,70</td> <td>0 0</td> <td>-</td> <td>90.05</td>		0		112,70	0 0	-	90.05
0.08       09007       THERAPEUTIC SCHOOL       970,461       0       0       90.         0.09       09008       AFTER SCHOOL PROGRAM       557,859       0       0       90.         0.11       09009       PERI NATAL ADDICTION       338,042       338,042       0       0       90.         0.12       09010       THERAPEUTIC NURSERY       25,868       25,868       0       0       90.         0.13       09011       CHI LD DAY TREATMENT       1,856,218       1,856,218       0       0       90.         0.14       09012       DI ABETES CENTER       72,908       0       0       90.         0.15       09013       WOUND CENTER       886,302       886,302       0       0       90.         0.16       09014       MI CA       483,945       483,945       0       0       90.         0.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       1,713,096       0       90.       91.         1.00       09101       EMERGENCY       13,149,059       0       0       91.       92.         0.011       OPIOE       MERGENCY       4,035,186       4,035,186       0       91.       92.		1, 113, 194		1, 113, 19	4 0		90.06
0.09         09008         AFTER SCHOOL PROGRAM         557,859         557,859         0         0         90.           0.11         09009         PERI NATAL ADDI CTI ON         338,042         338,042         0         0         90.           0.12         09010         THERAPEUTI C NURSERY         25,868         25,868         0         0         90.           0.13         09011         CHI LD DAY TREATMENT         1,856,218         1,856,218         0         0         90.           0.14         09012         DI ABETES CENTER         72,908         72,908         0         0         90.           0.15         09013         WOUND CENTER         886,302         0         0         90.           0.14         09014         MI CA         483,945         483,945         0         0         90.           0.17         09015         BAYONNE MENTAL HEALTH CENTER         1,713,096         1,713,096         0         90.         90.           1.00         09100         EMERGENCY         13,149,059         0         0         91.           1.01         09101         EMERGENCY         4,035,186         0         0         92.           OTHER							90.07
0.11       09009       PERINATAL ADDICTION       338,042       338,042       0       0       90.         0.12       09010       THERAPEUTIC NURSERY       25,868       25,868       0       0       90.         0.13       09011       CHILD DAY TREATMENT       1,856,218       1,856,218       0       0       90.         0.14       09012       DI ABETES CENTER       72,908       72,908       0       0       90.         0.15       09013       WOUND CENTER       886,302       886,302       0       0       90.         0.16       09014       MI CA       483,945       483,945       0       0       90.         0.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       0       0       90.         1.00       09100       EMERGENCY       13,149,059       13,149,059       0       0       91.         1.01       09101       EMERGENCY       4,035,186       4,035,186       0       0       92.         0       09200       DBSERVATION BEDS (NON-DI STINCT PART       0       0       0       92.         0       09200       DBSERVATION BEDS (NON-DI STINCT PART       0       0       0							90.08
0.12       09010       THERAPEUTIC NURSERY       25,868       0       0       90.         0.13       09011       CHILD DAY TREATMENT       1,856,218       1,856,218       0       0       90.         0.14       09012       DI ABETES CENTER       72,908       72,908       0       0       90.         0.15       09013       WOUND CENTER       886,302       886,302       0       0       90.         0.16       09014       MI CA       483,945       483,945       0       0       90.         0.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       1,713,096       0       0       90.         0.100       09100       EMERGENCY       13,149,059       0       0       90.       91.         1.01       09101       EMERGENCY       4,035,186       4,035,186       0       0       91.         2.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       0       0       0       92.         0THER       REI MBURSABLE COST CENTERS       4,082,132       0       0       92.         SPECIAL PURPOSE COST CENTERS       113.00       INTEREST EXPENSE       113.       113.00       10       0						-	90.09 90.11
0.13       09011       CHI LD DAY TREATMENT       1,856,218       0       0       90.         0.14       09012       DI ABETES CENTER       72,908       72,908       0       0       90.         0.14       09013       WOUND CENTER       886,302       886,302       0       0       90.         0.16       09014       MI CA       483,945       483,945       0       0       90.         0.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       1,713,096       0       90.         0.10       0910       EMERGENCY       13,149,059       0       0       90.         1.00       0910       EMERGENCY       13,149,059       0       0       91.         1.01       09101       EMERGENCY       4,035,186       0       0       91.         2.00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       92.         0THER       REI MBURSABLE COST CENTERS       4,082,132       0       0       92.         0THER       REI MBURSABLE COST CENTERS       113.       96,98,885       0       0       200.         0.00       URPOSE COST CENTERS       113.00       INTE							90.11
0.14       09012       DI ABETES CENTER       72,908       0       0       90.         0.15       09013       WOUND CENTER       886,302       886,302       0       0       90.         0.16       09014       MI CA       483,945       483,945       0       0       90.         0.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       1,713,096       0       90.         1.00       09100       EMERGENCY       13,149,059       13,149,059       0       0       91.         1.01       09101       EMERGENCY       4,035,186       0       0       91.         2.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       0       0       0       92.         0THER       REI MBURSABLE COST CENTERS       4,082,132       4,082,132       0       0       92.         0THER       REI MBURSABLE COST CENTERS       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       <						-	90.13
0.16       09014       MI CA       483,945       483,945       0       0       90.         0.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       1,713,096       0       0       90.         1.00       09100       EMERGENCY       13,149,059       13,149,059       0       0       91.         1.01       09101       EMERGENCY       13,149,059       13,149,059       0       0       91.         2.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART       0       0       0       92.         OTHER       REI MBURSABLE COST CENTERS       4,082,132       4,082,132       0       0       95.         SPECIAL PURPOSE COST CENTERS       131300       INTEREST EXPENSE       113.       113.00       10       10       113.149,059       0       0       0       95.         31.00       11300       INTEREST EXPENSE       113.00       10       0       0       0       0       203,998,885       0       0       200.       200.         00.00       Less Observation Beds       0       0       0       0       0       0       0       201.	90. 14 09012 DI ABETES CENTER	72, 908		72, 90	0 8	-	90.14
0.17         09015         BAYONNE MENTAL HEALTH CENTER         1,713,096         0         0         90.           1.00         09100         EMERGENCY         13,149,059         0         0         91.           1.01         09101         EMERGENCY         13,149,059         0         0         91.           1.01         09101         EMERGENCY         4,035,186         4,035,186         0         0         91.           2.00         09200         DBSERVATI ON         BEDS (NON-DI STINCT PART         0         0         0         92.           OTHER         REI MBURSABLE         COST CENTERS         4,082,132         0         0         95.           SPECIAL PURPOSE         COST CENTERS         113.00         INTEREST EXPENSE         113.         113.00         10         263,998,885         0         263,998,885         0         0         200.           0.00         Less Observation Beds         0         0         0         0         0         0         200.							90.15
1.00       09100       EMERGENCY       13, 149, 059       0       0       91.         1.01       09101       EMERGENCY       4, 035, 186       0       0       91.         2.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       0       0       0       92.         0       0THER REI MBURSABLE COST CENTERS       0       0       0       0       92.         0       0500       AMBULANCE SERVICES       4, 082, 132       0       0       95.         SPECIAL PURPOSE COST CENTERS       113.       149, 059       0       263, 998, 885       0       0       200.         0.00       Subtotal (see instructions)       263, 998, 885       0       263, 998, 885       0       0       200.         01.00       Less Observation Beds       0       0       0       0       200.       0       0       201.							90.16 90.17
1.01       09101       EMERGENCY       4,035,186       0       0       91.         2.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       0       0       0       92.         0THER       REI MBURSABLE       COST CENTERS       4,082,132       0       0       95.         SPECIAL PURPOSE COST CENTERS       4,082,132       0       0       0       113.         00.00       11300       INTEREST EXPENSE       113.       263,998,885       0       263,998,885       0       0       200.         01.00       Less Observation Beds       0       0       0       0       0       201.						-	90.17
2. 00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         0         0         92.           OTHER         REI MBURSABLE COST CENTERS         0         0         0         92.           5. 00         09500         AMBULANCE SERVICES         4,082,132         0         0         95.           SPECIAL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.         113.00         1000         11300         1000         1000         263,998,885         0         0         0         200.           00.00         Less Observation Beds         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							91.01
5. 00         09500         AMBULANCE         SERVICES         4,082,132         0         0         95.           SPECIAL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.00         1000         263,998,885         0         263,998,885         0         0         200.           00.00         Less Observation Beds         0         0         0         0         0         0         201.	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS         13.00         11300         INTEREST EXPENSE         113.00         Subtotal (see instructions)         263,998,885         0         263,998,885         0         00.00         200.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		4 000 400		4 000 10			
113.00       INTEREST EXPENSE       113.00         00.00       Subtotal (see instructions)       263, 998, 885       0       263, 998, 885       0       0       200.         01.00       Less Observation Beds       0       0       0       0       0       201.		4,082,132		4,082,13	2 0	0	95.00
00.00         Subtotal (see instructions)         263, 998, 885         0         263, 998, 885         0         0         0         200.           01.00         Less Observation Beds         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>113.00 11300 INTEREST EXPENSE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>113.00</td>	113.00 11300 INTEREST EXPENSE						113.00
01.00 Less Observation Beds 0 0 0 0201.		263, 998, 885	0	263, 998, 88	5 0	0	200. 00
0  263, 998, 885  0  0 202.		0			0		201.00
	202.00  Total (see instructions)	263, 998, 885	0	263, 998, 88	6 0	0	202.00

Clambulation of KAITO OF COSTS TO CHARGES         Proof der CCL 31-0027         Pertial T1110 X1X         Pertial T273/17201         Dertshert C MU12022         Cost Filter T273/17201         Dertshert C MU12022         Dertshert MU12022         Der	Heal th Financial Systems	TRINITAS H		ON 21 0027		eu of Form CMS-	2552-10
Cost. Center Description         Impair ent biolog         Tute XIX         Houst of col.         Cost. Center Description         Cost. Center Display           IMMITED 10000         INDUINE SERVICE COST CENTERS 10000         17,797,95         Cost. Center Cost. Center Display         Cost. Center Display         17,797,95           10.0000         INDUINE SERVICE COST CENTERS 10,0000         17,797,95         17,797,95         0         0         31,00           10.0000         SUBREWINF F.         187         28,860,903         85,877,010         31,00         31,00           10.0000         SUBREWINF F.         187         13,077,151         13,077,151         13,077,151         14,074         44,00           40.000         SUBREWINF F.         187         2,075,151         13,077,151         13,077,151         14,074         44,001           41.000         Cost. Cost. Center Display         2,075,151         13,077,151         13,077,151         14,074         44,001         44,00           42.000         Cost. Cost. Center Display         2,071,979,972         7,194,792         15,974         0,1102,7         0,000000         50,00           52.00         Sociol ALLD AWESINE KALLLY         7,194,792         13,84,843         0,41722         0,0000000         50,00         50,	COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	1			pared:
Cast Center Description         Institut         Outpatient         Ioral (col. (col. 7)         Cost or Other Number of the second				0 XI X	Hospi tal		5 am
Loss Canter Description         Inpatient         Durpatient         Durpatient         Trail (col. n)         Note The Part of Pa				e viv	nospital	COST	
INPART FILE         COLUMN SHAULD COST CENTERS         771, 777, 504         771, 777, 504         771, 777, 504         80, 00         90, 00         100, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         300, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00         400, 00 </td <td>Cost Center Description</td> <td>I npati ent</td> <td><u>v</u></td> <td></td> <td></td> <td>Inpati ent</td> <td></td>	Cost Center Description	I npati ent	<u>v</u>			Inpati ent	
30.00         GOOD ADULTS & PEDIATRICS         171, 797, 504         171, 797, 504         31, 00         330, 01         31, 00         34, 01         65, 479, 410         65, 479, 410         65, 479, 410         31, 00         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         34, 01         44, 00         34, 01         44, 00         34, 01         44, 00         34, 01         44, 001         43, 004         43, 004         43, 004         43, 004         43, 004         43, 004         43, 004         43, 004         43, 004         43, 004         44, 001         34, 01         44, 001         34, 01         44, 001         34, 01         44, 001         34, 01         44, 001         34, 01         34, 01         34, 01         34, 01		6.00	7.00	8.00	9.00		
31.00         30.00         1000         30100         1THENS VE CARE UNIT         85,479,610         87,479,610         91,00         31,00         34,01           30.00         10000         SUBPRAVIDER - IPF         62,860,903         62,860,903         40,00         40,00           40.00         04100         SUBPRAVIDER - IPF         20,000         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00         40,00		171 707 504		171 707 50	4		1 20 00
34.01       0.03001       0.0000       0.0000       0.000000       34.00       0.0000000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000       34.000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
40.00         QuRXOS SUBPROVIDER - IPF         62, 860, 903         62, 860, 903         40.00         41.00           42.00         QUARDS SUBPROVIDER - IPF         13, 075, 151         13, 075, 151         42, 00           42.00         QUARDS SUBPROVIDER - IPF         26, 114, 601         26, 114, 601         43, 00           44.00         CHACOS SULLED MURSER*         21, 14, 601         26, 114, 601         43, 00           40.00         CHACOS SULLED MURSER*         7, 155, 943         7, 155, 943         7, 155, 943           50.00         DESCOMERATING ROOM         29, 941, 001         83, 950, 270         13, 801, 361         0, 110277         0, 000000         51, 00           51.00         DESCOMERATING ROOM         1, 976, 857         4, 341, 751         42, 301, 361         0, 110277         0, 000000         52, 00           51.00         DESCOMERATING ROOM         1, 976, 857         4, 341, 751         42, 301, 301         0, 110277         0, 000000         52, 00           52.00         DESCOMERATING ROOM         2, 484, 382         2, 965, 366         5, 807, 748         0, 408074         0, 000000         52, 00           50.00         DESCOMERATING ROOM         2, 484, 382         2, 965, 366         5, 307, 71, 751, 673, 514         43, 471, 456 <t< td=""><td></td><td>00,477,010</td><td></td><td></td><td></td><td></td><td></td></t<>		00,477,010					
42.00         0.4200         SUBPROVIDER         13.075.151         13.075.151         13.075.151         42.00           43.00         0.4300         SKILED         0.4300         SKILED         43.600         43.00           44.00         0.4400         SKILED         TYPE         17.59, 722         7.159, 722         45.00           45.00         0.4500         GPTER         17.89, 73.04         2.815, 942         2.815, 943         45.00           45.00         0.5000         RCOVERN ROM         1, 976, 687         4.361, 704         6.38, 561         0.24008         0.000000         51.00           51.00         DS100         RCOVERN ROM         1, 976, 687         4.381, 704         6.38, 561         0.24088         0.000000         51.00           52.00         DS300         MAESINES IOLOGY         2, 844, 392         2, 965, 346         2, 951, 200         0.000000         50.00         0.000000         50.00         0.000000         50.00         0.000000         50.00         0.000000         50.00         0.000000         50.00         0.000000         50.00         0.000000         50.000000         50.000000         50.0000000         50.0000000         50.0000000         50.00000000         50.00000000000000000000000		82, 860, 903		82, 860, 90	3		40.00
41.00         0.4300         NURSERY         26, 114, 601         26, 114, 601         43.00           42.00         0.4400         NURSENS ILED NURSENS FACILITY         7, 159, 792         45.00           45.00         0.4500         NURSENS FACILITY         7, 159, 792         65.00           45.00         0.4500         NURSENS FACILITS         0.10277         66.00           0.00000         0.00000         110, 971         55.20         0.5300         55.00         0.5000         66.00         66.00           50.00         0.0500         0.05100         67.00         7.156, 77.1663         10.8643, 83.0         4.2192.0         0.000000         51.00           50.00         0.0500         0.05100         0.051070         2.033, 645         33, 417, 515         42, 511, 200         0.110557         0.000000         54.00           50.00         0.0500         0.0500         0.05000         0.000000         54.00         0.01765         0.000000         56.00         54.00         0.01765         0.000000         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56		0		(	C		
44.00       04400       SKI LLED MURSING FACI ITY       436,804       445,00       445,00       445,00       450,00       450,00       450,00       450,00       450,00       450,00       450,00       450,00       450,00       450,00       450,00       450,00       450,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,00       50,							
4:00         0 Hosdo NURSING FACLELTY         7, 197, 792         7, 197, 792         46.00           0 Hosdo NURSING FACLETRS         28, 415, 443         28, 415, 443         46.00           0 Hosdo NURSING FARING COST CENTERS         0.000000         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         50.00         51.00         50.00         51.00         50.00         50.00         50.							
MACL LARY SERVICE COST CENTERS         29, 941, 091         83, 950, 270         113, 891, 361         0. 110277           51.00         D5500 (RECOVERY ROOM         1, 976, 857         4, 361, 704         6, 338, 561         0. 241923         0. 000000         52.00           53.00         D5300 ANESTHES ICLOCY         2, 844, 332         2, 966, 366         5, 807, 746         0. 421923         0. 000000         52.00         0.000000         52.00         0.000000         52.00         0.000000         52.00         0.000000         54.00         0.000000         54.00         0.000000         54.00         0.000000         54.00         0.000000         54.00         0.000000         54.00         0.000000         54.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.00         0.000000         57.000         57.00         57.1112010							
50.00         05000         0FERATING ROW         29, 941, 091         83, 950, 270         113, 991, 361         0.110227         0.000000         51.00           51.00         05100         0FERATING ROW         10, 117, 150         751, 693         10, 848, 843         0.294088         0.000000         51.00           52.00         0F5300         0F5300         ALMOSTINES         0.000000         52.00         0.000000         51.00         0.000000         51.00         0.000000         51.00         0.000000         51.00         0.000000         51.00         0.0000000         51.00         0.0000000         55.00         0.000000         55.00         0.0000000         55.00         0.0000000         55.00         0.0000000         55.00         0.0000000         55.00         0.0000000         55.00         0.0000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000 <td< td=""><td></td><td>2, 815, 943</td><td></td><td>2, 815, 94</td><td>3</td><td></td><td>46.00</td></td<>		2, 815, 943		2, 815, 94	3		46.00
51:00         DisTOD         RECUVERY ROOM         1, 976, 887         4, 361, 704         6, 338, 661         0.249028         0.000000         52.00           52:00         DiSGOD         DEVERY ROOM         10, 17, 150         751, 693         58, 601         0.249123         0.0000000         54.00           55:00         DISGOD         ARESTHESI LOLGY         2, 844, 382         2, 965, 366         5, 907, 746         0.0000000         54.00         0.0000000         54.00           55:00         DISGOD         CARDIAL         2, 639, 664         12, 511, 897         12, 511, 897         0.000000         55.00         0.0000000         55.00         0.0000000         55.00         0.0000000         55.00         0.000000         55.00         0.000000         55.00         0.0000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         0.0000000         55.00         0.0000		00.044.004	00.050.070	110 001 0(	0 440077	0.000000	1 50 00
52:00         05200         DELI VERY RODU & LABOR ROUM         10, 117, 150         751, 692         10. 868, 843         0. 421923         0. 000000         52.00           53:00         05300         ARSTHESI DLODY         4. ARSTHESI DLODY         0. 000000         53.00         0. 530, 00         0. 000000         53.00         0. 5000         0. 000000         53.00         0. 000000         0. 000000         53.00         0. 000000         0. 000000         55.00         0. 5000         0. 000000         55.00         0. 5000         0. 00107         0. 001000         55.00         0. 5000         0. 010000         55.00         0. 5000         0. 001000         0. 000000         55.00         0. 5000         0. 001000         55.00         0. 5000         0. 001000         55.00         0. 5000         0. 00000         57.00         0. 00000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0. 000000         57.00         0.000000         57.00         0.000							
53:00         05300         AMESTHESIOLOCY         2, 844, 382         2, 965, 366         5, 90         74.8         0.000000         53.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         05.00         0.00000         55.00         05.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.00000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000         55.00         0.000000							
55. 00         05500 (RADI CLOY-THERAPEUTIC         398. 104         21, 225, 219         22, 022, 423         0.0000000         55. 00           57. 00         05700 (CT SCAN         19, 795, 352         44, 378, 706         64, 174, 058         0.017956         0.000000         55. 00           59. 00         05600 (MRI         3, 919, 197, 55, 454, 18         9, 873, 709         0.015656         0.000000         55. 00           59. 00         05600 (ARDI AC CATHETER ZATI 0N         7, 434, 364         8, 904, 425         15, 338, 739         0.0126736         0.000000         62. 00         0.000000         62. 00         0.000000         0.000000         62. 00         0.6200 (WHOLE BLOOD A PACKED RED BLOOD CELL         5, 068, 831         2, 592, 638         7, 541, 402         0.274589         0.50000         62. 00         0.000000         62. 00         0.000000         62. 00         0.6000 (MRI NESPI RATORY THERAPY         10, 178, 260         6, 563, 142         15, 331, 497         0.376563         0.000000         62. 00         6600 (MRI OLOS) (SECH PATHONAL THERAPY         2, 683, 314         14, 672, 031         30, 771, 971         0.043166         0.000000         62. 00         6000 (MRI OLOS) (SECH PATHONAL THERAPY         14, 672, 031         30, 771, 971         0.043166         0.000000         67. 00           70.							
56. 00         05600         RADI I STOPE         2, 639, 664         12, 511, 997         15, 151, 581         0.051973         0.000000         56. 00           57. 00         05700         CRUD (C TSCAN         3, 919, 091         5, 954, 418         9, 937, 279         0.061566         0.000000         57. 000           60. 00         CRUD (C ARU AC CATHETERI ZATI ON         7, 434, 346         8, 904, 425         16, 338, 734         12, 631, 470         0.057086         0.000000         67. 000           60. 00         CADO (ARU AC CATHETERI ZATI ON         50, 602, 736         7, 664, 40         0.277459         0.000000         62. 00           60. 00         CADO (ARU HICE BLOOD & PACKED RED BLOOD CELL         50, 668, 312, 20, 614, 714         0.277469         0.000000         62. 00           60. 00         CADO (CUARTI I ONAL THERAPY         2, 683, 504         4, 841, 305         7, 524, 809         0.550287         0.000000         62. 00           60. 00         COPO (CUARTI I ONAL THERAPY         2, 683, 504         4, 841, 305         77, 524, 809         0.376503         0.000000         64. 00           71. 00         O1000         OLGUARTI I ONAL THERAPY         475, 469         63, 910         579. 528. 600         1.42, 517, 450, 80. 917. 91         0.376503         0.000000							
57. 00         05700 CT SCAN         19, 795, 352         44, 378, 706         64, 74, 658         0.017956         0.000000         57. 00           59. 00         05600 LARDA C CATHETEI ZATION         7, 434, 364         8, 904, 425         15, 338, 799         0.0126736         0.000000         59. 00           60. 00         06000 LARDATORY         50, 902, 736         73, 538, 734         123, 631, 407         0.057066         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         0.000000         62. 00         66.00         66.00         0.000000         62. 00         66.00         0.000000         62. 00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         63.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00							
58. 00       05800 MRI       3,919,091       5,954,618       9,873,709       0.015650       0.000000       58. 00         60. 00       06200 LABDRATORY       50,092,736       123,631,470       0.057086       0.000000       62. 00         62.00       06200 MULE BLODD & PACKED RED BLODD CELL       5,068,831       2,592,638       7,661,469       0.274589       0.000000       62. 00         63.00       06500 DCUPATI NAL THERAPY       10,178,260       6,563,142       16,741,402       0.247564       0.000000       65. 00         64. 00       00CUPATI ONAL THERAPY       2,563,504       4,841,305       16,543,499       0.556287       0.000000       67. 00         64. 00       00CUPATI ONAL THERAPY       675,168       958,331       1,63,499       0.346691       0.000000       67. 00         71. 00       00TOO MEDI CAL, SUPPLI ES CHARCED TO PATI ENT       12,115,226       17,309,850,506       0.522644       0.000000       72. 00         72. 00       07200 IRVL DAL, VISIS       7,847,459       8,20,047       16,390,556       0.522644       0.000000       74. 00         70. 00       0700 IRVL DAL, VISIS       7,3647       43,946,478       47,720,125       0.497140       0.000000       74. 00       0.000000       74. 00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
59. 00       05000 (CARDIAC CATHETERIZATION       7, 434, 364       8, 904, 425       16, 338, 789       0. 126739       0. 000000       65. 00         60. 00       06000 (MHOLE BLODD A.PACKED RED BLODD CELL       5, 068, 831       2, 592, 538, 734       123, 651, 470       0. 057086       0. 000000       62. 00         63. 00       06500 [RESPI RATORY THERAPY       5, 068, 831       2, 592, 538, 734       123, 651, 469       0. 000000       62. 00       0. 000000       62. 00       0. 000000       62. 00       0. 000000       62. 00       0. 000000       62. 00       0. 000000       65. 00       66. 00       06000 [PYSICAL THERAPY       2, 683, 504       4, 841, 305       7, 524, 809       0. 550287       0. 000000       66. 00       0. 000000       66. 00       0. 06000 [LECTROCABID LOGY       475, 469       63. 910       539, 379       0. 376503       0. 000000       67. 00       0. 00300       69. 000       67. 00       0. 03416       0. 000000       71. 00       72. 00       72. 00       72. 00       72. 00       72. 00       72. 00       73. 00       73. 04, 743, 944, 742, 031       30, 771, 915       0. 04316       0. 000000       72. 00       72. 00       72. 00       72. 00       72. 00       72. 00       72. 00       72. 00       72. 00       72. 00       7							
62:00         b62:00         wHOLE BLOOD & PACKED RED BLOOD CELL         5, 068, 831         2, 592, 68         7, 641, 469         0. 274589         0. 000000         62:00           65:00         b6:00         06500 RESPI RATORY THERAPY         10, 178, 260         6, 533, 142         16, 741, 402         0. 247546         0. 000000         66:00           66:00         b6:00 PHYSICAL THERAPY         2, 683, 504         4, 841, 305         7, 7524, 809         0. 550287         0. 000000         66:00         66:00         66:00         550287         0. 000000         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00							
62:30         06250         BLODD CLOTTI NG FOR HEMOPHI LI ACS         0         0         0         0         0.000000         0.000000         65:00           66:00         06500 RESPI RATORY HERAPY         10,178;260         6,531;142         16,741,402         0.000000         65:00           67:00         06700         0CCUPATI ONAL THERAPY         2,683;504         4,841;305         7;524;809         0.376503         0.000000         67:00           067:00         06700         0CCUPATI ONAL THERAPY         675;168         958;331         1,633,499         0.376503         0.000000         67:00           064:00         06600 SPEECH RATHOLGCY         475;469         63:910         539;379         0.43166         0.000000         71:00           01:00         07100 REUCAL SUPPLIES CHREED TO PATI ENT         12;15;226         17:39,980         29;25:076         0.522264         0.000000         71:00           71:00         07400 RENAL DI ALYSI S         3,773,647         43,946,478         47,720,125         0.497140         0.000000         76:90           70:767 (7677) CARDI AC REHABLI LI ATI ON         0         0         0.000000         0.000000         0.000000         0.000000         76:97           70:767 (7677) CARDI AC REHABLI LI ATI ON		50, 092, 736	73, 538, 734	123, 631, 47			
65:00         06500         RESPIRATORY THERAPY         10, 178, 260         6, 563, 142         10, 714, 402         0, 247546         0, 000000         65:00           66:00         06600         PHYSICAL THERAPY         2, 683, 504         843, 305         7, 524, 809         0. 530, 379         0. 376503         0, 000000         67:00           66:00         06600         SPEECH PATHOLOGY         475, 469         63:01         337, 379         0. 376503         0, 000000         67:00           0:00         Medio         LECTROCARDI OLOGY         16, 099, 884         14, 672, 031         30, 771, 915         0. 43166         0. 000000         67:00           0:01         MML         THERAPY         10, 773, 647         43, 940, 986         24, 252, 076         0. 623274         0. 000000         71:00           0:01         OTZOD         OTZOD         DATIENTS         73, 737, 647         43, 946, 478         21, 719, 97; 16         0. 120936         0. 000000         72:00           0:00         OTZOD         CARDIA CREAD TO PATIENTS         3, 773, 647         43, 946, 478         47, 720, 125         0. 0000000         0. 000000         0. 000000         0. 000000         0. 000000         0. 000000         0. 0000000         0. 000000         0. 0000000			2, 592, 638	7, 661, 46			
66.00         06600         PHYSICAL THERAPY         2, 683, 504         4, 841, 305         7, 524, 809         0, 550287         0, 000000         66, 00           66.00         OCUPATIONAL THERAPY         675, 168         958, 331         1, 633, 499         0, 186, 600         66, 00           69.00         06900         ELECTROCANAL THERAPY         675, 168         958, 331         0, 376503         0, 000000         67, 00           71.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENT         12, 115, 226         14, 672, 031         30, 771, 915         0, 430, 00000         71, 00           72.00         07200 IMEL DEV. CHARGED TO PATIENTS         43, 041, 084         94, 158, 652         171, 317, 197, 716         0, 22000         72, 00           74.00         07400 RENAL DI ALYSI S         3, 773, 647         43, 946, 478         47, 720, 125         0, 497140         0, 000000         74, 00           76.90         07699         ILTHORIN PSY         0         0         0         0, 000000         0, 000000         76, 97           70.00         75000 CLINIC         0         813, 642         4, 608232         0, 000000         0, 000000         76, 98           00         99001         PSYCH CLINIC FEE BASED         0         2,894,		-	( 4 E42 142				
67.00         06700         0CCUPATIONAL THERAPY         675,168         958,331         1,533,499         0.186691         0.000000         67.00           68.00         06800         SPECCH PATHOLOCY         145,099         83,910         1539,379         0.375653         0.00000         68.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENT         12,115,226         17,309,850         29,425,076         0.623274         0.000000         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATIENTS         7,870,459         8,520,047         16,390,556         0.522664         0.000000         72.00           73.00         07300         RUKL, CN, CHARGED TO PATIENTS         3,773,401         94,158,632         137,199,716         0.120936         0.000000         74.00           74.00         7400         0         0         0         0.000000         0.000000         74.00           76.99         07691         IHTORIRPSY         0         0         0         0.000000         76.98           07001         PSYCH CLINIC         0         37,369,882         37,369,882         0.510765         0.000000         90.00           07030         09002         PSYCH CLINIC         0							
69:00         06:900         ELECTROCARD (LOCY         16:099, 884         14:672, 031         30, 771, 915         0.43166         0.000000         69:00           71:00         07100         MPL         DEV         CHARGED TO PATIENT         7:870, 859         8;520, 047         16;390, 506         0.522684         0.000000         72:00           73:00         O7300         RENAL DI ALYSI S         3:73, 747, 720, 125         0.497140         0.000000         74:00           74:00         O7400         RENAL DI ALYSI S         3:73, 747, 741, 725         0.497140         0.000000         74:00           76:97         O7697         CARDIA C ENHABILITATION         0         0         0         0.000000         0.000000         74:00           76:97         O7697         CARDIA C ENHABILITATION         0         0         0         0.000000         0.000000         76:97           90:00         CLINIC         0         813, 642         813, 642         4:608232         0.000000         76:97           90:00         CUPATIENT SERVICE COST CENTERS         0         813, 642         813, 642         4:608232         0.000000         90:00         90:00         90:00         90:00         90:00         90:00         90:00							
71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENT       12,115,226       17,309,850       29,425,076       0.623274       0.000000       71.00         72.00       07300       DRUGS CHARGED TO PATIENTS       7,870,459       8,520,047       16,390,506       0.522684       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       43,041,084       94,158,632       137,199,716       0.129936       0.000000       74.00         74.00       ORAL DI ALYSI S       3.773,647       43,946,478       47,720,125       0.497140       0.000000       76.98         76.78       07598       HYPERBARI C 0XYGEN THERAPY       0       0       0.000000       0.000000       76.99         907699       LITHORT FLYS       0       813,642       813,642       4.60832       0.000000       70.00         90700       PSYCH CLINIC       0       813,642       813,642       4.60833       0.000000       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00			63, 910				
72. 00       07200       IMPL       DeV. CHARGED TO PATIENTS       7.800, 459       8, 520, 477       16, 390, 506       0.522684       0.000000       72. 00         73. 00       07300       DRUGS CHARGED TO PATIENTS       43, 041, 084       94, 158, 632       137, 199, 716       0.120936       0.000000       73. 00         74. 00       70400       RENAL DIALYSIS       3, 773, 647       43, 946, 478       47, 720, 125       0.497140       0.000000       76. 97         76. 97       07697       CARDIAC REHABILITATION       0       0       0       0.000000       76. 97         76. 97       07697       LITHOTRIPSY       0       0       0       0.000000       0.000000       76. 97         70.00       09000       CLINIC       0       813, 642       813, 642       4.608232       0.000000       90. 00         90.00       09000       DESCHARCELINIC       0       87, 369, 882       37, 369, 882       0.510765       0.000000       90. 02         90.01       PSYCH CLINIC       0       9, 618       9, 618       11, 726450       0.000000       90. 04       90. 05       90007       ALENAS 439       0.200000       90. 06       90. 07       90. 06       90. 07       90. 06							
73.00       O7300       DRUGS CHARGED TO PATIENTS       43.041.084       94.158.632       137.199.716       0.120936       0.000000       73.00         74.00       O7400       RENAL DI ALYSIS       3.773.647       43.946.478       47.720.125       0.497140       0.000000       74.00         76.97       O7697       CARDI AC REHABI LI TATI ON       0       0       0       0.000000       0.000000       76.98         76.98       O7697       CARDI AC REHABI LI TATI ON       0       0       0       0.000000       76.98         0.00       0       0       0       0.000000       0.000000       76.98         0.0179ATI ENT SERVICE COST CENTERS       0       97.369, 882       37.369, 882       37.369, 882       510765       0.000000       90.00         0.02       09001 [PSVCH CLINIC       0       37.369, 882       37.369, 882       510765       0.000000       90.09       90.09       90.09       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00							
74.00       [07400]       [07407]       CARDI ALVSIS       3, 773, 647       43, 946, 478       47, 720, 125       0. 497140       0. 000000       76.00         76.97       O7697       CARDIAC REHABILITATION       0       0       0.000000       0.000000       76.90         76.98       O7699       LITHOTRIPSY       0       0       0.000000       0.000000       76.98         76.99       O7697       LITHOTRIPSY       0       0       0.000000       0.000000       76.98         70.00       O9000       CLINC       0       813,642       813,642       813,642       0.000000       90.00         90.02       O9001       PSYCH CLINIC       FEB BASED       0       2,894,956       0.003363       0.000000       90.03         90.03       09002       PSYCH CLINIC       0       9,618       9,618       11.726450       0.000000       90.05         90.04       O9030       WORKFIRST       0       9,618       9,456       1.740845       0.000000       90.06         90.06       09007       THERAPEUTIC SCHOOL       0       14,088,439       14,088,439       0.050515       0.000000       90.07         90.10       PGO09009       PENIATRI C CLIN							
76. 97       076/97       CARDIAC REHABILITATION       0       0       0.000000       0.000000       76. 98         76. 98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       0.000000       0.000000       0.000000       76. 98         00       00000       CLINIC       0       813. 642       813. 642       4.608232       0.000000       90.00         90.02       09000       CLINIC       0       37. 369. 882       37. 369. 882       0.510765       0.000000       90.02         90.03       09002       PSYCH CLINIC FEE BASED       0       2. 894. 956       0.944.956       0.000000       90.03       000000       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.							
76. 99       0769       LI HOTRI PSY       0       0       0.000000       0.000000       0.000000       76. 99         0010       09000       CLINI C       0       813, 642       813, 642       4. 608232       0.000000       90. 02         90. 00       09000       CLINI C       0       37, 369, 882       37, 369, 882       0.510765       0.000000       90. 02         90. 01       09003       WORKFIRST       0       9, 618       9, 618       11. 726450       0.000000       90. 03         90. 05       09004       CANCER CLINI C       0       0       0.0000000       0.000000       90. 04         90. 06       09005       PEDI ATRI C CLINI C       0       639, 456       639, 456       0.000000       90. 08         90. 08       09007       THERAPEUTI C SCHOOL       0       14, 088, 439       14, 088, 439       0.205615       0.000000       90. 08         90. 09       PEIN NATAL ADD CTI ON       0       0       0       0.000000       0.000000       90. 08         90. 11       09009       PEIN NATAL ADD CTI ON       0       0       0.000000       0.000000       90. 01         90. 12       09010       THERAPEUTI C NURSERY       0 <td></td> <td>0</td> <td>C</td> <td></td> <td></td> <td></td> <td></td>		0	C				
OUTPATI ENT SERVICE COST CENTERS         Outpatient           90.00         090001         CLINIC         0         813, 642         813, 642         4. 608232         0. 000000         90.00         90.00         90.00         90.00         90.00         90.00         90.01         95YCH CLINIC         0         37, 369, 882         0. 510765         0. 000000         90.03         90.04         90.03         WORKFIRST         0         9, 618         9, 618         11. 726450         0. 000000         90.04         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.04         0.000000         90.06         90.07         THERAPEUTI C SCHOL         0         14, 088, 439         14, 088, 439         0. 205615         0.000000         90.07         90.06         90007         THERAPEUTI C SCHOOL         0         0         0.000000         0.000000         90.07         90.06         90.07         0.000000         0.000000         90.07         90.07         1408452         0.000							
90.00       0000       CLINIC       0       813, 642       813, 642       4.608232       0.000000       90.00         90.02       09001       PSYCH CLINIC       0       37, 369, 882       37, 369, 882       0.510765       0.000000       90.00         90.02       PSYCH CLINIC FEE BASED       0       2, 894, 956       2, 894, 956       0.00363       0.000000       90.00         90.04       09003       WORKFIRST       0       9, 618       9, 618       11.726450       0.000000       90.00         90.05       09004       CANCER CLINIC       0       639, 456       639, 456       1.740845       0.000000       90.00         90.09       09006       WORN'S CLINIC       0       14, 088, 439       14, 088, 439       0.205615       0.000000       90.00         90.09       09008       FETE SCHOOL PROGRAM       0       0       0       0.000000       90.09       90.00       90.000       0.000000       90.000       90.000       90.000       90.000       90.000       90.000       90.000       90.000       90.00000       90.00000       90.00000       90.00000       90.00000       90.00000       90.00000       90.00000       90.000000       90.000000       90.00000		0	C	) (	0.00000	0.00000	/6.99
90.01       PSYCH CLINIC       0       37, 369, 882       37, 369, 882       0. 510765       0.000000       90.02         90.03       09002       PSYCH CLINIC FEE BASED       0       2, 894, 956       2, 894, 956       0.003636       0.000000       90.03         90.04       09003       WORKFIRST       0       9, 618       9, 618       11.726450       0.000000       90.04         90.05       09004       CANCER CLINIC       0       0       0       0.0000000       90.05         90.06       09005       PEDIATRIC CLINIC       0       639, 456       639, 456       1.740845       0.000000       90.06         90.07       THERAPEUTIC SCHOOL       0       14, 088, 439       14, 088, 439       0.205615       0.000000       90.09       90.09         90.09       O9006       KMERER SCHOOL PROGRAM       0       0       0       0.000000       0.000000       90.09         90.11       09009       PERINATAL ADDI CTION       0       0       0       0.000000       0.000000       90.09         90.12       09010       THERAPEUTIC NURSERY       0       0       0       0.000000       0.000000       90.13         90.14       09012       IABA		0	813, 642	813, 64	4. 608232	0.00000	90.00
90.04       9903       WORKFIRST       0       9,618       11.726450       0.000000       90.04         90.05       09004       CANCER CLINIC       0       0       0       0.000000       90.05         90.07       09005       PEDIATRIC CLINIC       0       639,456       639,456       1.740845       0.000000       90.06         90.08       09007       THERAPEUTIC SCHOOL       0       14.088,439       0.205615       0.000000       90.08         90.01       09008       AFTER SCHOOL PROGRAM       0       0       0       0.000000       0.000000       90.09         90.12       09010       THERAPEUTIC NURSERY       0       0       0       0.000000       0.000000       90.09         90.13       09011       CHILD DAY TREATMENT       0       0       0       0.000000       0.000000       90.12         90.14       09012       DI ABETES CENTER       0       7.224,212       7.224,212       0.225615       0.000000       90.13         90.15       09013       WOND CENTER       0       7.224,212       7.224,212       0.22655       0.000000       90.14         90.15       09013       MOUND CENTER       0       7.224,212	90. 02 09001 PSYCH CLINIC		37, 369, 882	37, 369, 88	2 0. 510765	0. 000000	90.02
90.05       09004       CANCER CLINIC       0       0       0.00000       0.000000       90.05         90.06       09005       PEDIATRIC CLINIC       0       639,456       639,456       1.740845       0.000000       90.06         90.07       09006       WOMEN'S CLINIC       0       14,088,439       0.205615       0.000000       90.07         90.08       09007       THERAPEUTIC SCHOOL       0       792,942       792,942       1.223874       0.000000       90.08         90.09       PSRI NATAL ADDICTION       0       0       0       0.000000       0.000000       90.090         90.11       09007       THERAPEUTIC NURSERY       0       0       0       0.000000       0.000000       90.13         90.14       09012       DI ABETES CENTER       0       0       0       0.000000       0.000000       90.13         90.14       09012       DI ABETES CENTER       0       0       0       0.000000       0.000000       90.16         90.15       09013       WOIND CENTER       0       7.224,212       7.224,212       0.22685       0.000000       90.16         90.16       09014       MI CA       0       0       0.000000		0					
90.06         09005         PEDIATRIC CLINIC         0         639,456         639,456         1.740845         0.00000         90.06           90.07         09006         WOMEN'S CLINIC         0         14,088,439         14,088,439         0.205615         0.000000         90.07           90.08         09007         THERAPEUTIC SCHOOL         0         792,942         792,942         1.223874         0.000000         90.08           90.09         90.01         169009         PERINATAL ADDICTION         0         0         0.000000         0.000000         90.07           90.11         09001         THERAPEUTIC NURSERY         0         0         0         0.000000         0.000000         90.12           90.13         09011         CHILD DAY TREATMENT         0         0         0         0.000000         90.13           90.14         09012         DIABETES CENTER         0         7,224,212         7,224,212         0.122685         0.000000         90.16           90.15         09013         WOUND CENTER         0         0         0         0.000000         90.16           90.16         09014         MICA         0         0         0.0000000         0.000000         90		0	9, 618				
90.07         09006         WOMEN'S CLINIC         0         14,088,439         14,088,439         0.205615         0.000000         90.07           90.08         09007         THERAPEUTIC SCHOOL         0         792,942         792,942         1.223874         0.000000         90.08           90.09         9008         AFTER SCHOOL PROGRAM         0         0         0         0.000000         0.000000         90.09           90.11         09009         PERI NATAL ADDI CTI ON         0         0         0         0.000000         0.000000         90.09           90.12         09010         THERAPEUTIC NURSERY         0         0         0         0.000000         0.000000         90.13           90.14         09012         DI ABETES CENTER         0         0         0         0.000000         0.000000         90.15           90.15         09013         WOUND CENTER         0         7,224,212         7,224,212         0.122685         0.000000         90.17           90.16         0914         MICA         0         0         0.000000         0.000000         90.17           90.16         0914         MICA         0         0         0.000000         0.000000		-	639 456				1
90.08         09007         THERAPEUTIC SCHOOL         0         792,942         792,942         792,942         1.223874         0.000000         90.08           90.09         90008         AFTER SCHOL PROGRAM         0         0         0         0.000000         0.000000         90.09           90.11         09009         PERI NATAL ADDICTION         0         0         0         0.000000         0.000000         90.19           90.12         09010         THERAPEUTIC NURSERY         0         0         0         0.000000         0.000000         90.19           90.13         09011         CHI LD DAY TREATMENT         0         0         0         0.000000         0.000000         90.13           90.14         09012         DI ABETES CENTER         0         7,224,212         7,224,212         0.122685         0.000000         90.16           90.15         09014         MI CA         0         0         0         0.000000         0.000000         90.17           91.00         09105         EMERGENCY         20,358,715         144,625,315         164,984,030         0.079699         0.000000         90.000000         91.01           91.00         09101         EMERGENCY		-					1
90.11       09009       PERINATAL ADDICTION       0       0       0.000000       0.000000       90.11         90.12       09010       THERAPEUTIC NURSERY       0       0       0       0.000000       0.000000       90.12         90.13       09011       CHILD DAY TREATMENT       0       0       0       0.000000       0.000000       90.13         90.14       09012       DIABETES CENTER       0       0       0       0.000000       0.000000       90.14         90.15       09013       WOUND CENTER       0       7,224,212       7,224,212       0.122685       0.000000       90.15         90.14       MICA       0       0       0       0.000000       0.000000       90.16         90.15       BAVONNE MENTAL HEALTH CENTER       0       3,235,900       3,235,900       0.529403       0.000000       90.17         91.00       OP100       EMERGENCY       20,358,715       144,625,315       164,984,030       0.079699       0.000000       91.00         91.01       EMERGENCY       23,800       575,459       599,259       6.733626       0.000000       92.00         07HER       REI MBURSABLE       COST CENTERS       90.000000       0.00000		0			2 1. 223874		
90.12       09010       THERAPEUTIC NURSERY       0       0       0       0.000000       0.000000       90.12         90.13       09011       CHILD DAY TREATMENT       0       0       0       0.000000       0.000000       90.13         90.14       09012       DI ABETES CENTER       0       0       0       0.000000       0.000000       90.14         90.15       09013       WOUND CENTER       0       7,224,212       7,224,212       0.122685       0.000000       90.15         90.16       09014       MICA       0       0       0       0.000000       0.000000       90.16         90.17       09015       BAYONNE MENTAL HEALTH CENTER       0       3,235,900       3,235,900       0.529403       0.000000       90.16         90.10       EMERGENCY       20,358,715       144,625,315       164,984,030       0.079699       0.000000       91.00         91.01       OP101       EMERGENCY       23,800       575,459       599,259       6.733626       0.000000       92.00         92.00       OBSERVATION BEDS (NON-DISTINCT PART       1,418,452       0       1,418,452       0.000000       92.00       0.000000       92.00         92.00       <		0	C				
90.13       09011       CHI LD DAY TREATMENT       0       0       0.000000       0.000000       90.13         90.14       09012       DI ABETES CENTER       0       0       0       0.000000       0.000000       90.14         90.15       09013       WOUND CENTER       0       7,224,212       7,224,212       0.122685       0.000000       90.15         90.16       09014       MI CA       0       0       0       0.000000       90.16         90.17       09015       BAYONNE MENTAL HEALTH CENTER       0       3,235,900       3,235,900       0.529403       0.000000       90.16         91.00       09100       EMERGENCY       20,358,715       144,625,315       164,984,030       0.079699       0.000000       91.00         91.01       09101       EMERGENCY       23,800       575,459       599,259       6.733626       0.000000       91.01         92.00       OBSERVATION BEDS (NON-DI STINCT PART       1,418,452       0       1,418,452       0.000000       0.000000       92.00         07500       AMBULANCE SERVI CES       198,556       13,088,874       13,287,430       0.307218       0.000000       95.00         SPECIAL PURPOSE COST CENTERS       113.00 <td></td> <td>0</td> <td>C</td> <td></td> <td></td> <td></td> <td></td>		0	C				
90.14       09012       DI ABETES CENTER       0       0       0       0.000000       0.000000       90.14         90.15       09013       WOUND CENTER       0       7,224,212       7,224,212       0.122685       0.000000       90.15         90.16       09014       MI CA       0       0       0       0.000000       90.16         90.16       09015       BAYONNE MENTAL HEALTH CENTER       0       3,235,900       0.529403       0.000000       90.17         91.00       O9100       EMERGENCY       20,358,715       144,625,315       164,984,030       0.07699       0.000000       91.01         92.00       OBSERVATION BEDS (NON-DI STINCT PART       1,418,452       0       1,418,452       0.000000       92.00         92.00       OBSERVATION BEDS (NON-DI STINCT PART       1,418,452       0       1,418,452       0.000000       92.00         95.00       O9500       AMBULANCE SERVICES       198,556       13,088,874       13,287,430       0.307218       0.000000       95.00         SPECIAL PURPOSE COST CENTERS       113.00       1300       INTRERST EXPENSE       113.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00 </td <td></td> <td>0</td> <td>C C</td> <td></td> <td></td> <td></td> <td></td>		0	C C				
90.15       09013       WOUND CENTER       0       7, 224, 212       7, 224, 212       0. 122685       0.000000       90.15         90.16       09014       MI CA       0       0       0       0.000000       0.000000       90.16         90.17       09015       BAYONNE MENTAL HEALTH CENTER       0       3, 235, 900       3, 235, 900       0.529403       0.000000       90.17         91.00       09100       EMERGENCY       20, 358, 715       144, 625, 315       164, 984, 030       0.079699       0.000000       91.00         91.01       09101       EMERGENCY       23, 800       575, 459       599, 259       6.733626       0.000000       91.01         92.00       09200       DBSERVATION BEDS (NON-DISTINCT PART       1, 418, 452       0       1, 418, 452       0.000000       92.00         07HER       REIMBURSABLE COST CENTERS       198, 556       13, 088, 874       13, 287, 430       0. 307218       0.000000       92.00         95:00       09500       AMBULANCE SERVICES       198, 556       13, 088, 874       13, 287, 430       0. 307218       0.000000       92.00         113:00       11300       INTEREST EXPENSE       113.00       1.365, 319, 165       200.00       200.00		0	C				
90.17       09015       BAYONNE MENTAL HEALTH CENTER       0       3, 235, 900       3, 235, 900       0.529403       0.000000       90.17         91.00       09100       EMERGENCY       20, 358, 715       144, 625, 315       164, 984, 030       0.079699       0.000000       91.00         91.01       09101       EMERGENCY       23, 800       575, 459       599, 259       6.733626       0.000000       91.01         92.00       09200       0BSERVATION BEDS (NON-DI STINCT PART       1, 418, 452       0       1, 418, 452       0.000000       0.000000       92.00         07HER       REI MBURSABLE COST CENTERS       0       13, 088, 874       13, 287, 430       0.307218       0.000000       95.00         95.00       09500       AMBULANCE SERVICES       198, 556       13, 088, 874       13, 287, 430       0.307218       0.000000       95.00         95.00       113.00       INTEREST EXPENSE       113.00       1.363, 319, 165       113.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       200.00       201.00	90. 15 09013 WOUND CENTER	0	7, 224, 212	7, 224, 21	2 0. 122685	0. 000000	90.15
91.00       09100       EMERGENCY       20, 358, 715       144, 625, 315       164, 984, 030       0.079699       0.000000       91.00         91.01       09101       EMERGENCY       23, 800       575, 459       599, 259       6.733626       0.000000       91.01         92.00       09SERVATI ON BEDS (NON-DI STINCT PART       1, 418, 452       0       1, 418, 452       0.000000       0.000000       92.00         07HER       REI MBURSABLE COST CENTERS       09500       AMBULANCE SERVICES       198, 556       13, 088, 874       13, 287, 430       0. 307218       0.000000       95.00         95.00       09500       AMBULANCE SERVICES       198, 556       13, 088, 874       13, 287, 430       0. 307218       0.000000       95.00         113.00       INTEREST EXPENSE       113.00       INTEREST EXPENSE       113.00       200.00       200.00       200.00       200.00       200.00       201.00         200.00       Less Observation Beds       651, 973, 859       711, 345, 306       1, 363, 319, 165       200.00       201.00		0	C				
91. 01       09101       EMERGENCY       23,800       575,459       599,259       6.733626       0.000000       91. 01         92. 00       09200       0BSERVATION BEDS (NON-DISTINCT PART       1,418,452       0       1,418,452       0.000000       0.000000       92. 00         0THER       REI MBURSABLE COST CENTERS       95.00       0.307218       0.000000       92. 00         95. 00       09500       AMBULANCE SERVICES       198,556       13,088,874       13,287,430       0.307218       0.000000       95. 00         9FECIAL PURPOSE COST CENTERS       113.00       INTEREST EXPENSE       113.00       1.363,319,165       113.00       200.00         200. 00       Less Observation Beds       651,973,859       711,345,306       1,363,319,165       200.00		20 250 715					
92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART         1,418,452         0         1,418,452         0.000000         92.00           0THER         REI MBURSABLE COST CENTERS         0         1,418,452         0         1,418,452         0.000000         92.00         92.00           0FUEL							
OTHER         REI MBURSABLE         COST         CENTERS           95. 00         09500         AMBULANCE         SERVICES         198, 556         13, 088, 874         13, 287, 430         0. 307218         0. 000000         95. 00           SPECIAL         PURPOSE         COST         CENTERS         113. 00         11300         INTEREST         EXPENSE         113. 00         200. 00         Subtotal         (see instructions)         651, 973, 859         711, 345, 306         1, 363, 319, 165         200. 00         201. 00							
SPECIAL PURPOSE COST CENTERS           113.00         11300           200.00         Subtotal (see instructions)           201.00         Less Observation Beds	OTHER REIMBURSABLE COST CENTERS					1	
113.00       11300       INTEREST EXPENSE       113.00         200.00       Subtotal (see instructions)       651,973,859       711,345,306       1,363,319,165       200.00         201.00       Less Observation Beds       651,973,859       711,345,306       1,363,319,165       200.00		198, 556	13, 088, 874	13, 287, 43	0. 307218	0.00000	95.00
200. 00         Subtotal (see instructions)         651, 973, 859         711, 345, 306         1, 363, 319, 165         200. 00           201. 00         Less Observation Beds         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00         201. 00 <td< td=""><td></td><td>   </td><td></td><td>1</td><td></td><td></td><td>112 00</td></td<>				1			112 00
201.00 Less Observation Beds 201.00		651, 973, 859	711, 345, 306	1, 363, 319, 16	5		
202. 00         Total (see instructions)         651, 973, 859       711, 345, 306       1, 363, 319, 165         202. 00	201.00 Less Observation Beds						201.00
	202.00   Total (see instructions)	651, 973, 859	711, 345, 306	1, 363, 319, 16	ō		202.00

<u>alth Financial Syste</u> MPUTATION OF RATIO		TRINITAS HO	Provider CCN: 31-0027	Period: From 01/01/2021	u of Form CMS-2552 Worksheet C Part I
				To 12/31/2021	Date/Time Prepare 6/1/2022 10:55 an
0.1.0.1			Title XIX	Hospi tal	Cost
Cost Cent	er Description	PPS Inpatient Ratio			
		11.00			
	NE SERVICE COST CENTERS				
0. 00 03000 ADULTS & . 00 03100 I NTENSI VE					30
. 01 03401 HOUSE PHY					34
0.00 04000 SUBPROVI D					40
. 00 04100 SUBPROVI D					41
. 00 04200 SUBPROVI D	ER				42
5. 00 04300 NURSERY 00 04400 SKILLED N					43
. 00 04500 NURSING F					45
. 00 04600 OTHER LON					46
	CE COST CENTERS				
0.00 05000 OPERATI NG		0. 000000			50
. 00 05100 RECOVERY . 00 05200 DELIVERY	ROOM & LABOR ROOM	0. 000000 0. 000000			51
. 00 05300 ANESTHESI		0. 000000			53
. 00 05400 RADI OLOGY		0. 000000			54
. 00 05500 RADI OLOGY		0. 000000			55
. 00 05600 RADI 0I SOT	OPE	0. 000000			56
. 00 05700 CT SCAN . 00 05800 MRI		0. 000000 0. 000000			57
. 00 05900 CARDI AC C	ATHETERI ZATI ON	0.000000			59
. 00 06000 LABORATOR		0. 000000			60
.00 06200 WHOLE BLO	OD & PACKED RED BLOOD CELL	0. 000000			62
	TTING FOR HEMOPHILIACS	0. 000000			62
. 00 06500 RESPI RATO		0. 000000			65
. 00 06600 PHYSI CAL . 00 06700 0CCUPATI 0		0. 000000 0. 000000			66 67
. 00 06800 SPEECH PA		0. 000000			68
. 00 06900 ELECTROCA		0. 000000			69
	UPPLIES CHARGED TO PATIENT	0. 000000			71
	. CHARGED TO PATIENTS	0. 000000			72
. 00 07300 DRUGS CHA . 00 07400 RENAL DIA	RGED TO PATIENTS	0. 000000 0. 000000			73
. 97 07697 CARDI AC R		0. 000000			76
	C OXYGEN THERAPY	0. 000000			76
. 99 07699 LI THOTRI P		0. 000000			76
	ICE COST CENTERS				
. 00 09000 CLINIC . 02 09001 PSYCH CLI	NLC	0. 000000			90 90
. 02 09001 PSYCH CLI		0. 000000 0. 000000			90
04 09003 WORKFIRST		0. 000000			90
. 05 09004 CANCER CL	INIC	0. 000000			90
. 06 09005 PEDI ATRI C		0. 000000			90
. 07 09006 WOMEN' S C		0. 000000			90
. 08 09007 THERAPEUT . 09 09008 AFTER SCH		0. 000000 0. 000000			90 90
. 11 09009 PERI NATAL		0. 000000			90
12 09010 THERAPEUT		0. 000000			90
. 13 09011 CHI LD DAY		0. 000000			90
. 14 09012 DI ABETES		0. 000000			90
. 15 09013 WOUND CEN . 16 09014 MICA	IEK	0. 000000 0. 000000			90 90
	ENTAL HEALTH CENTER	0. 000000			90
. 00 09100 EMERGENCY		0. 000000			91
01 09101 EMERGENCY		0. 000000			91
	ON BEDS (NON-DISTINCT PART	0.000000			92
	BLE COST CENTERS	0.00000			05
. 00 09500 AMBULANCE SPECIAL PURPOSE		0. 000000			95
3. 00 11300 I NTEREST					113
	(see instructions)				200
	rvation Beds				201
2.00   Total (se	e instructions)				202

REDUCTIONS FOR MEDICALD ONLY         For 01/21/2021         Part 11 To 12/21/2021         Part 11 Part 11         Part 11 <th< th=""><th>Health Financial Sy</th><th>PATIENT SERVICE COST TO CHARGE F</th><th>TRINITAS H</th><th>Provi der C</th><th>CN: 31-0027</th><th>Period:</th><th>worksheet C</th><th>2552-10</th></th<>	Health Financial Sy	PATIENT SERVICE COST TO CHARGE F	TRINITAS H	Provi der C	CN: 31-0027	Period:	worksheet C	2552-10
Cost Center Description         Total Cost (Nst: B, Part Nats, B, Pa						From 01/01/2021	Part II	
Cost Center Description         Total Cost (Wkst. 8, Part Met of Capital cost Center Description)         Total Cost (Wkst. 8, Part Met of Capital cost Center Description)         Hospital Cost (Part Cost Center Description)         Hospital Cost (Par						To 12/31/2021		pared:
Office         Office<				Ti tl	e XIX	Hospi tal		
I. col. 20)         II col. 20)         Cost (col. 2)         Amount           1.00         2.00         3.00         4.00         5.00           0.00         0.00         0.00         4.00         5.00           0.00         0.00         0.00         4.00         5.00           0.00         0.00         0.00         6.750         6.756         104, 199           0.00         0.00         0.00         4.00         5.00         5.00         5.00           0.00         0.00         0.00         4.00         4.00         4.657         2.59, 91           5.00         0.0500         DELIVERY ROUM         4.855, 815         194, 572         4.37, 724         3.91, 72         2.59, 91         2.25, 695         2.25, 695         2.25, 695         2.23, 676         2.59, 91         3.23, 710         7.09, 717         7.07, 71         7.137         7.2, 737         7.2, 2.11         1.32, 2.44         3.94         4.93         3.3, 821         2.211         11.32, 2.13         1.152, 3.26         2.96, 623         1.66, 60, 972         8.70, 82         2.211         13.021         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00	Cost C	enter Description						
Image: color         color <thcolor< th="">         color</thcolor<>								
Inclutary SERVICE COST CENTERS         Image: Cost Centers         Image: Cost Centers           50.00         05000         0PERATING ROM         12.559, 623         666, 972         1, 772, 651         66, 697         11, 772, 651         66, 697         11, 792, 553         67, 56         104, 199           52.00         05200         DELIVERY POOM & LABOR ROM         4, 568, 615         194, 572         4, 391, 724         32, 419         4, 572         430, 803         30, 01         135, 767           53.00         05300         AND LOCY - DLAGNOSTIC         4, 699, 913         326, 199         4, 373, 724         32, 619         2, 370, 619         -709, 170         0, 971         -709, 170         0, 971         -709, 170         0, 971         -709, 170         0, 971         -709, 170         0, 971         -709, 170         0, 971         -709, 170         0, 971         -709, 170         0, 970         0, 970         0, 970         0, 970         0, 970         0, 970         0, 970         2, 984         24, 770         334, 4958           50.00         05500         MRI         10040L BLABORATORY         104, 974         4, 942, 697         9, 971, 975         22, 526         120, 530         120, 530         120, 530         120, 530         1113, 530         120, 530 <td></td> <td></td> <td>I, COI. 26)</td> <td>TT COL. 26)</td> <td></td> <td>-</td> <td>Amount</td> <td></td>			I, COI. 26)	TT COL. 26)		-	Amount	
50.00       D5000       OPERATING ROOM       12,559,623       688,972       11,726,551       68,647       688,647         51.00       D5100       DECOVERY ROOM       4,565,815       194,572       43,91,243       19,457       254,602         52.00       D5300       DELIVERY ROOM & LABOR ROOM       4,555,815       194,572       43,91,243       19,457       254,602         53.00       D5300       RADI LOGV-UI AGNOSTIC       4,699,913       326,189       43,73,724       32,619       253,676         56.00       D5600 RADI DISOTPE       767,471       12,334       775,137       1,323       44,958         50.00       D5600 CRADI ACCATHETERIZATION       2,070,777       229,176,675       2,820       33,621         50.00       D5600 MRI       CABNA CATHETERIZATION       2,070,777       229,170,675       2,820       33,621         50.00       D5000 MRI       CABNA CATHETERIZATION       2,070,777       229,7675       2,820       33,621         50.00       D5000 MRI       CATHETERIZATION       2,070,777       28,909       2,078,259       25,555       120,039       60       60,600       60,600       60,600       60,600       60,600       60,600       60,600       60,600       60,600			1.00	2.00		4.00	5.00	
51:00       05100       ECCUPENY ROM       1, 864, 092       67, 562       17, 976, 533       6, 756       104, 199         52:00       05200       DRIVENY ROM       2, 370, 819       30, 011       2, 340, 806       3, 001       135, 767         53:00       DS400 LORY-THERAPEUTIC       0       709, 170       770, 177       7, 0, 917       -41, 132         55:00       DS500 RADI CLORY-THERAPEUTIC       0       770, 177       1, 234       777, 137       1, 233       44, 958         50:00       DS500 RADI CLORY-THERAPEUTIC       0       777, 28, 202       579, 6, 75       2, 820       33, 421         50:00       DS500 RADI CLORY-THERAPEUTIC       0       000       6000 RADI CLORY-THERAPEUTIC       0       077       28, 209       34, 475         50:00       DS500 RADI CLORY-THERAPEUTIC       0       077, 28, 202       579, 6, 75       2, 820       33, 421         50:00       DS500 RADI CLORY-THERAPENT       1, 13, 021       133, 647       126, 648, 43       12, 211       113, 021         60:00       RADIO LORY-THERAPY       4, 144, 209       87, 497       46, 650, 772       8, 750       235, 293         60:00       RESPIRATORY THERAPY       4, 144, 209       87, 497       30, 66, 772	ANCI LLARY SE	RVICE COST CENTERS						
52.00         05200         DELI VERY RODU & LABOR ROOM         4, 585, 815         194, 572         4, 391, 243         19, 457         2, 240, 805         3, 001         135, 767           53.00         05300         RADI LOGY-DI AGNOSTIC         4, 699, 913         326, 189         43, 737, 724         32, 619         2, 370, 817, 77         -709, 170         7, 971         -11, 132, 234         44, 958           50.00         05500         RADI LOGY-THERAPUTIC         -079, 777         -28, 021         757, 675         2, 820         2, 976, 675         2, 820         3, 821         11, 132, 130         44, 958           50.00         05500         RADI LOGY-THERAPUTIC         -079, 777         -28, 020         577, 675         2, 820         33, 621           50.00         05500         CABDI AC CATHETERI ZATI ON         2, 070, 757         122, 114         1, 948, 643         12, 211         113, 021           60.00         CABDI AC CATHETERI ZATI ON         2, 070, 757         122, 143, 754         125, 947         303, 236         172, 728         304, 973           60.00         CABDI AC CATHETERI ZATI ON         2, 070, 255         120, 0530         117, 959         1000         121, 113, 021         070, 050         070, 050         070, 050         00, 000         0,								
53.00         005300         AMESTHESI 0LOCY         2.370,819         30.011         2.340,808         3.001         135,767           55.00         05500         RADI DLOCY-INERAPEUTI C         0         709,170         70,917         70,917         71,233         4775,137         1,233         4775,137         1,233         4775,137         1,233         4,458           57.00         05000         RADI OLSCOPE         787,77         28,202         579,675         2,820         38,621           59.00         05900         CARDI AC CATHETERI ZATI ON         2,070,757         122,114         143,024         703         42,170         394,073           62.00         06200         MHOLE         BLOOD CLELL         2,103,754         25,495         2,550         120,539           63.00         06200         MHSL         FERPH RATORY THERAPY         4,144,269         87,497         4,056,772         8,750         235,293           63.00         064000         DECH PATHOLOGY         1,238,487         30,03         199,965         309         11,599           71.00         07100         DECH PATHOLOGY         1,238,487         56,044         1,272,424         5,004         73,790           70.0770         DEC								
54.00 05400 RADI CLORY - IN ARMOSTI C 4, 699, 913 326, 189 4, 373, 724 32, 619 253, 675 00 05500 RADI OSTOPE 778, 7471 12, 334 775, 137 1, 233 44, 958 70 05700 CT SCAN 777 128, 269 2, 964 65, 116 530 05800 MRI 607 STAN 775 122, 214 1, 194, 843 12, 231 113, 021 60, 00 05800 MRI 700 CT SCAN 777 128, 202 579, 676 2, 820 33, 621 70 05800 MRI 700 CARDIAC CARHAEC STHER IZATION 2, 070, 757 122, 114 1, 1948, 643 12, 211 113, 021 60, 00 0600 LABORATORY 7, 7057, 553 247, 699 2, 505 120, 539 6, 00 05600 MROLE BLOOD & PACKED RED BLOOD CELL 2, 103, 754 25, 495 2, 078, 259 2, 550 1250, 539 6, 00 06500 MRI FOR TARTY THERAPY 4, 140, 804 178, 853 3, 961, 951 17, 885 229, 793 6, 00 06400 PHYSI CAL THERAPY 4, 140, 804 99 1, 723 30, 323, 172 173, 588 6, 00 06400 PHYSI CAL THERAPY 4, 140, 804 99 1, 723 30, 323, 3172 173, 588 6, 00 06400 PHYSI CAL THERAPY 4, 304, 999 1, 723 30, 323, 172 173, 588 6, 00 06400 PHYSI CAL THERAPY 4, 304, 999 1, 723 30, 323, 172 173, 588 6, 00 06400 PHYSI CAL THERAPY 4, 304, 999 1, 723 30, 323, 172 173, 588 6, 00 06400 PHYSI CAL THERAPY 1, 328, 287 56, 644 1, 727, 243 5, 604 73, 790 71, 00 0700 ORUES CHARGED TO PATIENTS 16, 592, 371 89, 570 16, 502, 801 8, 967 9, 957, 162, 706 70 0, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
55.00         05500         RADI CLOGY - THERAPEUTIC         0         709, 170         -709, 170         -709, 170         -709, 170         -709, 170         -709, 170         -71, 123         44, 958           55.00         05500 (CT SCAN         1, 152, 326         29, 637         1, 22, 689         2, 964         651, 162         200         559, 05         2, 820         33, 621           55.00         05500 (CARDI AC CATHETERI ZATI ON         2, 070, 757         122, 114         1, 948, 643         12, 211         113, 304         775, 53         247, 699         6, 809, 884         24, 770         394, 473           62.00         06200 (MHOLE BLOOD & PACKED RED BLOOD CELL         2, 103, 754         25, 495         2, 078, 33, 961         77, 885         229, 793           63.00         06200 (DCUIT TI MAL THERAPY         4, 140, 804         178, 853         3, 961         995         309         11, 599           64.00         06300 PEECH PATI ONAL THERAPY         1, 328, 287         56, 044         1, 272, 243         5, 604         7, 379           70.00         0700 DEVIC ALSUPPILES CHARGED TO PATIENTS         16, 592, 371         89, 570         16, 502, 801         8, 557, 162           71.00         07100 DEVIC ALSUPPILES CHARGED TO PATIENTS         16, 592, 371         89,								
56. 00       05600       RADI IO SOTOPE       787, 471       12, 334       775, 137       1, 233       44, 958         57. 00       05700       05700       CTS CAN       1, 152, 326       29, 637       1, 122, 649       2, 964       651, 160         50. 00       05800       MRI       607, 877       122, 114       1, 948, 643       12, 211       11, 13, 021         60. 00       06000       LABORATORY       7, 057, 583       247, 697       4, 056, 772       8, 750       2, 550       120, 539         62.00       06250       BLODD & PACKED RED BLODD CELL       2, 103, 754       2, 078, 259       2, 078, 259       2, 078, 259       2, 078, 333, 236       172       17, 885         63.00       06600       PESCH RATORY       4, 144, 269       78, 477       4, 056, 772       8, 750       2, 550       309       11, 583       3, 961, 951       17, 885       309       11, 599       303, 236       172       17, 588       604       13, 730       1, 323, 287       96, 04       18, 224, 088       99, 900       16, 520, 800       4, 625       444, 207       1, 328, 287       96, 04       18, 224, 088       99, 900       1, 557, 955       1, 550, 805       309       1, 557, 955       10, 650, 801       8, 557, 956 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
57.00       05700       CT SCAN       1, 152, 326       29, 637       1, 122, 699       2, 964       65, 116         58.00       05800       CARDIAC CATHETERIZATI ON       2, 070, 757       122, 114       1, 948, 643       12, 211       113, 021         60.00       06000       LARDIAC CATHETERIZATI ON       2, 070, 757       122, 147       699, 6884       24, 770       394, 973         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELL       2, 103, 754       247, 699       6, 864       24, 770       87, 550       225, 750         63.00       06500       RESPI RATORY THERAPY       4, 144, 269       178, 853       3, 961, 951       177, 178, 885       309, 611, 951       178, 853       3, 961, 951       178, 853       3, 961, 951       177, 178, 885       309, 91, 951       178, 853       3, 961, 951       178, 783       303, 236       172       178, 586       309, 91, 951       178, 953       309, 91, 951       178, 953       309, 91, 951       178, 983       309, 91, 915       178, 953       309, 91, 951       178, 983       309, 91, 951       178, 933       303, 236       177       178, 988       309, 91, 951       172, 178, 986       309, 91, 951       175, 371       96, 70, 957       96, 70, 957       165, 528, 501       867, 97, 967, 152<			-					
58:00       05800       MRI       607, 877       28:202       579, 675       2.8202       33.621         50:00       05900       CARDIAC CATHETERI ZATION       2.070, 757       122.114       1.948, 643       12.211       113.021         60:00       06000       LABORATORY       7.057, 563       247, 699       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078, 259       2.078       2.079       2.079								
59:00         05900         CARDIAC CATHETERIZATION         2,070,757         122,114         1,948,463         12,211         113,021           60:00         06000         LABORATORY         7,057,583         247,699         6,809,884         24,770         394,973           62:00         WHOLE BLODD & PACKED RED BLODD CELL         2,103,754         254,699         2,078,259         2,550         120,539           64:00         06500         RESPI RATORY THERAPY         4,144,289         87,497         4,056,772         8,750         2235,293           66:00         06000 CULPATIONAL THERAPY         304,959         1,723         303,236         172         17,588           66:00         06000 ELECTROCARDIOLGY         1,328,287         766,044         1,272,243         5,604         73,790           71:00         07000 ELECTROCARDED TO PATIENTS         8,567,056         46,2247         8,520,809         4,625         494,207           73:00         07300 DRUGS CHARGED TO PATIENTS         16,592,371         89,570         16,502,801         8,957         957,162         21,654,333         61,753         1,255,951           70,677         CARDIA CREHABILLTATON         0         0         0         0         0         0         0		-						
60:00         06000         LABORATORY         7, 057, 583         247, 699         6, 809, 884         24, 770         349, 973           62:00         062200         WHOLE BLODD & PACKED RED BLODD CELL         2, 103, 754         25, 495         2, 078, 259         2, 503         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		C CATHETERI ZATI ON						
62:30         62:50         BLODD CLOTTING FOR HEMOPHILIACS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
65:00       06500       RESPI RATORY THERAPY       4, 144, 269       87, 497       4, 056, 772       8, 750       225, 293         66:00       06600       SPEECH PATHOLOGY       203, 078       3, 093       199, 985       309       117, 885       229, 793         67:00       06000       SPEECH PATHOLOGY       1, 328, 287       56, 044       1, 723       303, 236       1172       17, 588         68:00       06000       SPEECH PATHOLOGY       1, 328, 287       56, 044       1, 272, 243       5, 604       73, 790         71:00       07000       MEDI CAL, SUPPLIES CHARGED TO PATI ENTS       8, 567, 056       46, 247       8, 520, 094       4, 255       944, 207         72:00       07200       DRMC, C. CHARGED TO PATI ENTS       16, 592, 371       89, 570       16, 502, 801       8, 957       957, 162         70:00       07400       CARDIA CREHABI LITATI ON       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>62.00 06200 WHOLE</td> <td>BLOOD &amp; PACKED RED BLOOD CELL</td> <td>2, 103, 754</td> <td>25, 495</td> <td>2, 078, 25</td> <td>9 2, 550</td> <td>120, 539</td> <td>62.00</td>	62.00 06200 WHOLE	BLOOD & PACKED RED BLOOD CELL	2, 103, 754	25, 495	2, 078, 25	9 2, 550	120, 539	62.00
66:00         06600         PHYSICAL THERAPY         4, 140, 804         178, 853         3, 961, 951         17, 885         229, 793           67:00         06700         OCCUPATIONAL THERAPY         304, 959         1, 723         303, 236         1772         17, 588           68:00         06800         SPEECH PATHOLOGY         1, 328, 287         56, 044         1, 272, 243         5, 604         73, 790           71:00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         8, 557, 056         46, 247         8, 520, 809         4, 622         4494, 207           70:00         07200         INRGE TO RARGED TO PATIENTS         8, 567, 056         4617, 525         21, 654, 333         61, 753         1, 255, 951           70:00         07400         REMAL DI ALYSI S         22, 271, 858         617, 525         21, 654, 333         61, 753         1, 255, 951           70:97         OR597         CARDI AC REHABILITATION         0         0         0         0         0         0           00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0	C		0 0	0	62.30
67:00         067:00         0CUPATIONAL         THERAPY         304,959         1,723         303,236         1722         17,588           68:00         06600         SPECEH         PATHOLOGY         203,078         3,009         199,985         309         11,599           71:00         07200         MEDI CAL SUPPLIES CHARGED TO PATIENT         18,339,892         99,004         18,240,888         9,900         1,057,972           72:00         07200         IMPL_DEV. CHARGED TO PATIENTS         16,592,371         89,570         16,502,801         8,957         967,162           74:00         07400         REHAB INLAYSIS         22,271,858         617,525         21,654,333         61,753         1,255,951           76:97         07697         CARDI AC REHABI LITATION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td>65. 00 06500 RESPI R</td> <td>ATORY THERAPY</td> <td>4, 144, 269</td> <td>87, 497</td> <td>4, 056, 77</td> <td>2 8, 750</td> <td>235, 293</td> <td>65.00</td>	65. 00 06500 RESPI R	ATORY THERAPY	4, 144, 269	87, 497	4, 056, 77	2 8, 750	235, 293	65.00
66: 00         06800         SPEECH PATHOLOGY         203,078         3,093         199,985         309         11,599           60: 00         66900         ELECTROCARDIOLOGY         1,328,287         56,044         1,222,243         5,604         1,057,972           71: 00         07100         MEDICAL SUPPLIES CHARGED TO PATIENT         18,339,892         99,004         18,240,888         9,900         4,625         494,207           72: 00         07300         RRACED TO PATIENTS         16,592,371         89,570         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,502,801         8,957         16,504         17,255         16,504         17,255         16,504         10,525         10,525         10,525         10,525         10,525         10,525         10,525         10,525			4, 140, 804	178, 853	3, 961, 95	1 17, 885	229, 793	
69:00         00         0000         ELECTROCARDIOLOGY         1, 328, 287         56, 044         1, 272, 243         56, 604         73, 790           71:00         07100         MEDICAL SUPPLIES CHARGED TO PATIENT         18, 339, 892         99, 004         18, 240, 888         9, 900         1, 057, 972           71:00         07200         IRVL.         DEV.         CHARGED TO PATIENTS         16, 502, 371         89, 570         16, 502, 801         8, 957         957, 152           71:00         07200         RENAL DIALYSIS         22, 271, 858         617, 525         21, 654, 333         61, 753, 700         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
71.00       07100       MEDI CAL. SUPPLIES CHARGED TO PATIENT       18, 339, 892       99, 004       18, 240, 888       9, 900       1, 057, 972         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       8, 567, 056       46, 247       8, 520, 809       4, 625       494, 207         73.00       07300       DRUGS CHARGED TO PATIENTS       16, 592, 371       89, 570       16, 502, 801       8, 957       957, 162         74.00       07400       RENAL DI ALYSIS       22, 271, 858       617, 525       21, 654, 333       61, 753       1, 255, 951         76.90       07699       ILTHOTRERARI C OXYGEN THERAPY       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
72:00       07200       IMPL       DEV. CHARGED TO PATIENTS       8, 567, 056       46, 247       8, 520, 809       4, 625       494, 207         73:00       07300       DRUGS CHARGED TO PATIENTS       16, 592, 371       89, 570       16, 502, 801       8, 957       957, 162         74:00       07400       RENAL DIALYSIS       22, 271, 888       617, 525       21, 654, 333       61, 753       1, 255, 951         76:90       07699       ILTHOTRI PSY       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
73.00       07300       DRUGS CHARGED TO PATIENTS       16, 592, 371       89, 570       16, 502, 801       8, 957       957, 162         74.00       ORMAL DIALYSIS       22, 271, 858       617, 525       21, 654, 333       617, 753       1, 255, 951         76.97       OFG97       CARDIAC CRHABIL ITATION       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
74.00       07400       RENAL DI ALYSI S       22, 271, 858       617, 525       21, 654, 333       61, 753       1, 255, 951         76.97       07697       CARDI AC REHABI LI TATI ON       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
76. 97         07697         CARDIAC REHABILITATION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
76. 98         076. 98         HYPERBARI C 0XYGEN THERAPY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								1
76. 99         076.99         LI HOTRIPSY         0         0         0         0           OUTPATIENT SERVICE COST CENTERS         33, 331         3, 418, 120         33, 133         198, 251           90.00         09000         LI NI C         3, 749, 451         331, 331         3, 418, 120         33, 133         198, 251           90.02         09001         PSYCH CLI NI C         FEE BASED         10, 525         60         10, 465         6         607           90.03         WORK RIST         112, 785         640         112, 145         64         6, 504           90.04         09003         WORK RIST         112, 785         640         112, 145         64         6, 806           90.05         09004         KANCER CLINI C         1, 113, 194         64, 810         1, 048, 384         6, 481         60, 806           90.07         THERAPEUTI C SCHOL         970, 461         5, 542         964, 919         554         55, 965           90.09         9008         AFTER SCHOOL PROGRAM         557, 859         91, 003         466, 856         9, 100         27, 078           90.11         09009         PEINATAL ADDI CTI 0N         338, 042         94, 722         243, 320         9, 472			-					
OUTPATIENT SERVICE COST CENTERS           09000         09000         CLINIC         3,749,451         331,331         3,418,120         33,133         198,251           90.00         09001         PSYCH CLINIC         FEE BASED         10,525         60         10,465         6         607           90.01         09002         PSYCH CLINIC         FEE BASED         112,785         640         112,145         64         6,504           90.05         09004         CAUCER CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></t<>			-					
90.00       O9000       CLINIC       3,749,451       331,331       3,418,120       33,133       198,251         90.02       O9001       PSYCH CLINIC       FE BASED       19,087,245       800,608       18,286,637       80,061       1,060,625         90.03       O9002       PSYCH CLINIC       FE BASED       10,525       60       10,465       6       607         90.04       O9003       WORKFIRST       112,785       640       112,145       64       6,504         90.05       O9004       CANCER CLINIC       1,113,194       64,810       1,048,384       6,481       60,806         90.07       O9006       WOMEN'S CLINIC       2,896,788       163,475       2,733,313       16,348       158,532         90.08       O9007       THERAPEUTIC SCHOOL       970,461       5,542       964,919       554       55,965         90.10       O9009       PERINATAL ADDICTION       338,042       94,722       243,320       9,472       14,113         90.12       O9010       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       O9012       I HABAL ADDI CTION       388,042       24,556       857,766       2,854						0 0	<u> </u>	/0.//
90.02       99001       PSYCH CLINIC       19,087,245       800,608       18,286,637       80,061       1,060,625         90.03       09002       PSYCH CLINIC FEE BASED       10,525       60       10,465       64       607         90.04       09003       WORKFIRST       112,785       640       112,145       644       6,504         90.05       09004       CANCER CLINIC       1,113,194       64,810       1,048,384       6,481       60,806         90.07       09006       WORKFIST. INIC       2,896,788       163,475       2,733,313       16,348       158,532         90.08       09007       THERAPEUTIC SCHOOL       970,461       5,542       964,919       554       55,965         90.01       09008       AFTER SCHOOL PROGRAM       557,859       91,003       466,856       9,100       27,078         90.11       09001       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       09011       THERAPEUTIC NURSERY       28,868       12,333       1,733,885       12,233       100,555         90.14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955	90.00 09000 CLINIC		3, 749, 451	331, 331	3, 418, 12	0 33, 133	198, 251	90.00
90.04       09003       WORKFIRST       112,785       640       112,145       64       6,504         90.05       09004       CANCER CLINIC       0       0       0       0       0         90.06       09005       PEDIATRIC CLINIC       1,113,194       64,810       1,048,384       6,481       60,806         90.07       09006       WOMEN'S CLINIC       2,896,788       163,475       2,733,313       16,348       158,552         90.08       09007       THERAPEUTIC SCHOOL       970,461       5,542       964,919       554       55,965         90.11       09009       PERINATAL ADDICTION       338,042       94,722       243,320       9,472       14,113         90.12       09017       THERAPEUTIC NURSERY       255,868       146       25,722       15       1,492         90.13       09011       CHI D DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955         90.15       09014       MICA       483,945       105,959       377,986       10,596       21,923         90.16								
99.05       09004       CANCER CLINIC       0       0       0       0       0         90.05       09005       PEDI ATRIC CLINIC       1,113,194       64,810       1,048,384       6,481       60,806         90.06       09007       THERAPEUTIC SCHOOL       2,896,788       163,475       2,733,313       16,348       158,532         90.07       09008       AFTER SCHOOL PROGRAM       557,859       91,003       466,856       9,100       27,078         90.11       09009       PERI NATAL ADDICTION       338,042       94,722       243,320       9,472       14,113         90.12       09010       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       09011       CHILD DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.14       09012       DIABETES CENTER       72,908       21,960       50,948       2,196       2,955         90.15       09013       WOUND CENTER       886,302       28,536       857,766       2,854       49,750         90.16       09012       BARGENCY       13,149,059       595,578       12,553,481       59,558       728,102	90. 03 09002 PSYCH	CLINIC FEE BASED	10, 525	60	10, 46	5 6	607	90.03
90.06       09005       PEDIATRIC CLINIC       1,113,194       64,810       1,048,384       6,481       60,806         90.07       09006       WOMEN'S CLINIC       2,896,788       163,475       2,733,313       16,348       158,532         90.08       09007       THERAPEUTIC SCHOOL       970,461       5,542       964,919       554       55,965         90.09       09008       AFTER SCHOOL PROGRAM       557,859       91,003       466,856       9,100       27,078         90.11       09009       PERINATAL ADDICTION       338,042       94,722       243,320       9,472       14,113         90.12       09010       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       09011       CHI LD DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.15       09014       MI CA       483,945       105,959       377,986       10,596       21,960         90.16       09014       MI CA       483,945       105,959       377,986       10,596       21,923         91.01       09100       EMERGENCY       13,149,059       595,578       12,553,481       59,558       728,102	90.04 09003 WORKFI	RST	112, 785	640	112, 14	5 64	6, 504	90.04
90.07       09006       WOMEN'S CLINIC       2,896,788       163,475       2,733,313       16,348       158,532         90.08       09007       THERAPEUTIC SCHOOL       970,461       5,542       964,919       554       55,965         90.09       09008       AFTER SCHOOL PROGRAM       557,859       91,003       466,856       9,100       27,078         90.11       09009       PERI NATAL ADDICTION       338,042       94,722       243,320       9,472       14,113         90.12       09010       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       09011       CHILD DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955         90.15       09013       WUND CENTER       886,302       28,536       857,766       2,854       49,750         90.16       09014       MI CA       433,945       105,959       377,986       10,596       21,923         90.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       9			-	-				
90.08       09007       THERAPEUTIC SCHOOL       970, 461       5, 542       964, 919       554       55, 965         90.09       09008       AFTER SCHOOL PROGRAM       557, 859       91, 003       466, 856       9, 100       27, 078         90.11       09009       PERINATAL ADDICTION       338, 042       94, 722       243, 320       9, 472       14, 113         90.12       09010       THERAPEUTIC NURSERY       25, 868       146       25, 722       15       1, 492         90.13       09011       CHILD DAY TREATMENT       1, 856, 218       122, 333       1, 733, 885       12, 233       100, 565         90.14       09012       DI ABETES CENTER       72, 908       21, 960       50, 948       2, 196       2, 955         90.15       09013       WOUND CENTER       886, 302       28, 536       857, 766       2, 854       49, 750         90.16       09014       MICA       483, 945       105, 959       377, 986       10, 596       21, 923         90.17       09105       BAYONNE MENTAL HEALTH CENTER       1, 713, 096       90, 343       1, 622, 753       9, 034       94, 120         91.00       09100       EMERGENCY       4, 035, 186       126, 468       3, 908								
90.09       09008       AFTER SCHOOL PROGRAM       557,859       91,003       466,856       9,100       27,078         90.11       09009       PERINATAL ADDICTION       338,042       94,722       243,320       9,472       14,113         90.12       09010       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       09011       CHILD DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955         90.15       09014       MICA       483,945       105,959       377,986       10,565       21,923         90.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       94,120         91.00       09100       EMERGENCY       13,149,059       595,578       12,553,481       59,558       728,102         91.01       09101       EMERGENCY       4,035,186       126,468       3,908,718       12,647       226,706         92.00       OSECIVATION BEDS (NON-DISTINCT PART       0       0       0       0       0       0								
90.11       09009       PERINATAL ADDICTION       338,042       94,722       243,320       9,472       14,113         90.12       09010       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       09011       CHILD DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955         90.15       09013       WOUND CENTER       886,302       28,536       857,766       2,854       49,750         90.16       09014       MI CA       483,945       105,959       377,986       10,596       21,923         90.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       94,120         91.00       09100       EMERGENCY       13,149,059       595,578       12,553,481       59,558       728,102         92.00       09200       DESERVATI ON BEDS (NON-DI STINCT PART       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
90.12       09010       THERAPEUTIC NURSERY       25,868       146       25,722       15       1,492         90.13       09011       CHILD DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955         90.15       09013       WOUND CENTER       886,302       28,536       857,766       2,854       49,750         90.16       09014       MI CA       483,945       105,959       377,986       10,596       21,923         90.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       944,120         91.00       09100       EMERGENCY       13,149,059       595,578       12,553,481       59,558       728,102         91.01       09101       EMERGENCY       4,035,186       126,468       3,908,718       12,647       226,706         92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART       0       0       0       0       0       0       0         95.00       AMBULANCE SERVI CES       4,082,132       122,750       3,959,382       12,275								
90.13       09011       CHI LD DAY TREATMENT       1,856,218       122,333       1,733,885       12,233       100,565         90.14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955         90.15       09013       WOUND CENTER       886,302       28,536       857,766       2,854       49,750         90.16       09014       MI CA       483,945       105,959       377,986       10,596       21,923         90.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       944,120         91.00       09106       EMERGENCY       13,149,059       595,578       12,553,481       12,647       226,706         91.01       09101       EMERGENCY       4,035,186       126,468       3,908,718       12,647       226,706         92.00       095200       DBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       0       0       0       0         95.00       09500       ABBULANCE SERVI CES       4,082,132       122,750       3,959,382       12,275       229,644         95.00       09500       ABBULANCE SERVI CES       4,082,132       122,750 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
90. 14       09012       DI ABETES CENTER       72,908       21,960       50,948       2,196       2,955         90. 15       09013       WOUND CENTER       886,302       28,536       857,766       2,854       49,750         90. 16       09014       MI CA       483,945       105,959       377,986       10,596       21,923         90. 17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       94,120         91. 00       09100       EMERGENCY       13,149,059       595,578       12,553,481       59,558       728,102         91. 00       09101       EMERGENCY       4,035,186       126,468       3,908,718       12,647       226,706         92. 00       085ERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       0       0       0       0         95. 00       09500       AMBULANCE SERVI CES       4,082,132       122,750       3,959,382       12,275       229,644         95. 00       09500       AMBULANCE SERVI CES       4,082,132       122,750       3,959,382       12,275       229,644         95. 00       09500       AMBULANCE SERVI CES       4,082,132       122,750       3,959,382 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
90.15       09013       WOUND CENTER       886, 302       28, 536       857, 766       2, 854       49, 750         90.16       09014       MI CA       483, 945       105, 959       377, 986       10, 596       21, 923         90.17       09015       BAYONNE MENTAL HEALTH CENTER       1, 713, 096       90, 343       1, 622, 753       9, 034       94, 120         91.00       09100       EMERGENCY       13, 149, 059       595, 578       12, 553, 481       59, 558       728, 102         91.01       09101       EMERGENCY       4, 035, 186       126, 468       3, 908, 718       12, 647       226, 706         92.00       OBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       0       0         95.00       09500       AMBULANCE SERVI CES       4, 082, 132       122, 750       3, 959, 382       12, 275       229, 644         SPECIAL PURPOSE COST CENTERS         113.00       11300       INTEREST EXPENSE       172, 345, 384       6, 425, 777       164, 467, 891       642, 577       9, 539, 137       2         200.00       Subtotal (sum of Lines 50 thru 199)       172, 345, 384       6, 425, 777       164, 467, 891       642, 577       9, 539, 137       2								
90.16       09014       MI CA       483,945       105,959       377,986       10,596       21,923         90.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       94,120         91.00       09100       EMERGENCY       13,149,059       595,578       12,553,481       59,558       728,102         91.01       09101       EMERGENCY       4,035,186       126,468       3,908,718       12,647       226,706         0       0200       OBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       0       0       0         05.00       09500       AMBULANCE SERVI CES       4,082,132       122,750       3,959,382       12,275       229,644         113.00       11300       INTEREST EXPENSE       113.00       144,467,891       642,577       9,539,137       2         200.00       Subtotal (sum of lines 50 thru 199)       172,345,384       6,425,777       164,467,891       642,577       9,539,137       2	90. 15 09013 WOUND	CENTER						
90.17       09015       BAYONNE MENTAL HEALTH CENTER       1,713,096       90,343       1,622,753       9,034       94,120         91.00       09100       EMERGENCY       13,149,059       595,578       12,553,481       59,558       728,102         91.01       09101       EMERGENCY       4,035,186       126,468       3,908,718       12,647       226,706         0       0       0       0       0       0       0       0         0       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
91.00       09100       EMERGENCY       13, 149, 059       595, 578       12, 553, 481       59, 558       728, 102         91.01       09101       EMERGENCY       4, 035, 186       126, 468       3, 908, 718       12, 647       226, 706         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART       0       0       0       0       0         0       0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0         0       0500       AMBULANCE SERVICES       4, 082, 132       122, 750       3, 959, 382       12, 275       229, 644         SPECIAL PURPOSE COST CENTERS       113.00       INTEREST EXPENSE       113.00       149, 467, 891       6, 425, 777       164, 467, 891       642, 577       9, 539, 137       2         200.00       Subtotal (sum of Lines 50 thru 199)       172, 345, 384       6, 425, 777       164, 467, 891       642, 577       9, 539, 137       2		E MENTAL HEALTH CENTER						
91.01       09101       EMERGENCY       4,035,186       126,468       3,908,718       12,647       226,706         92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART       0       0       0       0       0         07HER       REIMBURSABLE       COST CENTERS       4,082,132       122,750       3,959,382       12,275       229,644         95.00       AMBULANCE SERVICES       4,082,132       122,750       3,959,382       12,275       229,644         113.00       INTEREST EXPENSE       11300       INTEREST EXPENSE       113.00       6,425,777       164,467,891       642,577       9,539,137       12								
OTHER         REI MBURSABLE         COST         CENTERS           95. 00         09500         AMBULANCE         SERVI CES         4, 082, 132         122, 750         3, 959, 382         12, 275         229, 644           SPECIAL         PURPOSE         COST         CENTERS         1         1         1         1         100         I NTEREST         EXPENSE         1         1         1         1         6, 425, 777         164, 467, 891         642, 577         9, 539, 137         2           200. 00         Subtotal         (sum of lines 50 thru 199)         172, 345, 384         6, 425, 777         164, 467, 891         642, 577         9, 539, 137         2	91.01 09101 EMERGE	NCY						
95. 00 09500 AMBULANCE SERVICES 4, 082, 132 122, 750 3, 959, 382 12, 275 229, 644 SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 200. 00 Subtotal (sum of lines 50 thru 199) 172, 345, 384 6, 425, 777 164, 467, 891 642, 577 9, 539, 137 2		<u>`````````````````````````````````````</u>	0	0		0 0	0	92.00
SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE         1           200.00         Subtotal (sum of lines 50 thru 199)         172, 345, 384         6, 425, 777         164, 467, 891         642, 577         9, 539, 137					1	_	1	
113.00 11300 INTEREST EXPENSE 200.00 Subtotal (sum of lines 50 thru 199) 172,345,384 6,425,777 164,467,891 642,577 9,539,137 2			4, 082, 132	122, 750	3, 959, 38	2 12, 275	229, 644	95.00
200.00 Subtotal (sum of lines 50 thru 199) 172, 345, 384 6, 425, 777 164, 467, 891 642, 577 9, 539, 137 2					1		1	1112 00
			172 245 204	L 105 777	144 447 00	1 440 577	0 500 107	113.00
			172, 345, 384	0, 425, 777	104, 407, 89	0 042,5//		200.00
202.00 Total (line 200 minus line 201) 172, 345, 384 6, 425, 777 164, 467, 891 642, 577 9, 539, 137 2			172 345 384	6 425 777	164 467 29	1 642 577		

ALCULATION OF OUTPATIENT SERVICE COST TO CHARGE	RATIOS NET OF	HOSPI TAL Provi der CO	N-31_0027	Peri od:	u of Form CMS-255 Worksheet C
EDUCTIONS FOR MEDICALD ONLY	KATTUS NET UF	Provider Co	JN. 31-0027	From 01/01/2021	Part II
				To 12/31/2021	Date/Time Prepar
			e XIX	Hospi tal	6/1/2022 10:55 a Cost
Cost Center Description	Cost Net of	Total Charges		nospital	CUST
cost center beschiption	Capital and	(Worksheet C,		ae	
	Operating Cost				
	Reduction	8)	/ col. 7)		
	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS					
0. 00 05000 OPERATI NG ROOM	11, 802, 312	113, 891, 361	0. 10362	28	50
1.00 05100 RECOVERY ROOM	1, 753, 137				51
2.00 05200 DELIVERY ROOM & LABOR ROOM	4, 311, 666				52
3. 00 05300 ANESTHESI OLOGY	2, 232, 051	5, 809, 748			53
4. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 413, 618				54
5. 00 05500 RADI OLOGY-THERAPEUTI C	-29, 785				55
6. 00 05600 RADI 0I SOTOPE	741, 280		0. 04892		56
7. 00 05700 CT SCAN	1, 084, 246				57
8.00 05800 MRI	571, 436				58
9. 00 05900 CARDI AC CATHETERI ZATI ON	1, 945, 525				59
0.00 06000 LABORATORY	6, 637, 840				60
2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1, 980, 665	7, 661, 469			62
2. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0.0000		62
5. 00 06500 RESPI RATORY THERAPY	3, 900, 226				65
6.00 06600 PHYSI CAL THERAPY	3, 893, 126				66
7. 00 06700 0CCUPATI ONAL THERAPY 8. 00 06800 SPEECH PATHOLOGY	287, 199 191, 170				67
9. 00 06900 ELECTROCARDI OLOGY	1, 248, 893				69
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	17, 272, 020				71
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8, 068, 224				72
3. 00 07300 DRUGS CHARGED TO PATIENTS	15, 626, 252				73
4. 00 07400 RENAL DIALYSIS	20, 954, 154				74
6. 97 07697 CARDI AC REHABI LI TATI ON	20, 934, 134				76
6. 98 07698 HYPERBARI C OXYGEN THERAPY	0				76
6. 99 07699 LI THOTRI PSY	0				76
OUTPATIENT SERVICE COST CENTERS			0.00000		
0. 00 09000 CLINIC	3, 518, 067	813, 642	4. 32385	51	90
0. 02 09001 PSYCH CLINIC	17, 946, 559				90
0.03 09002 PSYCH CLINIC FEE BASED	9, 912				90
0. 04 09003 WORKFI RST	106, 217	9, 618			90
0.05 09004 CANCER CLINIC	0	0	0.0000	00	90
0. 06 09005 PEDIATRIC CLINIC	1, 045, 907	639, 456	1. 63562	20	90
0.07 09006 WOMEN'S CLINIC	2, 721, 908	14, 088, 439	0. 19320	02	90
0.08 09007 THERAPEUTIC SCHOOL	913, 942	792, 942	1. 15259	96	90
0.09 09008 AFTER SCHOOL PROGRAM	521, 681	0	0.0000	00	90
0. 11 09009 PERINATAL ADDICTION	314, 457	0	0.0000	00	90
0. 12 09010 THERAPEUTIC NURSERY	24, 361	0	0.0000	00	90
D. 13 09011 CHI LD DAY TREATMENT	1, 743, 420		0.0000		90
0. 14 09012 DI ABETES CENTER	67, 757				90
0.15 09013 WOUND CENTER	833, 698				90
0. 16 09014 MI CA	451, 426				90
0.17 09015 BAYONNE MENTAL HEALTH CENTER	1, 609, 942				90
1.00 09100 EMERGENCY	12, 361, 399				91
1.01 09101 EMERGENCY	3, 795, 833				91
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1, 418, 452	0.0000	00	92
OTHER REIMBURSABLE COST CENTERS				1	
5. 00 09500 AMBULANCE SERVICES	3, 840, 213	13, 287, 430	0. 28901	11	95
SPECIAL PURPOSE COST CENTERS					
13. 00 11300 I NTEREST EXPENSE	4/0 711 67	070 570 5			113
00.00 Subtotal (sum of lines 50 thru 199)	160, 711, 954				200
01.00Less Observation Beds02.00Total (line 200 minus line 201)	140 711 054	-			201 202
	160, 711, 954	973, 578, 857	1	1	1202

Health Financial Systems	TRINITAS H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPI	TAL COSTS	Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Pre 6/1/2022 10:5	pared: 5 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,	-	Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS			•			
30. 00 ADULTS & PEDIATRICS	2, 222, 754	C	2, 222, 75	31,004	71.69	30.00
31.00 INTENSIVE CARE UNIT	390, 493		390, 49	6, 908	56.53	31.00
34. 01 HOUSE PHYSI CLANS	9, 383		9, 38	33 0	0.00	34.01
40.00 SUBPROVIDER - IPF	810, 570	C	810, 57	70 16, 788	48.28	40.00
41.00 SUBPROVIDER - IRF	1, 355	C	1, 35		0.00	41.00
42.00 SUBPROVI DER	303, 835	C	303, 83		38.71	42.00
43.00 NURSERY	154, 527		154, 52		44.13	43.00
44.00 SKILLED NURSING FACILITY	176, 930		176, 93		93.76	
45.00 NURSING FACILITY	794, 430		794, 43			
200.00 Total (lines 30 through 199)	4, 864, 277		4, 864, 27			200.00
Cost Center Description	I npati ent	Inpati ent	.,			
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00	1			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6, 505	466, 343				30.00
31.00 INTENSIVE CARE UNIT	1, 570	88, 752				31.00
34. 01 HOUSE PHYSI CLANS	0	C				34.01
40.00 SUBPROVIDER - IPF	2, 511	121, 231				40.00
41.00 SUBPROVIDER - IRF	0	C				41.00
42.00 SUBPROVI DER	0	C				42.00
43.00 NURSERY	0	C				43.00
44.00 SKILLED NURSING FACILITY	1, 887	176, 925				44.00
45. 00 NURSING FACILITY	0	0	1			45.00
200.00 Total (lines 30 through 199)	12, 473	853, 251				200. 00

Health Financial Systems	TRI NI TAS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Pre	
			xviii	llooni tol	6/1/2022 10:5 PPS	5 am
Cost Center Description	Capi tal	Total Charges		Hospital t Inpatient	Capital Costs	
cost center bescription		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col		column 4)	
	Part II, col.	8)	2)	. charges		
	26)	0)	2)			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
50. 00 05000 0PERATI NG ROOM	686, 972	113, 891, 361	0.00603	2 5, 909, 713	35, 647	50.00
51.00 05100 RECOVERY ROOM	67, 562					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	194, 572					52.00
53. 00 05300 ANESTHESI OLOGY	30,011					
54. 00 05400 RADI OLOGY-DI AGNOSTI C	326, 189					54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0					55.00
56. 00 05600 RADI OI SOTOPE	12, 334	15, 151, 581			-	56.00
57. 00 05700 CT SCAN	29,637					57.00
58. 00 05800 MRI	28, 202					58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	122, 114					59.00
60. 00 06000 LABORATORY	247, 699					
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	25, 495					62.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0.00000			62.30
65. 00 06500 RESPI RATORY THERAPY	87, 497	-			-	65.00
66. 00 06600 PHYSI CAL THERAPY	178, 853					66.00
67. 00 06700 OCCUPATI ONAL THERAPY	1, 723					67.00
68. 00 06800 SPEECH PATHOLOGY	3, 093					68.00
69. 00 06900 ELECTROCARDI OLOGY	56, 044					69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	99,004					71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	46, 247					72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	89, 570					73.00
74. 00 07400 RENAL DI ALYSI S	617, 525					74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	017,020					76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0					76.98
76. 99 07699 LI THOTRI PSY	0					76.99
OUTPATIENT SERVICE COST CENTERS		<u> </u>	0.00000	.0	<u> </u>	/0. //
90. 00 09000 CLINIC	331, 331	813, 642	0. 40722	0 0	0	90.00
90. 02 09001 PSYCH CLINIC	800, 608					90.02
90. 03 09002 PSYCH CLINIC FEE BASED	60					90.03
90. 04 09003 WORKFI RST	640					90.04
90. 05 09004 CANCER CLINIC	0					90.05
90. 06 09005 PEDIATRIC CLINIC	64, 810	639, 456			0	90.06
90. 07 09006 WOMEN' S CLINIC	163, 475					90.07
90. 08 09007 THERAPEUTIC SCHOOL	5, 542					90.08
90. 09 09008 AFTER SCHOOL PROGRAM	91,003					90.09
90. 11 09009 PERINATAL ADDICTION	94, 722		0.00000			90.11
90. 12 09010 THERAPEUTIC NURSERY	146		0.00000			90.12
90. 13 09011 CHILD DAY TREATMENT	122, 333					90.13
90. 14 09012 DI ABETES CENTER	21, 960					
90. 15 09013 WOUND CENTER	28, 536			-		
90. 16 09014 MICA	105, 959		0.00000			90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	90, 343				0	90.17
91. 00 09100 EMERGENCY	595, 578					
91. 01 09101 EMERGENCY	126, 468					91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS		., 110, 102	0.00000	- 0		1 2.00
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	5, 593, 857	938, 268, 004		48, 151, 862	177, 564	
			•			

Health Financial Systems	TRINITAS H	HOSPI TAL		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COST	rs Provider C	1	Period: From 01/01/2021 Fo 12/31/2021	Worksheet D Part III Date/Time Pre 6/1/2022 10:5	
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments		All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00       03000       ADULTS & PEDIATRICS         31. 00       03100       INTENSIVE CARE UNIT         34. 01       03401       HOUSE PHYSICIANS         40. 00       04000       SUBPROVIDER - IPF         41. 00       04100       SUBPROVIDER - IRF         42. 00       04200       SUBPROVIDER         43. 00       04300       NURSERY         44. 00       04400       SKILLED NURSING FACILITY         45. 00       04500       NURSING FACILITY         200. 00       Total (lines 30 through 199)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0	31.00 34.01 40.00 41.00 42.00
Cost Center Description		Total Costs (sum of cols. 1 through 3, minus col. 4)	Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         O3000         ADULTS & PEDI ATRI CS           31.00         03100         INTENSI VE CARE UNI T           34.01         O3401         HOUSE PHYSI CI ANS           40.00         O4000         SUBPROVI DER - I PF           41.00         O4100         SUBPROVI DER - I RF           42.00         O4200         SUBPROVI DER           43.00         O4300         NURSERY           44.00         O4400         SKI LLED NURSI NG FACI LI TY           45.00         O4500         NURSI NG FACI LI TY           200.00         Total (lines 30 through 199)           Cost Center Description	0 0 0 0 0		6, 90 ( 16, 78 ( 7, 84 3, 50 1, 88 30, 95	3         0.00           0         0.00           3         0.00           3         0.00           3         0.00           2         0.00           7         0.00           9         0.00	1, 570 0 2, 511 0 0 0 1, 887 0	31.00 34.01 40.00 41.00 42.00 43.00 44.00
INPATIENT ROUTINE SERVICE COST CENTERS	Program Pass-Through Cost (col. 7 x col. 8) 9.00					
1NPATIENT ROUTINE SERVICE COST CENTERS           30.00         03000         ADULTS & PEDIATRICS           31.00         03100         INTENSIVE CARE UNIT           34.01         03401         HOUSE PHYSICIANS           40.00         04000         SUBPROVIDER - IPF           41.00         04100         SUBPROVIDER - IRF           42.00         04200         SUBPROVIDER           43.00         04300         NURSERY           44.00         04400         SKILLED NURSING FACILITY           45.00         04500         NURSING FACILITY           200.00         Total (lines 30 through 199)						30.00 31.00 34.01 40.00 41.00 42.00 43.00 44.00 45.00 200.00

	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF			Provider CCN: 31-0027		Worksheet D	
TIKOUGI	H COSTS				Period: From 01/01/2021 To 12/31/2021	Part IV Date/Time Pre 6/1/2022 10:5	
			Title	XVIII	Hospi tal	PPS	o um
	Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health	
	·	Anestheti st	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3.00	
	ANCI LLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	0	0		0 0		
	05100 RECOVERY ROOM	0	0		0 0		
	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
	05300 ANESTHESI OLOGY	0	0		0 0	0	
	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
	05600 RADI OI SOTOPE	0	0		0 0	0	56.00
	05700 CT SCAN	0	0		0 0	0	57.00
	05800 MRI	0	0		0 0	0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60.00	06000 LABORATORY	0	0		0 0	0	60.00
52.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 0	0	62.0
52.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0	62.30
5.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
6.00	06600 PHYSI CAL THERAPY	0	0		0 0	0	66.0
	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
	06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
	06900 ELECTROCARDI OLOGY	0	0		0 0	0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	
1	07400 RENAL DIALYSIS	0	0		0 0	0	
	07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0		
	07699 LI THOTRI PSY	0	0		0 0		
	OUTPATIENT SERVICE COST CENTERS	0	0	1	0	0	/0. /
	09000 CLINIC	0	0		0 0	0	90.00
	09001 PSYCH CLINIC	0	0		0 0		90.02
	09002 PSYCH CLINIC FEE BASED	0	0		0 0	0	
	09003 WORKFI RST	0	0		0 0	0	
	09004 CANCER CLINIC	0	0		0 0	0	
	09005 PEDIATRIC CLINIC	0	0		0 0	0	
	09006 WOMEN' S CLINIC	0	0		0 0	0	
	09007 THERAPEUTIC SCHOOL	0	0		0 0	0	90.08
	09008 AFTER SCHOOL PROGRAM	0	0		0 0	0	90.09
	09009 PERINATAL ADDICTION	0	0		0 0	0	90.11
	09010 THERAPEUTIC NURSERY		0			0	90.12
	09011 CHILD DAY TREATMENT		0			0	90.12
	09012 DI ABETES CENTER		0		0 0	0	
	09013 WOUND CENTER		0				
	09014 MI CA		0			0	
	09015 BAYONNE MENTAL HEALTH CENTER		0			0	
	09100 EMERGENCY		0			0	
	09101 EMERGENCY		0		0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART		0		0 0	0	
		0		I	U	0	↓ <del>7</del> 2. 00
	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES						95.00
	Total (lines 50 through 199)	0			0 0		200. 00

Health Financial Systems	TRI NI TAS	IOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	S Provider C	CN: 31-0027	Period: From 01/01/2021	Worksheet D Part IV Date/Time Pre	parad
				To 12/31/2021	6/1/2022 10:5	pareu: 5 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum o	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS	1					
50.00 05000 OPERATI NG ROOM	0	0		0 113, 891, 361		
51.00 05100 RECOVERY ROOM	0	0		0 6, 338, 561		•
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 10, 868, 843		
53. 00 05300 ANESTHESI OLOGY	0	0		0 5, 809, 748		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 42, 511, 200		•
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 22, 023, 423		•
56. 00 05600 RADI 0I SOTOPE	0	0		0 15, 151, 581		•
57.00 05700 CT SCAN	0	0		0 64, 174, 058		1
58. 00 05800 MRI	0	0		0 9, 873, 709		1
59.00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 16, 338, 789		1
60. 00 06000 LABORATORY	0	0		0 123, 631, 470		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 7, 661, 469		•
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0		
65.00 06500 RESPI RATORY THERAPY	0	0		0 16, 741, 402		•
66.00 06600 PHYSI CAL THERAPY	0	0		0 7, 524, 809		•
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 1, 633, 499		
68.00 06800 SPEECH PATHOLOGY	0	0		0 539, 379		•
69.00 06900 ELECTROCARDI OLOGY	0	0		0 30, 771, 915		•
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0		0 29, 425, 076		•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 16, 390, 506		•
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 137, 199, 716		•
74.00 07400 RENAL DI ALYSI S	0	0		0 47, 720, 125		•
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0		•
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0		•
76. 99 07699 LI THOTRI PSY	0	0		0 0	0.000000	76.99
90. 00 09000 CLINIC	0	0	1	0 813, 642	0,00000	90.00
90. 02  09000 CET NI C 90. 02  09001  PSYCH CLI NI C	0	0		0 813, 642 0 37, 369, 882		
90. 03 09002 PSYCH CLINIC FEE BASED	0	0		0 2, 894, 956		•
90. 04 09003 WORKFIRST	0	0		0 2, 894, 930		
90. 05 09004 CANCER CLINIC	0	0		0 0		•
90. 06 09005 PEDI ATRI C CLI NI C	0	0		0 639, 456		•
90. 07 09006 WOMEN' S CLINIC	0	0		0 14, 088, 439		1
90. 08 09007 THERAPEUTIC SCHOOL	0	0		0 792, 942		1
90. 09 09008 AFTER SCHOOL PROGRAM	0	0		0 772, 742		1
90. 11 09009 PERINATAL ADDICTION	0	0		0 0	0.000000	•
90. 12 09010 THERAPEUTIC NURSERY	0	0		0 0	0.000000	
90. 13 09011 CHI LD DAY TREATMENT	0	0		0 0		•
90. 14 09012 DI ABETES CENTER		0		0 0	0.000000	•
90. 15 09013 WOUND CENTER	0	0		0 7, 224, 212		
90. 16 09014 MICA	0	n		0 0	0. 000000	
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0	n		0 3, 235, 900		•
91. 00 09100 EMERGENCY	0	n n		0 164, 984, 030		
91. 01 09101 EMERGENCY	0	0		0 599, 259		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 1, 418, 452		
OTHER REI MBURSABLE COST CENTERS				,, 102		1
95. 00 09500 AMBULANCE SERVI CES						95.00
200.00 Total (lines 50 through 199)	0	0		0 960, 291, 427		200.00
						•

Cost Center Description         Outpatient Routpatient (charges)         Inpatient (charges)         Inpatient (charges)         Outpatient (charges)         Outpatient (charges)        <	Health Financial Systems	TRINITAS HO					u of Form CMS-2	2552-10
Cost Center Description         Outpatient Ratio of Cost (cal. 6. cal)         Thit extiliation Program Costs (cal. 9.         Hospitent Program Costs (cal. 9.         Hospitent Prosts (cal. 9.         Hospitent (cal. 9.	APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	ERVICE OTHER PASS	Provider C	CN: 31-0027	From	01/01/2021	Part IV Date/Time Pre	pared: 5 am
Ratio of Cost         Program (col. 6 + col.)         Program (col. 12)         Program (co			Title	XVIII		Hospi tal		
Contracting         Charges (c)         Charges (c)         Charges (c)         Pass-Through (c)         Pass-Through (c)         Pass-Through (c)           0.00         Audocl OPENATING ROM         0.000000         5.999.713         0         13.00         13.00           0.00         SEX000 FELVERY ROM (c)         0.000000         5.999.713         0         0         5.099         12.000         5.000         0         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.0000         5.000         5.000	Cost Center Description	Outpati ent	Inpati ent	Inpati ent	(		Outpati ent	
Contracting         Charges (c)         Charges (c)         Charges (c)         Pass-Through (c)         Pass-Through (c)         Pass-Through (c)           0.00         Audocl OPENATING ROM         0.000000         5.999.713         0         13.00         13.00           0.00         SEX000 FELVERY ROM (c)         0.000000         5.999.713         0         0         5.099         12.000         5.000         0         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.000         5.0000         5.000         5.000		Ratio of Cost	Program	Program		Program	Program	
P)         x col         y col         12.00           MCLLLARY SERVICE COST CENTERS         11.00         11.00         12.00         53.00           0.0         05000 (PECONERY NOM         0.000000         5,909,713         0         7,795,009         0         55.0           0.0         05000 (PECONERY ROM         0.000000         17,000         0         0         52.0           0.0         05000 (PECONERY ROM         0.000000         17,000         0         53.0           0.0         0500 (PECONERY ROM         0.000000         17,000         0         53.0           0.0         0500 (PADI LOGY - HERAPEUTI C         0.000000         267,495         0         1.23.198         6         56.0           0.0         0500 (PADI LOGY - HERAPEUTI C         0.000000         267,495         0         1.23.198         6         56.0           0.0         0500 (PADI LOGY - HERAPEUTI C         0.000000         267,373,727         0         2.36.534         0         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6 </td <td></td> <td>to Charges</td> <td>Charges</td> <td>Pass-Throug</td> <td>jh 🛛</td> <td>Charges</td> <td>Pass-Through</td> <td></td>		to Charges	Charges	Pass-Throug	jh 🛛	Charges	Pass-Through	
AND LLARY SERVICE COST CENTERS         9.00         10.00         11.00         12.00         13.00           0.00         05000 (PERATING ROM         0.000000         5.909,713         0         7.795,009         0         51.0           0.00         05000 (REXETING ROM         0.0000000         12,000         0         0         55.0         0         0         55.0         0         0         55.0         0         0         55.0         0         0         55.0         0         55.0         0         55.0         0         55.0         55.0         0         55.0         55.0         55.0         0         55.0         55.0         0         55.0         0         55.0         0         55.0         0         55.0         0         55.0         0         57.0         72.0         2.35.594         0         57.0         57.0         0         57.00         57.00         57.00         2.36.594         0         57.0         57.0         2.36.594         0         57.0         59.00         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0		(col. 6 ÷ col.		Costs (col.	8		Costs (col. 9	
ANCILLARY SERVICE COST CENTERS         0           00         05000 CPERATI IG ROOM         0.000000         5, 909, 713         0         7, 795, 009         0         51.00           1.00         05100 RECOVERY ROOM         0.000000         12, 000         0         0         52.0         0         0         0         52.0         0         0         0         53.0         0         0         53.0         0         0         0         53.0         0         0         0         53.0         0         0         53.0         0         0         0         53.0         0         0         0         53.0         0         0         0         53.0         0         0.000000         1, 73.7         0         2, 134, 128         0         54.0         0         0         0.00000         1, 253, 198         0         56.0         0         7, 795, 009         0         1, 253, 198         0         6.0         0         0.00000         0         1, 233, 198         0         6.0         0.000000         1, 253, 198         0         0         0.00000         1, 253, 198         0         0.0         0.00000         1, 233, 198         0         0.00000         1, 234, 123         <								
0.00         05000         DEFEAT ING ROM         0.000000         5, 909, 713         0         7, 795, 009         0         55.0           2.00         D5200         DELUYERY ROM & LABOR ROM         0.000000         12, 000         0         0         55.0         0         0         55.0         0         0         55.0         0         0         55.0         0         0         55.0         0         0         55.0         0         0         55.0         0         0.00000         2.968, 976         0         55.0         0         55.0         0         55.0         0         55.0         0         55.0         0         55.0         0         55.0         0         55.0         0         57.0         2.968, 976         0         717, 190         58.0         59.0         0         777, 190         58.0         59.0         0         777, 190         58.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         59.0         50.0         50.0         50.0<		9.00	10.00	11.00		12.00	13.00	
1:00         05100         RECOVERY ROOM         0.000000         1370.952         0         0         0         0         52.00           3:00         05300         ANESTIESI OLGY         0.000000         12.7000         0         0         53.00           3:00         05300         ANESTIESI OLGY         0.0000000         1.773.772         0         2.134.228         0         54.00           5:00         05500         RADI OLGY-THEAPEUTI C         0.000000         1.773.772         0         2.134.228         0         55.00           6:00         05600         RADI OLGY-THEAPEUTI C         0.000000         2.747         0         2.336.594         55.00           6:00         05600         RADI OLGY-THEAPEUTI C         0.000000         82.0796         0         77.710         0         8.8.0           6:00         05600         RADI OLGY-THEAPEUTI C         0.000000         77.710         0         2.34.7         0         5.04.33.7         0         0.000000         77.710         0         2.34.7         0         0.00000         0         0         0         0.00000         2.00         2.00         2.00         2.00         2.00         0.000000         7.00         7.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
12:00         05200         DELIVERY ROM & LABOR ROM         0.000000         12:000         0         0         52:0           14:00         05400         RADILLOGY-THERAPEUTIC         0.000000         25:9;558         0         2.33:4;228         0         54:0           15:00         05500         RADILLOGY-THERAPEUTIC         0.000000         25:7;455         0         1.25:3;198         0         55:0           16:00         05500         RADILLOGY-THERAPEUTIC         0.000000         25:7;46         0         1.75:3;198         0         55:0           17:00         05500         RADILLOGY-THERAPEUTIC         0.000000         25:7;96         0         717:100         5:0         3:8:0         0         5:0         4:5:0         5:0         4:5:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0         0:0					-		-	
31.00         05300         ANESTHESIOLOGY         0.000000         1259.058         0         0         53.0           51.00         05500         RADIOLOGY-THERAPEUTIC         0.000000         59,752         0         2.968.976         0         55.0           60         05500         RADIOLOGY-THERAPEUTIC         0.000000         267.495         0         1.253.196         65.0           60.0         05000         CT SCAN         0.000000         8.27.495         0         2.33.6594         65.0           60.0         05000         CARDIAC CATHETERIZATION         0.000000         9.73.727         0         2.33.6594         65.0         62.0           0.00         06000         LABORATORY         0.000000         9.73.727         0         5.43.347         60.0         62.0           0.00         06000         LABORATORY THERAPY         0.000000         719.619         0         62.0         62.0         62.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0         65.0 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td></td>					-	-	-	
44.00         05400         RADIOLORY-DIAGNOSTIC         0.000000         1,973,472         0         2,134,228         0         54.0           55.00         05500         RADIOLORY-THERRAFUTIC         0.000000         59,752         0         2,968,976         0         55.0           50.00         05500         RADIOLORY-THERRAFUTIC         0.000000         4,244,650         0         1,253,198         0         56.0           50.00         05500         RADIOLORY-THERRAFUTIC         0.000000         4,244,650         0         4,1531         0         57.0           50.00         05500         RADIOLOR ADDA & PACKED RED BLODD CELL         0.000000         3,737,277         0         2,336,594         0         66.0           0.00         06500         LABORATORY         0.000000         7,94,22,247         0         5,043,347         0         60.0           0.00         06500         RLADOR & ELBORD CELL         0.000000         2,94,43         0         470,069         66.0           2.30         06500         PHYSICAL THERAPY         0.000000         515,802         0         104,489         0         67.00         67.00         67.00         67.00         67.00         67.00         67.00					-	0	-	52.00
5:00         05500         RAD1 OLOCY-THERAPEUTIC         0.000000         59, 752         0         2, 968, 976         05         56.00           6:00         05500         CT SCAN         0.000000         4, 246, 050         4, 241, 521         05         56.00           8:00         058000         CRADI AC, CATHETERI ZATI ON         0.000000         3, 773, 727         0         2, 336, 594         05         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         62.2         30         625.00         66.00         67.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00					-	0		
6:00         05400         RAD1 (1) STOPE         0.000000         227, 495         1, 253, 198         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         5, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0         6, 0					-		-	
7:00       06700       CT SCAN       0.000000       4, 246, 050       0       4, 241, 521       0       57.00         8:00       05800       CARDIAC, CATHETERI ZATI ON       0.000000       3, 773, 77       0       2, 336, 594       0       58.0         0:00       06000       LABORATORY       0.000000       717, 790       0       5.043, 347       0       6.00         0:00       06000       LABORATORY       0.000000       719, 619       0       245, 458       0       6.00         0:0000       0.00000       0.000000       0       0       0       6.23       0       6.250       0.000000       719, 619       0       245, 458       0       0       0       6.23       0       6.50       0       0.6500       0.000000       719, 619       0       0       0       0       6.50       0       0       0       0       0       6.50       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
B:00         O D6500         REX         O 000000         REX         Period         First         O         Second					-		-	
99.00         05900         CARDIAC CATHETERIZATION         0.000000         3, 773, 727         0         2, 336, 594         0         95.00           0.00         060001         LABORATORY         0.000000         9, 422, 247         0         5, 043, 347         0         6, 00         60.00         22.00         0.62200         WHOLE BLOOD & PACKED RED BLOOD CELL         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         6.00         0         6.20         0         6.50         0         6.50         0         0.00000         2, 259, 463         0         0.779, 679         0         5.000         0         0         0         0         6.50         0         0.67, 0         5.000         0         0         0         6.70         0         6.70, 0         0         0.000000         1.59, 57         0         1.5, 000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					-			57.00
0.00         06000         LABORATORY         0.000000         9, 422, 247         0         5.043, 347         0         60.0           22.30         06250         BLODD CLOTTING FOR HEMOPHILIACS         0.000000         719, 619         0         245, 458         0         62.0           22.30         06500         RESPI RATORY THERAPY         0.000000         2, 254, 453         0         479, 069         0         65.0           0.6000         DORTONO         5, 00         0.000000         55, 802         0         104, 689         0         66.0         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66					-		-	58.00
2:00         06200         WHOLE BLODD & PACKED RED BLODD CELL         0.000000         719,619         0         245,458         0         62.0           2:00         06200         BLODD CLOTTING FOR HEMOPHILIACS         0.000000         2,259,463         0         479,069         0         62.0           5:00         06500         RESPI RATORY THERAPY         0.000000         2,259,463         0         0         67.0         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         73.0         73.0         73.0         73.0         73.0         73.0         74.0         73.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0         74.0					-		-	59.00
22 30       0 6250       BLODD CLOTTI NO FOR HEMOPHILIACS       0.000000       0       0       0       62.50         55.00       06500       RESPIRATORY THERAPY       0.000000       2,259,463       0       479,069       0       65.00         60.00       06600       PHYSICAL THERAPY       0.000000       515,802       0       104,689       0       66.0         0.00000       SPECEH PATHOLOGY       0.000000       115,957       0       5.000       0       68.0         0.000000       SPECEH PATHOLOGY       0.000000       1.994,559       1,304,4233       0       71.0       67.00       72.00       100       71.0       77.0       0       73.0       73.00       77.71       0       73.0       73.00       73.00       73.00       73.00       73.00       73.00       73.00       0       73.00       73.00       0       73.00       0       0.00000       0       0       0       74.00       76.90       76.90       76.90       76.90       76.91       76.90       76.91       76.90       76.91       76.90       76.91       76.90       76.90       76.91       76.90       76.90       76.90       76.90       76.91       76.90       76.91								60.00
5:00         06500         RESPI RATORY THERAPY         0.000000         2.259.463         0         479.069         0         65.00           6:00         06600         PHYSI CAL THERAPY         0.000000         515.802         0         104.689         0         66.00           7:00         05700         0CUPATI IONAL THERAPY         0.000000         15.957         0         5.000         0         67.0           8:00         06800         SPEECH PATHOLOGY         0.000000         1.957         0         5.000         0         69.0           9:00         06900         LECTROCARDED TO PATI ENTS         0.000000         1.944.559         0         1.304.233         0         71.0           2:00         07200 IMPL         DEV. CHARGED TO PATI ENTS         0.000000         7.363.636         0         13.090.558         0         73.0           0:1400 RENAL DI ALYSI S         0.000000         0         0         0         0         76.9           0:769 07690 LTHOTE THERAPY         0.000000         0         0         0         76.9           0:769 07690 LTHOTE THEST         0.000000         0         0         0         0         76.9           0:769 00000 LELNIC         COST CE			719, 619		-	245, 458	-	62.00
6.00         06000         PHYSICAL THERAPY         0.00000         515,802         0         104,689         0         66.00           7.00         6700         OCCUPATIONAL THERAPY         0.000000         58,453         0         5,000         66.00           8.00         06800 SPEECH PATHOLOGY         0.000000         115,957         0         1,084,421         0         69.00           0.00000         1.994,559         0         1,304,233         0         71.0         72.00           0.00000         07200 IMPL DEV. CHARGED TO PATIENTS         0.000000         7,363,636         0         13,090,558         0         73.00           0.00000         07400 RENAL DIALYSIS         0.000000         739,200         0         0         0         76.9           0.769         CARDIAC REHABILITATION         0.000000         0         0         0         0			0		0	0		62.30
7.00         06700         0CUPATIONAL THERAPY         0.00000         58.453         0         0         67.00         68.00         06800         SPEECH PATHOLOGY         0.000000         115.957         0         5.000         68.00         069.00         ELECTROCARDIOLOGY         0.000000         2.201,753         0         1.084,421         0         69.0           0.00         0.00000         115.957         0         1.304,233         0         71.00         72.00           0.00         0.00000         1.400,584         0.797,710         0         72.00         72.00         73.00         0         0         0         0         0         74.00         74.00         74.00         74.00         0         74.00         0         74.00         74.00         0         0         0         0         0         0         0         76.90         0         69.0769         0         0         0         0         76.9         0         76.90         0         0         0         0         0         0         0         76.90         0         0         0         0         0         0         0         0         0         0         0         0         0	65. 00 06500 RESPI RATORY THERAPY	0. 000000	2, 259, 463		0	479, 069	0	65.00
88 00         66800         SPEECH PATHOLOGY         0.000000         115,957         0         5,000         6 68.0           99.00         06900         ELECTROCARDIOLOGY         0.000000         2,201,753         0         1,084,421         6         69.0           1,00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         0.000000         1,440,584         0         777.710         72.0           30.0         07300         DRUGS CHARGED TO PATIENTS         0.000000         7.363,636         0         13,090,558         73.0           40.00         07400         RENAL DI ALYSIS         0.000000         0         0         0         76.9           07697         CARDIAC REHABILITATION         0.000000         0         0         0         76.9           07699         LYTHOTRIPSY         0.000000         0         0         0         76.9           07699         LYTHOTRIPSY         0.000000         0         0         0         76.9           07699         LYTHOTRIPSY         0.000000         0         0         0         90.0           030002         PSYCH CLINIC         CXYGEN THERAPY         0.000000         0         0         90.0	66. 00 06600 PHYSI CAL THERAPY	0. 000000	515, 802		0	104, 689	0	66.00
99.00         66900         ELECTROCARDIOLOGY         0.000000         2,201,753         0         1,304,223         0           11.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENT         0.000000         1,440,584         0         77.0         77.0           20.00         72000         IMPL.         DEV. CHARGED TO PATIENTS         0.000000         7,363,636         0         13,090,558         73.0           74.00         740,00         RENAL DIALYSIS         0.000000         739,200         0         0         74.0           76.97         ORADIAC REHABILITATION         0.000000         0         0         0         76.9           07699         UTPATIENT SERVICE COST CENTERS         0.000000         0         0         0         0         76.9           07000         PSVCH CLINIC         0.000000         0         0         0         803.187         90.0           00.00         90002         PSVCH CLINIC         0.000000         0         0         0         90.0           00.00         90002         PSVCH CLINIC         0.000000         0         0         90.0           00.00         90002         PSVCH CLINIC         0.000000         0         0 <td>67.00 06700 OCCUPATI ONAL THERAPY</td> <td>0. 000000</td> <td>58, 453</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>67.00</td>	67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	58, 453		0	0	0	67.00
11.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENT         0.000000         1,994,559         0         1,304,233         0         71.0           12.00         07200         IMPL. DEV. CHARGED TO PATIENTS         0.000000         1,440,584         0         797,710         0         73.0           13.00         07300         RRUGS CHARGED TO PATIENTS         0.000000         7,363,636         0         13.090,558         0         73.0           14.00         07400         RENAL DI ALYSI S         0.000000         739,200         0         0         0         76.9           07698         HYPERBARI C OXYGEN THERAPY         0.000000         0         0         0         0         0         0         76.9           07699         LITHOTRI PSY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	68.00 06800 SPEECH PATHOLOGY	0. 000000	115, 957		0	5,000	0	68.00
12:00         07200         IMPL_DEV.         ORAGED TO PATIENTS         0.000000         1,440,584         0         797,710         710         72.00           13:00         07300         DRUGS CHARGED TO PATIENTS         0.000000         7,363,636         0         13,090,558         0         73.0           14:00         07400         RENAL DIALYSIS         0.000000         739,200         0         0         0         0         0         0         74.0           16:97         07697         CARDIAC REHABILITATION         0.000000         0         0         0         0         0         76.9           07698         HYPERBARI C 0XYGEN THERAPY         0.000000         0         0         0         0         0         76.9           000         00000 CLINIC         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	69. 00 06900 ELECTROCARDI OLOGY	0. 000000	2, 201, 753		0	1, 084, 421	0	69.00
73.00       07300       DRUGS CHARGED TO PATIENTS       0.000000       7, 363, 636       0       13, 090, 558       0       73.0         74.00       07400       RENAL DIALYSIS       0.000000       739, 200       0       0       0       74.0         76.97       07697       CARDIAC CRHABIL LITATION       0.000000       0       0       0       0       0       76.9         076.98       HYPERBARI C 0XYGEN THERAPY       0.000000       0       0       0       0       0       0       76.9         07699       LITHOTR INT SEWICE COST CENTERS       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< td=""><td>71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT</td><td>0. 000000</td><td>1, 994, 559</td><td></td><td>0</td><td>1, 304, 233</td><td>0</td><td>71.00</td></td<>	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	1, 994, 559		0	1, 304, 233	0	71.00
74.00       07400       RENAL DI ALYSIS       0.000000       739,200       0       0       74.0         76.97       07697       CARDIAC REHABILITATION       0.000000       0       0       0       0       76.9         76.98       07697       INTERNAL DI ALYSIS       0.000000       0       0       0       0       0       76.9         76.98       07699       INTERNAL DI ALYSIS       0.000000       0       0       0       0       0       0       0       0       0       0       0       76.9         90.00       07699       INTERNET       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	1, 440, 584		0	797, 710	0	72.00
76.97       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76.9         76.98       PYPERBARI C 0XYGEN THERAPY       0.000000       0       0       0       76.9         76.99       O7699       LITHOTIR PSY       0.000000       0       0       0       0       0       76.9         00000       CLINIC       0.000000       0       0       0       0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0 <td>73.00 07300 DRUGS CHARGED TO PATIENTS</td> <td>0. 000000</td> <td>7, 363, 636</td> <td></td> <td>0</td> <td>13, 090, 558</td> <td>0</td> <td>73.00</td>	73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	7, 363, 636		0	13, 090, 558	0	73.00
76.98       07698       HYPERBARIC OXYGEN THERAPY       0.000000       0       0       0       76.9         07699       LI THOTRI PSY       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	74.00 07400 RENAL DIALYSIS	0. 000000	739, 200		0	0	0	74.00
76.99         076.99         LI THOTRI PSY         0.00000         0         0         0         76.9           OUTPATI ENT SERVICE COST CENTERS         0.000000         0         803,187         0         90.0           00.000         QUIDI NC         0.000000         0         0         1,304,561         90.0           00.03         09002         PSYCH CLINIC FEE BASED         0.000000         0         0         0         90.0           00.04         09003         WORK RST         0.000000         0         0         0         90.0           00.05         0904         CANCER CLINI C         0.000000         0         0         0         90.0           00.06         09004         CANCER CLINI C         0.000000         0         0         90.0           00.07         09006         WORN'S CLINI C         0.000000         0         0         90.0           00.08         09007         THERAPEUTI C SCHOOL         0.000000         0         0         0         90.0           00.11         09009         PENINATAL ADDI CTI ON         0.000000         0         0         0         90.1           00.12         09010         THERAPEUTI C NURSERY	76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0	0	0	76.97
OUTPATI ENT SERVICE COST CENTERS           00.00         09000         CLINIC         0.00         0.00         803,187         0         90.0           00.02         09001         PSYCH CLINIC         0.000000         0         1,304,561         0         90.0           00.03         09002         PSYCH CLINIC         0.000000         0         0         0         90.0           00.04         09003         WORKFIRST         0.000000         0         0         0         90.0           00.05         09004         CANCER CLINIC         0.000000         0         0         0         90.0           00.06         09005         PEDIATRIC CLINIC         0.000000         0         0         0         90.0           00.06         09006         WORKFIRST         0.000000         0         0         90.0           00.06         09005         PEDIATRIC CLINIC         0.000000         0         0         90.0           00.07         HERAPEUTIC SCHOOL         0.000000         0         0         90.0         90.0           00.09         09008         AFTER SCHOOL PROGRAM         0.000000         0         0         90.0         90.1 <tr< td=""><td>76. 98 07698 HYPERBARI C OXYGEN THERAPY</td><td>0. 000000</td><td>0</td><td></td><td>0</td><td>0</td><td>0</td><td>76.98</td></tr<>	76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0	0	0	76.98
20.00         09000         CLINIC         0.00000         0         803,187         0         90.0         90.0           00.02         09001         PSYCH CLINIC         C.000000         0         0         1,304,561         0         90.0         90.0         90.0         90.0         90.0         90.0         0         0         1,304,561         0         90.0         90.0         90.0         90.0         0         0         0         90.0         90.0         90.0         0         0         0         90.0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         9	76. 99 07699 LI THOTRI PSY	0. 000000	0		0	0	0	76.99
20.02       09001       PSYCH CLINIC       0.000000       0       1,304,561       0       90.0         20.03       09002       PSYCH CLINIC FEE BASED       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<	OUTPATIENT SERVICE COST CENTERS			•				
20.03       09002       PSYCH CLINIC FEE BASED       0.00000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	90. 00 09000 CLINIC	0. 000000	0		0	803, 187	0	90.00
00.04       09003       WORKFIRST       0.00000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>90. 02 09001 PSYCH CLINIC</td> <td>0. 000000</td> <td>0</td> <td></td> <td>0</td> <td>1, 304, 561</td> <td>0</td> <td>90.02</td>	90. 02 09001 PSYCH CLINIC	0. 000000	0		0	1, 304, 561	0	90.02
00.05       09004       CANCER CLINIC       0.00000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	90. 03 09002 PSYCH CLINIC FEE BASED	0. 000000	0		0	0	0	90.03
PRO.06         09005         PEDIATRIC CLINIC         0.00000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td>90. 04 09003 WORKFI RST</td><td>0. 000000</td><td>0</td><td></td><td>0</td><td>0</td><td>0</td><td>90.04</td></t<>	90. 04 09003 WORKFI RST	0. 000000	0		0	0	0	90.04
20.07         09006         WOMEN'S CLINIC         0.00000         0         0         0         0         0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0 <th< td=""><td>90. 05 09004 CANCER CLINIC</td><td>0. 000000</td><td>0</td><td></td><td>0</td><td>0</td><td>0</td><td>90.05</td></th<>	90. 05 09004 CANCER CLINIC	0. 000000	0		0	0	0	90.05
00.08         09007         THERAPEUTIC SCHOOL         0.00000         0         1,008         0         90.0         90.0           00.09         09008         AFTER SCHOOL PROGRAM         0.000000         0         0         0         0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1	90. 06 09005 PEDIATRIC CLINIC	0. 000000	0		0	0	0	90.06
00.09         09008         AFTER SCHOOL PROGRAM         0.000000         0         0         0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.0         90.1         90.0         90.1         90.0         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1         90.1 <td>90. 07 09006 WOMEN' S CLINIC</td> <td>0. 000000</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>90.07</td>	90. 07 09006 WOMEN' S CLINIC	0. 000000	0		0	0	0	90.07
00.11         09009         PERI NATAL ADDI CTI ON         0.000000         0         0         0         90.1           00.12         09010         THERAPEUTI C NURSERY         0.000000         0         0         0         90.1           00.13         09011         CHI LD DAY TREATMENT         0.000000         0         0         0         90.1           00.14         09012         DI ABETES CENTER         0.000000         0         0         0         90.1           00.15         09013         WOUND CENTER         0.000000         0         0         0         90.1           00.15         09014         MI CA         0.000000         0         0         0         90.1           00.17         09015         BAYONNE MENTAL HEALTH CENTER         0.000000         0         0         0         90.1           01.00         OPIOLE         EMERGENCY         0.000000         3, 682, 126         9, 457, 774         91.0         91.0           10.10         09101         EMERGENCY         0.000000         0         0         0         92.0           02.00         OBSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         92.0         9	90. 08 09007 THERAPEUTIC SCHOOL	0. 000000	0		0	1, 008	0	90.08
NO. 12         09010         THERAPEUTI C NURSERY         0.000000         0         0         0         90.1           NO. 13         09011         CHI LD DAY TREATMENT         0.000000         0         0         0         90.1           NO. 14         09012         DI ABETES CENTER         0.000000         0         0         0         90.1           NO. 15         09013         WOUND CENTER         0.000000         0         0         2,294,355         0         90.1           NO. 16         09014         MI CA         0.000000         0         0         0         90.1           NO. 16         09014         MI CA         0.000000         0         0         0         90.1           NO. 16         09014         MI CA         0.000000         0         0         0         90.1           NO. 17         09015         BAYONNE MENTAL HEALTH CENTER         0.000000         0         0         90.1           N1. 00         09100         EMERGENCY         0.000000         3,682,126         0         9,457,774         91.0           0.101         09101         EMERGENCY         0.000000         0         0         0         92.0	90.09 09008 AFTER SCHOOL PROGRAM	0. 000000	0		0	0	0	90.09
00.13       09011       CHI LD DAY TREATMENT       0.000000       0       0       0       90.1         00.14       09012       DI ABETES CENTER       0.000000       0       0       0       90.1         00.15       09013       WOUND CENTER       0.000000       0       0       2,294,355       0       90.1         00.16       09014       MI CA       0.000000       0       0       0       0       90.1         00.16       09014       MI CA       0.000000       0       0       0       0       90.1         00.16       09014       MI CA       0.000000       0       0       0       0       90.1         00.17       09015       BAYONNE MENTAL HEALTH CENTER       0.000000       0       0       0       90.1         10.10       09101       EMERGENCY       0.000000       3,682,126       0       9,457,774       0       91.0         11.01       09101       EMERGENCY       0.000000       0       0       0       0       92.0         02200       DBSERVATI ON BEDS (NON-DI STI NCT PART       0.000000       0       0       0       0       92.0         07HER       REI M	90. 11 09009 PERINATAL ADDICTION	0. 000000	0		0	0	0	90.11
00.13       09011       CHILD DAY TREATMENT       0.000000       0       0       0       90.1         00.14       09012       DI ABETES CENTER       0.000000       0       0       0       90.1         00.15       09013       WOUND CENTER       0.000000       0       0       2,294,355       0       90.1         00.16       09014       MI CA       0.000000       0       0       0       0       90.1         00.16       09014       BAYONNE MENTAL HEALTH CENTER       0.000000       0       0       0       90.1         00.16       09014       BAYONNE MENTAL HEALTH CENTER       0.000000       0       0       0       90.1         10.10       09104       EMERGENCY       0.000000       3,682,126       0       9,457,774       91.0         10.10       09104       EMERGENCY       0.000000       0       0       0       0       91.0         12.00       09200       DBSERVATION BEDS (NON-DI STINCT PART       0.000000       0       0       0       92.0         0THER       REI MBURSABLE COST CENTERS       95.0       0       95.0       95.0       95.0	90. 12 09010 THERAPEUTIC NURSERY	0. 000000	0		0	0	0	90.12
NO. 14         09012         DI ABETES CENTER         0.000000         0         0         0         90.1           NO. 15         09013         WOUND CENTER         0.000000         0         0         2,294,355         0         90.1           NO. 16         09014         MI CA         0.000000         0         0         0         0         90.1           NO. 16         09014         MI CA         0.000000         0         0         0         0         90.1           NO. 16         09014         MI CA         0.000000         0         0         0         0         90.1           NO. 17         09015         BAYONNE MENTAL HEALTH CENTER         0.000000         0         0         0         90.1           N1. 00         09100         EMERGENCY         0.000000         3,682,126         0         9,457,774         0         91.0           V1. 01         09101         EMERGENCY         0.000000         0         0         0         92.0           02200         DBSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         92.0           OTHER         REI MBURSABLE COST CENTERS         95.0         95.0			0		0	0	0	90.13
20.15         09013         WOUND CENTER         0.000000         0         2,294,355         0         90.1           20.16         09014         MI CA         0.000000         0         0         0         90.1           20.16         09014         MI CA         0.000000         0         0         0         90.1           20.17         09015         BAYONNE MENTAL HEALTH CENTER         0.000000         0         0         0         90.1           20.10         EMERGENCY         0.000000         3,682,126         0         9,457,774         0         91.0           22.00         09SERVATI ON BEDS         (NON-DI STI NCT PART         0.000000         0         0         0         92.0           07HER         REI MBURSABLE COST CENTERS         95.0         95.0         95.0         95.0         95.0			0		0	0	0	90.14
NO. 16         09014         MI CA         0.00000         0         0         0         0         90.1           V0. 17         09015         BAYONNE MENTAL HEALTH CENTER         0.000000         0         0         0         0         90.1           V1. 00         09100         EMERGENCY         0.000000         3,682,126         0         9,457,774         0         91.0           V1. 01         09101         EMERGENCY         0.000000         0         0         0         91.0           V2. 00         09200         OBSERVATION BEDS (NON-DI STINCT PART         0.000000         0         0         0         92.0           0THER         REI MBURSABLE COST CENTERS         95.0         95.0         95.0         95.0			0		0	2, 294, 355	0	
00.17         09015         BAYONNE MENTAL HEALTH CENTER         0.000000         0         0         0         90.1           01.00         09100         EMERGENCY         0.000000         3,682,126         0         9,457,774         0         91.0           01.01         09101         EMERGENCY         0.000000         0         0         0         91.0           02.00         09200         OBSERVATION BEDS (NON-DISTINCT PART         0.000000         0         0         0         92.0           07HER         REI MBURSABLE COST CENTERS         0         0         0         95.0         95.00         9500         AMBULANCE SERVICES         95.0         95.0			0			_, _ , , , , , , , , , , , , , , , , ,		90.16
D1.00         09100         EMERGENCY         0.000000         3,682,126         0         9,457,774         0         91.0           01.01         09101         EMERGENCY         0.000000         0         0         0         91.0           02.00         0BSERVATION BEDS (NON-DISTINCT PART         0.000000         0         0         0         92.0           0THER         REI MBURSABLE COST CENTERS         0         09500         AMBULANCE SERVICES         95.0         95.0			0		0	0	-	90.17
D1. 01         09101         EMERGENCY         0.000000         0         0         0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0			3 682 126		-	9 457 774		91.00
09200         OBSERVATI ON         BEDS         (NON-DI STI NCT PART         0.000000         0         0         0         92.0           OTHER         REI MBURSABLE         COST         CENTERS         95.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0         950.0 </td <td></td> <td></td> <td>0,002,120</td> <td></td> <td>-</td> <td>, , , , , , , , , , , ,</td> <td>-</td> <td></td>			0,002,120		-	, , , , , , , , , , , ,	-	
OTHER REI MBURSABLE COST CENTERS       05.00       09500       AMBULANCE SERVICES       95.00			0		-	0		
95. 00 09500 AMBULANCE SERVICES 95. 0		0.000000	0	<u> </u>	0	0	0	72.00
								95.00
			48 211 614		0	57 462 086	0	
		1 I		I	51	5., .52, 660	0	

PPORTI	Financial Systems ONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	D VACCINE COST	HOSPITAL Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Pre 6/1/2022 10:5	
			Title	XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description		PPS Reimbursed		Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
		1.00	0.00	(see inst.)		F 00	
		1.00	2.00	3.00	4.00	5.00	
	NCILLARY SERVICE COST CENTERS	0. 110277	7, 795, 009		0 0	859, 610	50.00
	D5100 RECOVERY ROOM	0. 294088			0 0	0 0 0 0 0 0	
	05200 DELIVERY ROOM & LABOR ROOM	0. 421923			0 0	0	
	05300 ANESTHESI OLOGY	0. 421723			0 0	0	
	05400 RADI OLOGY-DI AGNOSTI C	0. 110557			0 0	-	
	05500 RADI OLOGY-THERAPEUTI C	0. 000000				235, 954	1
					0 0	-	
	D5600 RADI OI SOTOPE	0. 051973			-	65, 132	
	05700 CT SCAN	0. 017956			0	76, 161	
		0. 061565			0 0	44, 154	
	05900 CARDI AC CATHETERI ZATI ON	0. 126739			-	296, 138	
1		0. 057086				287,905	
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 274589			0 0	67,400	
	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000			0 0	0	
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0. 247546			0 0		
		0. 550287			0 0	57,609	
	06700 OCCUPATI ONAL THERAPY	0. 186691			0 0	0	
	06800 SPEECH PATHOLOGY	0. 376503			0 0	1,883	
		0. 043166		1	0 0	46, 810	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0. 623274			50 0	812, 895	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 522684			0 0	416, 950	
	07300 DRUGS CHARGED TO PATLENTS 07400 RENAL DLALYSES	0. 120936		219, 4		1, 583, 120 0	
	07697 CARDI AC REHABI LI TATI ON	0. 497140			0 0 0 0		
	07698 HYPERBARI C OXYGEN THERAPY	0. 000000			0 0	0	
	07699 LI THOTRI PSY	0. 000000			0 0		
	DUTPATIENT SERVICE COST CENTERS	0.00000	0		0 0	0	70. 77
	09000 CLINIC	4. 162844	803, 187	10, 4	54 0	3, 343, 542	90.00
	09001 PSYCH CLINIC	0. 510765		10, 1	0 0		
	09002 PSYCH CLINIC FEE BASED	0. 003636			0 0	0	
	09003 WORKFIRST	11. 726450			0 0	0	
	09004 CANCER CLINIC	0. 000000			0 0	0	
	09005 PEDIATRIC CLINIC	1. 740845			0 0	0	
	09006 WOMEN' S CLINIC	0. 205615			0 0	0	
	09007 THERAPEUTIC SCHOOL	1. 223874			0 0	1, 234	
	09008 AFTER SCHOOL PROGRAM	0. 000000			0 0	0	
	09009 PERINATAL ADDICTION	0.00000			0 0	0	
1	09010 THERAPEUTIC NURSERY	0.00000			0 0	0	
	09011 CHILD DAY TREATMENT	0.000000			0 0	0	1
	09012 DI ABETES CENTER	0. 000000			0 0		
	09013 WOUND CENTER	0. 122685			0 0	281, 483	90.15
	09014 MI CA	0.00000			0 0	0	
	09015 BAYONNE MENTAL HEALTH CENTER	0. 529403	0		0 0	0	90.17
	09100 EMERGENCY	0.079699			0 0	753, 775	91.00
	09101 EMERGENCY	6. 733626			0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000			0 0		
	THER REIMBURSABLE COST CENTERS						1 1
	09500 AMBULANCE SERVICES	0. 307218			0		95.00
00.00	Subtotal (see instructions)		57, 462, 086	231, 5		10, 016, 671	
01.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
	Only Charges						
	Net Charges (line 200 - line 201)						

	MENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provider CCN:	31-0027	Peri od:	Worksheet D	2552-1
	MENT OF MEDICAE, OTHER HEALTH SERVICES AN			51 0027	From 01/01/2021 To 12/31/2021	Part V Date/Time Pre 6/1/2022 10:5	
			Title X	VIII	Hospi tal	PPS	
		Cos	sts		· · · ·		
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.					
		(see inst.)	(see inst.)				
ANC	CILLARY SERVICE COST CENTERS	6.00	7.00				
	DOO OPERATI NG ROOM	0	0				50.00
	100 RECOVERY ROOM	0	0				51.00
	200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
	BOO ANESTHESI OLOGY	0	0				53.00
	100 RADI OLOGY-DI AGNOSTI C	0	0				54.00
	500 RADI OLOGY-THERAPEUTI C	0	0				55.00
	500 RADI OI SOTOPE	0	0				56.00
	700 CT SCAN	0	0				57.00
	BOO MRI	0	0				58.00
	200 CARDI AC CATHETERI ZATI ON	0	0				59.00
	DOO LABORATORY	84	0				60.00
	200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0				62.00
	250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0				62.30
	500 RESPI RATORY THERAPY	0	0				65.0
	00 PHYSI CAL THERAPY	0	0				66.0
	OO OCCUPATIONAL THERAPY	0	0				67.0
	300 SPEECH PATHOLOGY	0	0				68.0
9.00 069	200 ELECTROCARDI OLOGY	0	o				69.0
	IOO MEDICAL SUPPLIES CHARGED TO PATIENT	93	o				71.0
	200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
3.00 073	BOO DRUGS CHARGED TO PATIENTS	26, 538	0				73.00
	100 RENAL DI ALYSI S	0	0				74.0
6.97 076	597 CARDI AC REHABI LI TATI ON	0	0				76.9
6.98 076	598 HYPERBARI C OXYGEN THERAPY	0	0				76.9
6.99 076	599 LI THOTRI PSY	0	0				76.9
	PATIENT SERVICE COST CENTERS						
	DOO CLINIC	43, 518	0				90.0
	DO1 PSYCH CLINIC	0	0				90.0
	002 PSYCH CLINIC FEE BASED	0	0				90.0
	003 WORKFI RST	0	0				90.0
	004 CANCER CLINIC	0	0				90.0
	005 PEDIATRIC CLINIC	0	0				90.0
	DO6 WOMEN'S CLINIC	0	0				90.0
1	007 THERAPEUTIC SCHOOL	0	0				90.0
	008 AFTER SCHOOL PROGRAM	0	0				90.0
	009 PERINATAL ADDICTION	0	0				90.1
	010 THERAPEUTIC NURSERY	0	0				90.1
1	11 CHILD DAY TREATMENT	0	0				90.1
	D12 DI ABETES CENTER	0	0				90.1
	013 WOUND CENTER	0	0				90.1
	014 MICA	0	0				90.1
	015 BAYONNE MENTAL HEALTH CENTER	0	0				90.1
		0	0				91.0
	101 EMERGENCY	0	0				91.0
	200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.0
	IER REI MBURSABLE COST CENTERS	0					95.0
	Subtotal (see instructions)	70, 233	0				200. 0
		10,233	U				
00.00	LLASS PRP (Linic Lab Sarvicas_Drogram						
01.00	Less PBP Clinic Lab. Services-Program Only Charges	0					201.0

Health Financial Systems	TRI NI TAS				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provider C	CN: 31-0027	Period: From 01/01/2021	Worksheet D Part II	
		Component	CCN: 31-S027	To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		Title	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Capi tal	Total Charges		t Inpatient	Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATING ROOM	686, 972	113, 891, 361	0.00603	32 4, 558	27	50.00
51.00 05100 RECOVERY ROOM	67, 562				0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	194, 572				0	52.00
53. 00 05300 ANESTHESI OLOGY	30, 011				0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	326, 189		1		200	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	55.00
56. 00 05600 RADI OI SOTOPE	12, 334	15, 151, 581			0	56.00
57.00 05700 CT SCAN	29, 637	64, 174, 058	0.00046	66, 300	31	57.00
58. 00 05800 MRI	28, 202	9, 873, 709	0. 00285	29, 486	84	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	122, 114	16, 338, 789	0.00747	74 0	0	59.00
60. 00 06000 LABORATORY	247, 699	123, 631, 470	0.00200	490, 178	982	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	25, 495	7, 661, 469	0.00332	28 0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.0000	0 0	0	62.30
65. 00 06500 RESPI RATORY THERAPY	87, 497	16, 741, 402			2	65.00
66. 00 06600 PHYSI CAL THERAPY	178, 853				467	66.00
67.00 06700 OCCUPATI ONAL THERAPY	1, 723				63	67.00
68.00 06800 SPEECH PATHOLOGY	3, 093				0	68.00
69. 00 06900 ELECTROCARDI OLOGY	56, 044				108	
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	99, 004				13	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	46, 247				0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	89, 570				341	73.00
74.00 07400 RENAL DIALYSIS	617, 525				0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0				0	76.97
76. 98 07698 HYPERBARI C 0XYGEN THERAPY 76. 99 07699 LI THOTRI PSY	0				0	76.98 76.99
OUTPATIENT SERVICE COST CENTERS		1 0	0.00000	0	0	70.99
90. 00 09000 CLINIC	331, 331	813, 642	0. 40722	20 0	0	90.00
90. 02 09001 PSYCH CLINIC	800, 608				0	90.02
90. 03 09002 PSYCH CLINIC FEE BASED	60				0	90.03
90. 04 09003 WORKFIRST	640				0	90.04
90. 05 09004 CANCER CLINIC	0				0	
JOI DO LOUIDER DELITIO		0	0.0000			90.05
90. 06 09005 PEDI ATRI C CLI NI C	64, 810	-			0	
	-	639, 456	0. 10135	52 0	0	90.06
90. 06 09005 PEDI ATRI C CLI NI C	64, 810	639, 456 14, 088, 439	0. 10135 0. 01160	52 0 03 0		90. 06 90. 07
90. 06 09005 PEDIATRIC CLINIC 90. 07 09006 WOMEN'S CLINIC	64, 810 163, 475	639, 456 14, 088, 439 792, 942	0. 10135 0. 01160 0. 00698	52 0 03 0 39 0	0	90.06 90.07 90.08
90. 06 09005 PEDIATRIC CLINIC 90. 07 09006 WOMEN'S CLINIC 90. 08 09007 THERAPEUTIC SCHOOL	64, 810 163, 475 5, 542	639, 456 14, 088, 439 792, 942 0	0. 10135 0. 01160 0. 00698 0. 00000	52 0 03 0 39 0 00 0	0	90.06 90.07 90.08 90.09
90.06         09005         PEDIATRIC         CLINIC           90.07         09006         WOMEN'S         CLINIC           90.08         09007         THERAPEUTIC         SCHOOL           90.09         09008         AFTER         SCHOOL         PROGRAM           90.11         09009         PERINATAL         ADDICTION         90.12         09010         THERAPEUTIC         NURSERY	64, 810 163, 475 5, 542 91, 003 94, 722 146	639, 456 14, 088, 439 792, 942 0 0 0	0. 10135 0. 01160 0. 00698 0. 00000 0. 00000 0. 00000	52 0 03 0 39 0 00 0 00 0 00 0	0 0 0 0 0	90.06 90.07 90.08 90.09 90.11 90.12
90.06         09005         PEDIATRIC         CLINIC           90.07         09006         WOMEN'S         CLINIC           90.08         09007         THERAPEUTIC         SCHOOL           90.09         09008         AFTER         SCHOOL         PROGRAM           90.11         09009         PERINATAL         ADDICTION         90.12         09010         THERAPEUTIC         NURSERY           90.13         09011         CHILD         DAY         TREATMENT         CHILD         ADICTION	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333	639, 456 14, 088, 439 792, 942 0 0 0 0 0 0 0	0. 10135 0. 01160 0. 00698 0. 00000 0. 00000 0. 00000 0. 00000	52     0       33     0       39     0       00     0       00     0       00     0       00     0       00     0	0 0 0 0 0 0	90. 06 90. 07 90. 08 90. 09 90. 11 90. 12 90. 13
90. 06       09005       PEDIATRIC CLINIC         90. 07       09006       WOMEN'S CLINIC         90. 08       09007       THERAPEUTIC SCHOOL         90. 09       09008       AFTER SCHOOL PROGRAM         90. 11       09009       PERINATAL ADDICTION         90. 12       09010       THERAPEUTIC NURSERY         90. 13       09011       CHILD DAY TREATMENT         90. 14       09012       DIABETES CENTER	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960	639, 456 14, 088, 439 792, 942 0 0 0 0 0 0 0 0 0 0 0	0. 10135 0. 01160 0. 00695 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000	52         0           03         0           39         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0	0 0 0 0 0 0 0 0	90.06 90.07 90.08 90.09 90.11 90.12 90.13 90.14
90. 06       09005       PEDIATRIC CLINIC         90. 07       09006       WOMEN'S CLINIC         90. 08       09007       THERAPEUTIC SCHOOL         90. 09       09008       AFTER SCHOOL PROGRAM         90. 11       09009       PERINATAL ADDICTION         90. 12       09010       THERAPEUTIC NURSERY         90. 13       09012       DIABETES CENTER         90. 14       09012       DIABETES CENTER         90. 15       09013       WOUND CENTER	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536	639, 456 14, 088, 439 792, 942 0 0 0 0 0 0 7, 224, 212	0. 10135 0. 01160 0. 00695 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000	52         0           33         0           39         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0           30         0	0 0 0 0 0 0 0 0 0 0 0	90. 06 90. 07 90. 08 90. 09 90. 11 90. 12 90. 13 90. 14 90. 15
90. 06       09005       PEDIATRIC CLINIC         90. 07       09006       WOMEN'S CLINIC         90. 08       09007       THERAPEUTIC SCHOOL         90. 09       09008       AFTER SCHOOL PROGRAM         90. 11       09009       PERINATAL ADDICTION         90. 12       09010       THERAPEUTIC NURSERY         90. 13       09011       CHILD DAY TREATMENT         90. 14       09012       DIABETES CENTER         90. 15       09013       WOUND CENTER         90. 16       09014       MICA	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536 105, 959	639, 456 14, 088, 439 792, 942 0 0 0 0 0 7, 224, 212 0	0. 10135 0. 01160 0. 00698 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000	52         0           33         0           349         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0	0 0 0 0 0 0 0 0 0 0 0 0	90. 06 90. 07 90. 08 90. 09 90. 11 90. 12 90. 13 90. 14 90. 15 90. 16
90.06       09005       PEDIATRIC CLINIC         90.07       09006       WOMEN'S CLINIC         90.08       09007       THERAPEUTIC SCHOOL         90.09       09008       AFTER SCHOOL PROGRAM         90.11       09009       PERINATAL ADDICTION         90.12       09010       THERAPEUTIC NURSERY         90.13       09012       DIABETES CENTER         90.15       09013       WOUND CENTER         90.16       09014       MICA         90.17       09015       BAYONNE MENTAL HEALTH CENTER	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536 105, 959 90, 343	639, 456 14, 088, 439 792, 942 0 0 0 0 0 7, 224, 212 0 3, 235, 900	0. 10135 0. 01160 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00279 ⁻	52     0       33     0       349     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0       300     0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	90. 06 90. 07 90. 08 90. 09 90. 11 90. 12 90. 13 90. 14 90. 15 90. 16 90. 17
90.06       09005       PEDIATRIC CLINIC         90.07       09006       WOMEN'S CLINIC         90.08       09007       THERAPEUTIC SCHOOL         90.09       09008       AFTER SCHOOL PROGRAM         90.11       09009       PERINATAL ADDICTION         90.12       09010       THERAPEUTIC NURSERY         90.13       09011       CHILD DAY TREATMENT         90.15       09012       DI ABETES CENTER         90.16       09014       MICA         90.17       09015       BAYONNE MENTAL HEALTH CENTER         91.00       09100       EMERGENCY	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536 105, 959 90, 343 595, 578	639, 456 14, 088, 439 792, 942 0 0 0 0 0 7, 224, 212 0 3, 235, 900 164, 984, 030	0. 10135 0. 01160 0. 00000 0. 00000	52         0           33         0           349         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         0           300         376, 349	0 0 0 0 0 0 0 0 0 0 0 0 0 0 1,359	90. 06 90. 07 90. 08 90. 09 90. 11 90. 12 90. 13 90. 14 90. 15 90. 16 90. 17 91. 00
90. 06       09005       PEDIATRIC CLINIC         90. 07       09006       WOMEN'S CLINIC         90. 08       09007       THERAPEUTIC SCHOOL         90. 09       09008       AFTER SCHOOL PROGRAM         90. 11       09009       PERINATAL ADDICTION         90. 12       09010       THERAPEUTIC NURSERY         90. 13       09011       CHILD DAY TREATMENT         90. 14       09012       DI ABETES CENTER         90. 15       09013       WOUND CENTER         90. 16       09014       MICA         90. 17       09015       BAYONNE MENTAL HEALTH CENTER         91. 00       09100       EMERGENCY	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536 105, 959 90, 343 595, 578 126, 468	639, 456 14, 088, 439 792, 942 0 0 0 0 7, 224, 212 0 3, 235, 900 164, 984, 030 599, 259	0. 10135 0. 01160 0. 00695 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00395 0. 00000 0. 00395 0. 00000 0. 00395 0. 00000 0. 00297 0. 00367	52         0           03         0           39         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           10         376, 349           11         0	0 0 0 0 0 0 0 0 1, 359 0	90. 06 90. 07 90. 08 90. 09 90. 11 90. 12 90. 13 90. 14 90. 15 90. 16 90. 17 91. 00 91. 01
90.06         09005         PEDIATRIC CLINIC           90.07         09006         WOMEN'S CLINIC           90.08         09007         THERAPEUTIC SCHOOL           90.09         09008         AFTER SCHOOL PROGRAM           90.11         09009         PERINATAL ADDICTION           90.12         09010         THERAPEUTIC NURSERY           90.13         09011         CHILD DAY TREATMENT           90.14         09012         DI ABETES CENTER           90.15         09013         WOUND CENTER           90.16         09014         MICA           90.17         09015         BAYONNE MENTAL HEALTH CENTER           91.00         09100         EMERGENCY           91.01         09101         EMERGENCY           91.01         09101         EMERGENCY           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536 105, 959 90, 343 595, 578	639, 456 14, 088, 439 792, 942 0 0 0 0 7, 224, 212 0 3, 235, 900 164, 984, 030 599, 259	0. 10135 0. 01160 0. 00695 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00395 0. 00000 0. 00395 0. 00000 0. 00395 0. 00000 0. 00297 0. 00367	52         0           03         0           39         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           10         376, 349           11         0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 1,359	90. 06 90. 07 90. 08 90. 09 90. 11 90. 12 90. 13 90. 14 90. 15 90. 16 90. 17 91. 00 91. 01
90. 06       09005       PEDIATRIC CLINIC         90. 07       09006       WOMEN'S CLINIC         90. 08       09007       THERAPEUTIC SCHOOL         90. 09       09008       AFTER SCHOOL PROGRAM         90. 11       09009       PERINATAL ADDICTION         90. 12       09010       THERAPEUTIC NURSERY         90. 13       09012       DI ABETES CENTER         90. 14       09012       DI ABETES CENTER         90. 15       09013       WOUND CENTER         90. 16       09014       MICA         91. 00       09100       EMERGENCY         91. 01       09101       EMERGENCY         92. 00       09SERVATION BEDS (NON-DI STINCT PART         07HER       REI MBURSABLE COST CENTERS	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536 105, 959 90, 343 595, 578 126, 468	639, 456 14, 088, 439 792, 942 0 0 0 0 7, 224, 212 0 3, 235, 900 164, 984, 030 599, 259	0. 10135 0. 01160 0. 00695 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00395 0. 00000 0. 00395 0. 00000 0. 00395 0. 00000 0. 00297 0. 00367	52         0           03         0           39         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           10         376, 349           11         0	0 0 0 0 0 0 0 0 1, 359 0	90. 14 90. 15 90. 16 90. 17 91. 00 91. 01 92. 00
90.06         09005         PEDIATRIC CLINIC           90.07         09006         WOMEN'S CLINIC           90.08         09007         THERAPEUTIC SCHOOL           90.09         09008         AFTER SCHOOL PROGRAM           90.11         09009         PERINATAL ADDICTION           90.12         09010         THERAPEUTIC NURSERY           90.13         09011         CHILD DAY TREATMENT           90.14         09012         DI ABETES CENTER           90.15         09013         WOUND CENTER           90.16         09014         MICA           90.17         09015         BAYONNE MENTAL HEALTH CENTER           91.00         09100         EMERGENCY           91.01         09101         EMERGENCY           91.01         09101         EMERGENCY           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART	64, 810 163, 475 5, 542 91, 003 94, 722 146 122, 333 21, 960 28, 536 105, 959 90, 343 595, 578 126, 468	639, 456 14, 088, 439 792, 942 0 0 0 0 7, 224, 212 0 3, 235, 900 164, 984, 030 599, 259 1, 418, 452	0. 10135 0. 01160 0. 00695 0. 00000 0. 00000 0. 00000 0. 00000 0. 00000 0. 00395 0. 00000 0. 0279 ⁻ 0. 0036 ⁻ 0. 21104 0. 00000	52         0           03         0           39         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           00         0           10         376, 349           11         0	0 0 0 0 0 0 0 1, 359 0 0	90.06 90.07 90.08 90.09 90.11 90.12 90.13 90.14 90.15 90.16 90.17 91.00 91.01

Heal th	Financial Systems	TRI NI TAS H	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER			CN: 31-0027	Peri od:	Worksheet D	
THROUC	COSTS		Component (	CCN: 31-S027	From 01/01/2021 To 12/31/2021		
			Title	XVIII	Subprovider -	PPS	
	Cost Center Description	Non Physician	Nursi ng	Nursi ng	Allied Health	Allied Health	
		Anestheti st	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
		1.00	Adjustments 2A	2.00	3A	3.00	
	ANCI LLARY SERVICE COST CENTERS	1.00	20	2.00	54	3.00	
50.00	05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56.00	05600 RADI OI SOTOPE	0	0		0 0	0	56.00
57.00 58.00	05700 CT SCAN 05800 MRI	0	0			0	57.00 58.00
58.00	05900 CARDI AC CATHETERI ZATI ON	0	0			0	59.00
60.00	06000 LABORATORY	0	0		0 0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0	62.30
65.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66.00	06600 PHYSI CAL 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 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00
74.00 76.97	07400 RENAL DI ALYSI S	0	0			0	74.00
76.97	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0		76. 97 76. 98
76.99	07699 LI THOTRI PSY	0	0		0 0		76.99
70.77	OUTPATIENT SERVICE COST CENTERS	0	0				/0. //
90.00	09000 CLINIC	0	0		0 0	0	90.00
90.02	09001 PSYCH CLINIC	0	0		0 0	0	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0	0		0 0	0	90.03
90.04	09003 WORKFI RST	0	0		0 0	0	90.04
90.05	09004 CANCER CLINIC	0	0		0 0	0	90.05
90.06	09005 PEDIATRIC CLINIC	0	0		0 0	0	90.06
90.07	09006 WOMEN' S CLINIC	0	0		0 0	0	90.07
90. 08 90. 09	09007 THERAPEUTIC SCHOOL 09008 AFTER SCHOOL PROGRAM	0	0		0 0	0	90.08 90.09
90. 09 90. 11	09009 PERINATAL ADDICTION	0	0			0	90.09
90. 11 90. 12	09010 THERAPEUTIC NURSERY	0	0			0	90.11
90.12		0	0		0 0	0	90.12
	09012 DI ABETES CENTER	0	0		0 0		
	09013 WOUND CENTER	0	0		0 0	0	
90.16	09014 MI CA	0	0		0 0	0	
	09015 BAYONNE MENTAL HEALTH CENTER	0	0		0 0	0	90. 17
	09100 EMERGENCY	0	0		0 0	0	
	09101 EMERGENCY	0	0		0 0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92.00
05 00	OTHER REI MBURSABLE COST CENTERS					1	
95.00 200.00		0	0		0 0		95.00 200.00
200.00		1 0		I		п 0	200.00

Health Financial Systems	TRINITAS H	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	6 Provider C		Period:	Worksheet D	
THROUGH COSTS		Component (		From 01/01/2021 To 12/31/2021	Part IV Date/Time Pre 6/1/2022 10:5	
		Title	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
	4.00	5.00	6.00	7.00	instructions)	
ANCI LLARY SERVI CE COST CENTERS	4.00	5.00	0.00	7.00	8.00	
50. 00 05000 OPERATING ROOM	0	0		0 113, 891, 361	0.000000	50.00
51. 00 05100 RECOVERY ROOM	0			0 6, 338, 561	0. 000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0			0 10, 868, 843		52.00
53.00 05300 ANESTHESI OLOGY	0	0		0 5, 809, 748		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 42, 511, 200		54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 22, 023, 423		55.00
56. 00 05600 RADI OI SOTOPE	0	0		0 15, 151, 581	0.000000	56.00
57.00 05700 CT SCAN	0	0		0 64, 174, 058		57.00
58.00 05800 MRI	0	0		0 9, 873, 709		58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 16, 338, 789	0. 000000	59.00
60. 00 06000 LABORATORY	0	0		0 123, 631, 470	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 7, 661, 469	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0.000000	62.30
65. 00 06500 RESPI RATORY THERAPY	0			0 16, 741, 402	0. 000000	65.00
66. 00 06600 PHYSI CAL THERAPY	0	-		0 7, 524, 809	0. 000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 1, 633, 499		67.00
68.00 06800 SPEECH PATHOLOGY	0	-		0 539, 379		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 30, 771, 915		
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0		0 29, 425, 076		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 16, 390, 506		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 137, 199, 716		
74.00 07400 RENAL DIALYSIS	0	0		0 47, 720, 125	0.000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	0			0 0	0.000000	76.97
76. 98 07698 HYPERBARI C 0XYGEN THERAPY 76. 99 07699 LI THOTRI PSY	0			0 0 0 0	0.000000	76. 98 76. 99
OUTPATI ENT SERVICE COST CENTERS	0	0		0 0	0.000000	70. 77
90. 00 09000 CLINIC	0	0		0 813, 642	0.000000	90.00
90. 02 09001 PSYCH CLINIC	0			0 37, 369, 882	0. 000000	90.02
90. 03 09002 PSYCH CLINIC FEE BASED	0			0 2, 894, 956		•
90. 04 09003 WORKFIRST	0	0		0 9,618		90.04
90. 05 09004 CANCER CLINIC	0	0		0 0	0. 000000	90.05
90. 06 09005 PEDIATRIC CLINIC	0	0		0 639, 456	0. 000000	90.06
90. 07 09006 WOMEN' S CLINIC	0	0		0 14, 088, 439	0.000000	90.07
90. 08 09007 THERAPEUTIC SCHOOL	0	0		0 792, 942	0. 000000	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0		0 0	0. 000000	90.09
90. 11 09009 PERINATAL ADDICTION	0	0		0 0	0. 000000	
90. 12 09010 THERAPEUTIC NURSERY	0	-		0 0		
90. 13 09011 CHI LD DAY TREATMENT	0			0 0		
90. 14 09012 DI ABETES CENTER	0			0 7 004 010	0.00000	
90. 15 09013 WOUND CENTER	0	-		0 7, 224, 212		
90. 16 09014 MICA	0	0		0 0	0.000000	
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0	0		0 3, 235, 900	0.000000	90.17
91. 00 09100 EMERGENCY	0	0		0 164, 984, 030	0.000000	
91. 01 09101 EMERGENCY	0			0 599, 259		
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART OTHER REIMBURSABLE COST CENTERS	0	0	1	0 1, 418, 452	0.00000	92.00
95. 00 09500 AMBULANCE SERVICES	1					95.00
200.00 Total (lines 50 through 199)	0	0		0 960, 291, 427		200.00
	. 0	0	I	-1 ,00,2,1, 12/	I	

PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	SERVICE UTHER PASS	Provider C	JN: 31-0027	Peri od:	Worksheet D	
ROUGH COSTS		Component (	CCN: 31-SO27	From 01/01/2021 To 12/31/2021	Part IV Date/Time Pre 6/1/2022 10:5	
		Ti tl e	XVIII	Subprovider - IPF	PPS	
Cost Center Description	Outpati ent	I npati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Throug		Pass-Through	
	(col. 6 ÷ col.		Costs (col.		Costs (col. 9	
	7)	10.00	x col. 10)		x col. 12)	
ANCI LLARY SERVI CE COST CENTERS	9.00	10.00	11.00	12.00	13.00	
00 05000 OPERATING ROOM	0.000000	4, 558		0 0	0	50.00
00 05100 RECOVERY ROOM	0. 000000	0		0 0		
00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0		
00 05300 ANESTHESI OLOGY	0. 000000	0		0 0	0	
00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	26, 033		0 0	0	
00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	20,000		0 0	0	
00 05600 RADI OI SOTOPE	0. 000000	0		0 0	0	
00 05700 CT SCAN	0. 000000	66, 300		0 0		
00 05800 MRI	0. 000000	29, 486		0 0		
00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0		
00 06000 LABORATORY	0.000000	490, 178		0 0		
00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0		0 0	0	
30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000	0		0 0	0	
00 06500 RESPI RATORY THERAPY	0. 000000	300		0 0	0	
00 06600 PHYSI CAL THERAPY	0. 000000	19, 633		0 0	0	66.00
00 06700 OCCUPATI ONAL THERAPY	0.000000	59, 316		0 0	0	
00 06800 SPEECH PATHOLOGY	0. 000000	0		0 0	0	
00 06900 ELECTROCARDI OLOGY	0. 000000	59, 381		0 0	0	69.00
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	3, 898		0 0	0	71.00
00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	0		0 0	0	72.00
00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	521, 717		0 0	0	73.00
00 07400 RENAL DIALYSIS	0. 000000	0		0 0	0	74.00
97 07697 CARDIAC REHABILITATION	0. 000000	0		0 0	0	76.9
98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	76.98
99 07699 LI THOTRI PSY	0. 000000	0		0 0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
00 09000 CLINIC	0. 000000	0		0 0		
02 09001 PSYCH CLINIC	0. 000000	0		0 0		
03 09002 PSYCH CLINIC FEE BASED	0. 000000	0		0 0		
04 09003 WORKFIRST	0. 000000	0		0 0	0	
05 09004 CANCER CLINIC	0. 000000	0		0 0	0	
06 09005 PEDIATRIC CLINIC	0. 000000	0		0 0	0	
07 09006 WOMEN'S CLINIC	0. 000000	0		0 0		
08 09007 THERAPEUTIC SCHOOL	0. 000000	0		0 0	0	
09 09008 AFTER SCHOOL PROGRAM	0. 000000	0		0 0	0	
11 09009 PERINATAL ADDI CTI ON	0. 000000	0		0 0	0	
12 09010 THERAPEUTIC NURSERY	0. 000000	0				
13 09011 CHI LD DAY TREATMENT	0. 000000 0. 000000	0			0	1
14 09012 DI ABETES CENTER 15 09013 WOUND CENTER		0			0	
15  09013  WOUND CENTER 16  09014  MI CA	0. 000000 0. 000000	0			0	
		0			0	
17  09015  BAYONNE MENTAL HEALTH CENTER 00  09100  EMERGENCY	0.000000	0×2 276			0	
	0. 000000	376, 349		-		
	0. 000000	0		0 0		
00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0. 000000	0		0 0	0	92.00
UTHER RELWBURSABLE CUST CENTERS						
00 09500 AMBULANCE SERVICES						95.00

Health Financial Systems	TRI NI TAS H	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Pre 6/1/2022 10:5	pared: 5 am
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cos	t		
	Part II, col.		(col. 1 - co	L.		
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2, 222, 754	C	2, 222, 7			30.00
31.00 INTENSIVE CARE UNIT	390, 493		390, 4	93 6, 908	56.53	31.00
34. 01 HOUSE PHYSI CLANS	9, 383		9, 3		0,00	
40.00 SUBPROVIDER - IPF	810, 570	C	810, 5	70 16, 788	48.28	40.00
41.00 SUBPROVIDER - IRF	1,355	C	1, 3	55 0	0.00	41.00
42.00 SUBPROVI DER	303, 835	0	303, 8	35 7, 848	38.71	42.00
43.00 NURSERY	154, 527		154, 5	27 3, 502	44.13	43.00
44.00 SKILLED NURSING FACILITY	176, 930		176, 9	30 1, 887	93.76	44.00
45.00 NURSING FACILITY	794, 430		794, 4		25.66	45.00
200.00 Total (lines 30 through 199)	4, 864, 277		4, 864, 2	77 98, 896	ĺ	200.00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	3, 224					30.00
31.00 INTENSIVE CARE UNIT	656		1			31.00
34. 01 HOUSE PHYSI CLANS	0	C	1			34.01
40.00 SUBPROVIDER – IPF	1, 476	71, 261				40.00
41. 00 SUBPROVI DER – I RF	0	0	1			41.00
42. 00 SUBPROVI DER	7,672					42.00
43.00 NURSERY	1, 753	77, 360				43.00
44.00 SKILLED NURSING FACILITY	0	0				44.00
45.00 NURSING FACILITY	19, 022	488, 105				45.00
200.00 Total (lines 30 through 199)	33, 803	1, 201, 922	1			200. 00

	Financial Systems	TRI NI TAS I				u of Form CMS-:	2552-10
PPORT	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT.	AL COSTS	Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Pre 6/1/2022 10:5	
			Ti †I	e XIX	Hospi tal	Cost	Jan
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
	bost benter bescription		(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,		5		column 4)	
		Part II, col.	8)	2)	. ondriges		
		26)					
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS	-		•		1	
0.00	05000 OPERATI NG ROOM	686, 972	113, 891, 361	0.00603	32 0	0	50.00
1.00	05100 RECOVERY ROOM	67, 562	6, 338, 561	0. 01065	59 0	0	51.00
2.00	05200 DELIVERY ROOM & LABOR ROOM	194, 572	10, 868, 843	0. 01790	02 0	0	52.00
3.00	05300 ANESTHESI OLOGY	30, 011	5, 809, 748	0.00516	6 0	0	53.00
4.00	05400 RADI OLOGY-DI AGNOSTI C	326, 189	42, 511, 200	0.00767	73 0	0	54.00
5.00	05500 RADI OLOGY - THERAPEUTI C	0			0 0	0	55.00
6.00	05600 RADI OI SOTOPE	12, 334	15, 151, 581			0	56.00
7.00	05700 CT SCAN	29,637				0	
8.00	05800 MRI	28, 202				0	
9.00	05900 CARDI AC CATHETERI ZATI ON	122, 114				0	
0.00	06000 LABORATORY	247, 699				0	
2.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	25, 495					
2.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0				0	
5.00	06500 RESPI RATORY THERAPY	87, 497	-			0	
6.00	06600 PHYSI CAL THERAPY	178, 853				0	
7.00	06700 OCCUPATIONAL THERAPY	1, 723					
8.00	06800 SPEECH PATHOLOGY	3, 093				-	
9.00	06900 ELECTROCARDI OLOGY	56, 044				-	
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	99, 004					
2.00	07200 I MPL. DEV. CHARGED TO PATIENTS	46, 247				0	
3.00	07300 DRUGS CHARGED TO PATIENTS	89, 570				0	
4.00	07400 RENAL DIALYSIS					0	
4.00	07400 RENAL DIALISIS	617, 525				-	
		0		0.0000			
6.98	07698 HYPERBARI C OXYGEN THERAPY	0					
6. 99	07699 LI THOTRI PSY OUTPATI ENT SERVI CE COST CENTERS	0	0	0.0000	00 0	0	76.99
0. 00	09000 CLINIC	331, 331	813, 642	0. 40722	20 0	0	90.00
0.02	09001 PSYCH CLINIC	800, 608					
0.02	09002 PSYCH CLINIC FEE BASED	60					1
0.03	09003 WORKFIRST	640					
0.04	09004 CANCER CLINIC	040				0	
0.05	09005 PEDIATRIC CLINIC	64, 810	-			-	
0.07	09006 WOMEN' S CLINIC	163, 475				-	
						-	
0.08	09007 THERAPEUTIC SCHOOL	5, 542					
0.09	09008 AFTER SCHOOL PROGRAM	91,003		0.0000		0	
0.11	09009 PERINATAL ADDICTION	94, 722		0.0000		0	
0.12	09010 THERAPEUTIC NURSERY	146		0.0000		0	90.1
0.13		122, 333		0.0000			
	09012 DI ABETES CENTER	21, 960				-	
D. 15	09013 WOUND CENTER	28, 536					90.1
0.16	09014 MI CA	105, 959		0.0000		0	
0. 17	09015 BAYONNE MENTAL HEALTH CENTER	90, 343				0	
1. 00	09100 EMERGENCY	595, 578					
1. 01	09101 EMERGENCY	126, 468					
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1, 418, 452	0.0000	000	0	92.0
	OTHER REIMBURSABLE COST CENTERS		1	1			
	09500 AMBULANCE SERVICES		1	1			95.0
5.00 00.00		5, 593, 857	938, 268, 004		0		200.00

Health Financial Systems	TRINITAS H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER F	PASS THROUGH COST			Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Pre 6/1/2022 10:5	
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Nursi ng Program Post-Stepdown Adj ustments	Nursing Program	Allied Health Post-Stepdowr 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         31. 00       03100       INTENSIVE CARE UNIT         34. 01       03401       HOUSE PHYSICIANS         40. 00       04000       SUBPROVIDER - IPF         41. 00       04100       SUBPROVIDER - IRF         42. 00       04200       SUBPROVIDER         43. 00       04300       NURSERY         44. 00       04400       SKILLED NURSING FACILITY         45. 00       04500       NURSING FACILITY         200. 00       Total (lines 30 through 199)         Cost Center Description	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0	0 0 0 0 0	31.00 34.01 40.00 41.00 42.00
	Amount (see	1 through 3,	buys	0 . 001. 0)		
		minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
INPATI ENT ROUTI NE SERVICE COST CENTERS           30. 00         03000         ADULTS & PEDIATRICS           31. 00         03100         INTENSIVE CARE UNIT           34. 01         03401         HOUSE PHYSICIANS           40. 00         04000         SUBPROVIDER - IPF           41. 00         04100         SUBPROVIDER - IRF           42. 00         04200         SUBPROVIDER           43. 00         04300         NURSERY           44. 00         04400         SKI LLED NURSING FACILITY           45. 00         04500         NURSERY           44. 00         04500         NURSING FACILITY           200. 00         Total (lines 30 through 199)           Cost Center Description	Inpatient Program	0 0 0 0 0 0 0 0 0 0 0 0	6, 90 16, 78 7, 84 3, 50 1, 88 30, 95	B         0.00           C         0.00           B         0.00           C         0.00           B         0.00           B         0.00           C         0.00	656 0 1, 476 0 7, 672 1, 753 0 19, 022	31.00 34.01 40.00 41.00 42.00 43.00 44.00
INPATIENT ROUTINE SERVICE COST CENTERS 30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT	Pass-Through Cost (col. 7 x col. 8) 9.00 0					30. 00 31. 00
34. 01       03401       HOUSE PHYSI CLANS         40. 00       04000       SUBPROVI DER - I PF         41. 00       04100       SUBPROVI DER - I RF         42. 00       04200       SUBPROVI DER         43. 00       04300       NURSERY         44. 00       04400       SKI LLED NURSI NG FACI LI TY         45. 00       04500       NURSI NG FACI LI TY         200. 00       Total (li nes 30 through 199)						34. 01 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00 200. 00

Heal th	Financial Systems	TRINITAS H	IOSPI TAL		In Lie	u of Form CMS-	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER H COSTS	RVICE OTHER PASS	S Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Pre 6/1/2022 10:5	
			Titl	e XIX	Hospi tal	Cost	
	Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health	
		Anestheti st	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments		, , , , , , , , , , , , , , , , , , ,		
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0 0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56.00	05600 RADI OI SOTOPE	0	0		0 0	0	56.00
57.00	05700 CT SCAN	0	0		0 0	0	57.00
58.00	05800 MRI	0	0		0 0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60.00	06000 LABORATORY	0	0		0 0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0	62.30
65.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76.97	07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	-	76.98
76.99	07699 LI THOTRI PSY	0	0		0 0		76.99
70. 77	OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	70.77
90.00	09000 CLINIC	0	0		0 0	0	90.00
90.00	09001 PSYCH CLINIC	0	0		0 0		90.02
90.02 90.03	09002 PSYCH CLINIC FEE BASED	0			0 0	0	90.02
90. 03 90. 04	09003 WORKFIRST	0	0		0 0	0	90.03
90.04 90.05	09004 CANCER CLINIC	0	0		0 0	0	90.04
90.05	09005 PEDIATRIC CLINIC	0			0 0	0	90.05
90.00	09006 WOMEN' S CLINIC	0			0 0	0	90.07
90.07	09007 THERAPEUTIC SCHOOL	0			0 0	0	90.08
90.00 90.09	09008 AFTER SCHOOL PROGRAM	0			0 0	0	90.00
90.09 90.11	09009 PERINATAL ADDICTION	0	0		0 0	0	90.09
90.11	09010 THERAPEUTIC NURSERY	0	0		0 0	0	90.11
90. 12 90. 13	09011 CHILD DAY TREATMENT	0	0		0 0	0	90.12
		0	0		0 0	-	90.13
	09012 DI ABETES CENTER	0					
	09013 WOUND CENTER		0			Ű	
	09014 MICA					0	
	09015 BAYONNE MENTAL HEALTH CENTER	0			0 0	0	90.17
	09100 EMERGENCY	0	0		0	0	91.00
91.01	09101 EMERGENCY	0	0		0 0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		I	0	0	92.00
05 00	OTHER REIMBURSABLE COST CENTERS	1		1			05.00
	09500 AMBULANCE SERVICES		_			_	95.00
200.00	Total (lines 50 through 199)	0	0	1	0 0	0	200. 00

Health Financial Systems	TRINITAS H	IOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PASS	S Provider C	CN: 31-0027	Period: From 01/01/2021	Worksheet D Part IV Date/Time Pre	norodi
				To 12/31/2021	6/1/2022 10:5	5 am
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost		Cost (sum o		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
	4.00	5.00	6.00	7.00	instructions) 8.00	
ANCI LLARY SERVI CE COST CENTERS	4.00	5.00	0.00	7.00	0.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 113, 891, 361	0. 000000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 6, 338, 561		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 10, 868, 843		
53. 00 05300 ANESTHESI OLOGY	0	0		0 5, 809, 748		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 42, 511, 200		
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 22, 023, 423		1
56. 00 05600 RADI OI SOTOPE	0	0		0 15, 151, 581		1
57.00 05700 CT SCAN	0	0		0 64, 174, 058		57.00
58. 00 05800 MRI	0	0		0 9, 873, 709	0. 000000	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 16, 338, 789	0. 000000	59.00
60. 00 06000 LABORATORY	0	0		0 123, 631, 470	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 7, 661, 469	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0.000000	62.30
65. 00 06500 RESPI RATORY THERAPY	0	0		0 16, 741, 402	0. 000000	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 7, 524, 809	0. 000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 1, 633, 499		
68.00 06800 SPEECH PATHOLOGY	0	0		0 539, 379		
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 30, 771, 915		1
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0		0 29, 425, 076		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 16, 390, 506		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 137, 199, 716		
74.00 07400 RENAL DIALYSIS	0	0		0 47, 720, 125		1
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0		
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0 0		0 0		
76. 99 07699 LI THOTRI PSY OUTPATI ENT SERVI CE COST CENTERS	0	0	1	0 0	0.000000	76.99
90. 00 09000 CLINIC	0	0		0 813, 642	0. 000000	90.00
90. 02 09001 PSYCH CLINIC	0	0		0 37, 369, 882		
90. 03 09002 PSYCH CLINIC FEE BASED	0	0		0 2, 894, 956		
90. 04 09003 WORKFI RST	0	0		0 9,618		
90. 05 09004 CANCER CLINIC	0	0		0 0		90.05
90. 06 09005 PEDIATRIC CLINIC	0	0		0 639, 456	0.000000	90.06
90. 07 09006 WOMEN' S CLINIC	0	0		0 14, 088, 439	0. 000000	90.07
90. 08 09007 THERAPEUTIC SCHOOL	0	0		0 792, 942	0.000000	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0		0 0	0.000000	90.09
90. 11 09009 PERINATAL ADDICTION	0	0		0 0	0.000000	90.11
90. 12 09010 THERAPEUTIC NURSERY	0	0		0 0	0. 000000	
90. 13 09011 CHILD DAY TREATMENT	0	0		0 0		
90. 14 09012 DI ABETES CENTER	0	0		0 0	0. 000000	
90. 15 09013 WOUND CENTER	0	0		0 7, 224, 212		
90. 16 09014 MI CA	0	0		0 0	0.000000	
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0	0		0 3, 235, 900		
91.00 09100 EMERGENCY	0	0		0 164, 984, 030		
91.01 09101 EMERGENCY	0	0		0 599, 259		
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART OTHER REI MBURSABLE COST CENTERS	0	0	1	0 1, 418, 452	0.000000	92.00
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0		0 960, 291, 427		200.00
		0	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I	

Health Financial Systems	TRINITAS HO	SPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PASS	Provider C	CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Pre	pared [.]
				10 12/01/2021	6/1/2022 10:5	5 am
		Tit	le XIX	Hospi tal	Cost	
Cost Center Description	Outpati ent	Inpatient	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Throug		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	0.000000		1	0 0	0	50.00
	1	(		-		50.00
51.00 05100 RECOVERY ROOM	0. 000000	(		0 0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000			0 0	-	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000			0 0	-	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	(		0 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			0 0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0. 000000	(	-	0 0	0	56.00
57. 00 05700 CT SCAN	0. 000000	(		0 0	0	57.00
58.00 05800 MRI	0. 000000	(		0 0	-	58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	(		0 0	-	59.00
60. 00 06000 LABORATORY	0. 000000	(	-	0 0	-	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 000000	(		0 0	-	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000	(		0 0	-	62.30
65. 00 06500 RESPI RATORY THERAPY	0. 000000	(	-	0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	(		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	(	כ	0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	(		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	(	D	0 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	(	D	0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	(	D	0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	(	D	0 0	0	73.00
74.00 07400 RENAL DIALYSIS	0. 000000	(	D	0 0	0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	(		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	(	D	0 0	0	76.98
76. 99 07699 LI THOTRI PSY	0. 000000	(	C	0 0	0	76.99
OUTPATIENT SERVICE COST CENTERS			-		1	
90. 00 09000 CLINIC	0. 000000	(	D	0 0	0	90.00
90. 02 09001 PSYCH CLINIC	0. 000000	(		0 0	0	90. 02
90.03 09002 PSYCH CLINIC FEE BASED	0. 000000	(	D	0 0	0	90.03
90. 04 09003 WORKFI RST	0. 000000	(	C	0 0	0	90.04
90. 05 09004 CANCER CLINIC	0. 000000	(	C	0 0	0	90.05
90. 06 09005 PEDIATRIC CLINIC	0. 000000	(	D	0 0	0	90.06
90. 07 09006 WOMEN' S CLINIC	0. 000000	(	D	0 0	0	90.07
90. 08 09007 THERAPEUTIC SCHOOL	0. 000000	(	D	0 0	0	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0. 000000	(	D	0 0	0	90.09
90. 11 09009 PERINATAL ADDICTION	0. 000000	(	D	0 0	0	90.11
90. 12 09010 THERAPEUTIC NURSERY	0. 000000	(	D	0 0	0	90.12
90. 13 09011 CHILD DAY TREATMENT	0. 000000	(	D	0 0	0	90.13
90. 14 09012 DI ABETES CENTER	0.000000			0 0		
90. 15 09013 WOUND CENTER	0. 000000	(		0 0	0	90.15
90. 16 09014 MICA	0. 000000	(		0 0	0	90.16
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0. 000000	(		0 0	0	90.17
91. 00 09100 EMERGENCY	0. 000000	(		0 0	0	91.00
91. 01   09101   EMERGENCY	0. 000000	(	-	0 0		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	(		0 0	-	
OTHER REIMBURSABLE COST CENTERS	0.000000	(	1	<u> </u>	0	/2.00
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		(		0 0	n –	200.00
·····	1 I		1	- i C	. 0	

APPOR	n Financial Systems TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE		OSPITAL Provider C	CN: 31-0027	Peri od:	worksheet D	
	COSTS			CCN: 31-3503	From 01/01/2021 To 12/31/2021	Part IV Date/Time Pre	
			T: +1	e XIX	Nursing Facility	6/1/2022 10:5	5 am
	Cost Center Description	Non Physician	Nursing	Nursing		Allied Health	
	cost center bescription	Anesthetist	Program	Program	Post-Stepdown	Arried field th	
		Cost	Post-Stepdown	i i ogi am	Adj ustments		
			Adjustments				
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0 0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56.00	05600 RADI OI SOTOPE	0	0		0 0	0	56.00
57.00	05700 CT SCAN	0	0		0 0	0	57.00
58.00	05800 MRI	0	0		0 0	0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
50.00	06000 LABORATORY	0	0		0 0	0	60.00
52.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		0 0	0	62.00
52.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0 0	0	
55.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	65.0
56.00	06600 PHYSI CAL THERAPY	0	0		0 0	0	66.0
57.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.0
58.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
59.00	06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00
74.00	07400 RENAL DI ALYSI S	0	0		0 0	0	74.00
76.97	07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.9
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.98
76.99	07699 LI THOTRI PSY	0	0		0 0	0	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.00		0	0		0 0		
90. 02	09001 PSYCH CLINIC	0	0		0 0		90.02
90. 03	09002 PSYCH CLINIC FEE BASED	0	0		0 0	0	
90.04	09003 WORKFI RST	0	0		0 0	0	90.0
90.05	09004 CANCER CLINIC	0	0		0 0	0	
90.06	09005 PEDIATRIC CLINIC	0	0		0 0	0	
90.07	09006 WOMEN' S CLINIC	0	0		0 0	0	
90. 08	09007 THERAPEUTIC SCHOOL	0	0		0 0	0	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0	0		0 0	0	90.09
90.11	09009 PERINATAL ADDICTION	0	0		0 0	0	90. 1 ⁻
90. 12	09010 THERAPEUTIC NURSERY	0	0		0 0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0	0		0 0	0	90.13
90.14		0	0		0 0	-	
	09013 WOUND CENTER	0	0		0 0	0	
	09014 MI CA	0	0		0 0	0	
	09015 BAYONNE MENTAL HEALTH CENTER	0	0		0 0	0	
	09100 EMERGENCY	0	0		0 0	0	
91.01		0	0		0 0	0	
€2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92.0
	OTHER REIMBURSABLE COST CENTERS	1 1		1		1	
95.00 200.0	09500 AMBULANCE SERVICES Total (lines 50 through 199)	0					95.0
			0		0 0		200.0

PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLA	RY SERVICE OTHER PASS	Provider C	CN: 31-0027	Peri od:	Worksheet D	2552-
ROUGH COSTS			CCN: 31-3503	From 01/01/2021 To 12/31/2021	Part IV	
		Ti †I	e XIX	Nursing Facility		Jaiii
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medical	(sum of cols.	Outpatient		to Charges	
	Education Cost		Cost (sum o		$(col. 5 \div col.$	
		4)	col s. 2, 3,		7)	
			and 4)	, í	(see	
			· ·		instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
00 05000 OPERATI NG ROOM	0	0		0 113, 891, 361	0.000000	50.0
00 05100 RECOVERY ROOM	0	0		0 6, 338, 561	0.000000	51.0
00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 10, 868, 843	0.000000	52.0
00 05300 ANESTHESI OLOGY	0	0		0 5, 809, 748	0.000000	53.0
00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 42, 511, 200	0.000000	54.0
00 05500 RADI OLOGY-THERAPEUTI C	o	0		0 22, 023, 423		
00 05600 RADI OI SOTOPE	0	0		0 15, 151, 581		
00 05700 CT SCAN		0		0 64, 174, 058		
00 05800 MRI	0	0		0 9, 873, 709		
00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 16, 338, 789		
00 06000 LABORATORY	0	0		0 123, 631, 470		
00 06200 WHOLE BLOOD & PACKED RED BLOOD CE		0		0 7, 661, 469		
30 06250 BLOOD CLOTTING FOR HEMOPHILIACS		0		0 7,001,407		
00 06500 RESPIRATORY THERAPY	0	-		-		
	0	0				
00 06600 PHYSI CAL THERAPY	0	0		0 7, 524, 809		
00 06700 OCCUPATI ONAL THERAPY	0	0		0 1, 633, 499		
00 06800 SPEECH PATHOLOGY	0	0		0 539, 379		
00 06900 ELECTROCARDI OLOGY	0	0		0 30, 771, 915		
00 07100 MEDICAL SUPPLIES CHARGED TO PATIE	NI 0	0		0 29, 425, 076		
00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 16, 390, 506		
00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 137, 199, 716		
00 07400 RENAL DI ALYSI S	0	0		0 47, 720, 125		
97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0		
98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0		
99 07699 LI THOTRI PSY	0	0		0 0	0.00000	76. 9
OUTPATIENT SERVICE COST CENTERS						
00 09000 CLINIC	0	0		0 813, 642		
02 09001 PSYCH CLINIC	0	0		0 37, 369, 882		
03 09002 PSYCH CLINIC FEE BASED	0	0		0 2, 894, 956		
04 09003 WORKFI RST	0	0		0 9, 618		
05 09004 CANCER CLINIC	0	0		0 0		
06 09005 PEDIATRIC CLINIC	0	0		0 639, 456		
07 09006 WOMEN' S CLINIC	0	0		0 14, 088, 439	0.000000	90.
08 09007 THERAPEUTIC SCHOOL	0	0		0 792, 942	0.000000	90.
09 09008 AFTER SCHOOL PROGRAM	0	0		0 0	0.000000	90.
11 09009 PERINATAL ADDICTION	0	0		0 0	0.000000	90.
12 09010 THERAPEUTIC NURSERY	0	0		0 0	0. 000000	90.
13 09011 CHILD DAY TREATMENT	0	0		0 0		
14 09012 DI ABETES CENTER	0	0		0 0	0.000000	
15 09013 WOUND CENTER	0	0		0 7, 224, 212		
16 09014 MI CA	o	0		0 0	0.000000	
17 09015 BAYONNE MENTAL HEALTH CENTER	0	n		0 3, 235, 900		
00 09100 EMERGENCY		0		0 164, 984, 030		
01 09101 EMERGENCY	0	0		0 599, 259		
00 09200 OBSERVATION BEDS (NON-DISTINCT PA		0		0 1, 418, 452		
OTHER REIMBURSABLE COST CENTERS	0	0	1	3, 1, 10, 402	0.00000	1 12.
00 09500 AMBULANCE SERVICES						95.
SS SSSS AND LANCE SERVICES			1	1	1	1 / .

Health Financial Systems	TRINITAS HO	SPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PASS	Provider C	CN: 31-0027	Period: From 01/01/2021	Worksheet D Part IV	
		Component	CCN: 31-3503	To 12/31/2021		pared: 5 am
		Titl	e XIX	Nursing Facility		
Cost Center Description	Outpati ent	Inpatient	I npati ent	Outpati ent	Outpatient	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Throug	h Charges	Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0. 000000	0		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	0		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	0		0 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	0		0 0	0	55.00
56. 00 05600 RADI OI SOTOPE	0. 000000	0		0 0	0	56.00
57.00 05700 CT SCAN	0. 000000	0		0 0	0	57.00
58.00 05800 MRI	0. 000000	0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0	0	59.00
60. 00 06000 LABORATORY	0. 000000	0		0 0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 000000	0		0 0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0. 000000	0		0 0	0	62.30
65. 00 06500 RESPI RATORY THERAPY	0.000000	0		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	0		0 0	0	66.00
67.00 06700 OCCUPATI ONAL 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 ELECTROCARDI OLOGY	0. 000000	0		0 0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	0		0 0	0	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	0		0 0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	0		0 0	0	73.00
74. 00 07400 RENAL DI ALYSI S	0. 000000	0		0 0	0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	76.98
76. 99 07699 LI THOTRI PSY	0. 000000	0		0 0	0	
OUTPATIENT SERVICE COST CENTERS	0.000000	0		0 0		/0. //
90. 00 09000 CLINIC	0.000000	0		0 0	0	90.00
90. 02 09001 PSYCH CLINIC	0. 000000	0		0 0	0	•
90. 03 09002 PSYCH CLINIC FEE BASED	0. 000000	0		0 0	0	90.03
90. 04 09003 WORKFIRST	0. 000000	0		0 0	0	90.03
90. 05 09004 CANCER CLINIC	0. 000000	0		0 0	0	90.04
90. 06 09005 PEDIATRIC CLINIC	0. 000000	0		0 0	0	90.05
90. 07 09006 WOMEN' S CLINIC	0. 000000	0		0 0	0	90.00
90. 08 09007 THERAPEUTIC SCHOOL	0. 000000	0		0 0	0	90.07
90. 09 09008 AFTER SCHOOL PROGRAM	0. 000000	0		0 0	0	90.08
90. 09 09008 AFTER SCHOOL PROGRAM 90. 11 09009 PERINATAL ADDI CTI ON		0		0 0	0	90.09
	0.000000	-				•
90. 12 09010 THERAPEUTIC NURSERY	0.000000	0		0 0	0	90.12
90. 13 09011 CHI LD DAY TREATMENT	0. 000000	0		0 0	0	
90. 14 09012 DI ABETES CENTER	0.000000	0		0 0		
90. 15 09013 WOUND CENTER	0.00000	0		0 0	0	
90. 16 09014 MI CA	0.00000	0		0 0	0	90.16
90. 17 09015 BAYONNE MENTAL HEALTH CENTER	0.00000	0		0 0	0	
91.00 09100 EMERGENCY	0. 000000	0		0 0	0	•
91.01 09101 EMERGENCY	0. 000000	0		0 0	0	•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	0		0 0	0	92.00
OTHER REIMBURSABLE COST CENTERS	1 1		1		1	
95. 00 09500 AMBULANCE SERVICES						95.00
200.00  Total (lines 50 through 199)		0		0 0	0	200. 00

MPUTA	ATION OF INPATIENT OPERATING COST	Provider CCN: 31-0027	Peri od:	Worksheet D-1	
			To 12/31/2021	Date/Time Prep 6/1/2022 10:55	
		Title XVIII	Hospi tal	PPS	
From 01/07/2021 To 12/27/2021         Data Control           Title XVIII         Hospital           Cost Center Description         1           Impatient days (including private room days and swing-bed and newborn days) Impatient days (including private room days, excluding swing-bed and newborn days). If postient days (including private room days, excluding swing-bed and observation bed days). Total swing-bed SNF type inpatient days (including private room days). If you have only private room days, do not couplets this line in the system of the cost reporting period.           Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period (if calendar year, enter 0 on this line)           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)           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)           Total swing-bed NF type inpatient days applicable to title XVIII and y (including private room days) through December 31 of the cost reporting period (if calendar year, enter 0 on this line)           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 (if calendar year, enter 0 on this line)           Swing-bed NF type inpatient days applicable to services through December 31 of the cost reporting period (if calendar year, enter 0 on this line)           Swing-bed NF type inpatient days applicable to services through December 31 of the cost repo			1.00		
				1.00	
		avs excluding newborn)		31, 004	1
				31, 004	2
00		days). If you have only pr	ivate room days,	0	3
0		(aveb bed		31, 004	4
			er 31 of the cost	0	5
	reporting period				
		room days) after December	31 of the cost	0	6
		oom days) through December	31 of the cost	0	7
				_	
		oom days) after December 3	31 of the cost	0	8
		to the Program (excluding	swing_bed and	6, 505	9
			J Swillig bed and	0, 303	
			room days)	0	10
			coom days) after	0	11
00			oom days) arter	0	''
00	Swing-bed NF type inpatient days applicable to titles V or		e room days)	0	12
00		VIV only (including privat	a room dayo)	0	1.2
				0	13
00	Medically necessary private room days applicable to the Pro			0	14
				0	15
				0	16
		ices through December 31 d	of the cost	0.00	17
00		icoc ofter December 21 of	the cost	0.00	18
00		Tees after December 31 of	the cost	0.00	18
00		ces through December 31 of	f the cost	0.00	19
00	Medicaid rate for swing-bed NF services applicable to servi	ces after December 31 of t	he cost	0.00	20
00		ons)		38, 000, 638	21
			ina period (line	38,000,038	
	5 x line 17)		51 (		
		er 31 of the cost reportin	ng period (line 6	0	23
		ber 31 of the cost reporti	na period (line	0	24
	7 x line 19)		0, ,	-	
		r 31 of the cost reporting	g period (line 8	0	25
1				0	26
		t (line 21 minus line 26)		38, 000, 638	
		bed and observation bed ch	narges)	0	28 29
				0	30
		7 ÷ line 28)		0. 000000	
				0.00	
			stione)	0.00	
				0.00 0.00	
		-		0.00	36
	General inpatient routine service cost net of swing-bed cos	-	fferential (line	38, 000, 638	
ľ					
	PART IT - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A	DJUSTMENTS			
	Adjusted general inpatient routine service cost per diem (s			1, 225. 67	38
	Program general inpatient routine service cost (line 9 x li			7, 972, 983	
	Medically necessary private room cost applicable to the Pro			0	40

OMPUTA	Financial Systems TION OF INPATIENT OPERATING COST		Provider C	CN: 31-0027	Peri od:	worksheet D-1	
					From 01/01/2021 To 12/31/2021		
			Title	XVIII	Hospi tal	6/1/2022 10:5 PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	npatient Days		÷	(col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4.00	4) 5.00	
2.00	NURSERY (title V & XIX only)	0	0				42.
I	ntensive Care Type Inpatient Hospital Units						
	INTENSIVE CARE UNIT	9, 559, 854	6, 908	1, 383.8	38 1, 570	2, 172, 692	
	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						44
	SURGICAL INTENSIVE CARE UNIT						40
	HOUSE PHYSICIANS	1, 619, 901	0	0. (	0 0	0	
. 00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description					1.00	-
. 00	Program inpatient ancillary service cost (Wks	st D-3 col 3	line 200)			1.00	48
	Total Program inpatient costs (sum of lines 4			ns)		17, 133, 912	
	PASS THROUGH COST ADJUSTMENTS	<u> </u>					
	Pass through costs applicable to Program inpa	atient routine :	services (from	Wkst. D, sur	n of Parts I and	555, 095	50
	III) Pass through costs applicable to Program inpa	ationt ancillar	, convicos (fr	om Wkst D a	sum of Parts II	177, 564	51
	and IV)		y services (II	om wkst. D, s		177, 304	
	Total Program excludable cost (sum of lines !	50 and 51)				732, 659	52
	Total Program inpatient operating cost exclud		ated, non-phy	si ci an anesth	netist, and	16, 401, 253	53
	medical education costs (line 49 minus line 5 FARGET AMOUNT AND LIMIT COMPUTATION	52)					
	Program discharges					0	54
	Target amount per discharge					0.00	
	Target amount (line 54 x line 55)					0	
	Difference between adjusted inpatient operati	ng cost and ta	rget amount (I	ine 56 minus	line 53)	0	
1	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost rep	porting period	ending 1996 u	ndated and co	mounded by the	0.00	
	market basket	sorting period	sharing 1770, a		shipourlaca by the	0.00	
	Lesser of lines 53/54 or 55 from prior year of					0.00	
	If line 53/54 is less than the lower of lines					0	61
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		s (TThes 54 x	60), or 1% 01	the target		
	Relief payment (see instructions)	no er do er onoy				0	62
	Allowable Inpatient cost plus incentive payme	ent (see instru	ctions)			0	63
	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	to through Doco	where 21 of the	cost roporti	ng pariod (Saa	0	64
	instructions) (title XVIII only)	ts thi dugii becei		cost reporti	ng period (see		04
	Medicare swing-bed SNF inpatient routine cost	ts after Decemb	er 31 of the c	ost reporting	g period (See	0	65
	instructions)(title XVIII only)						
	Total Medicare swing-bed SNF inpatient routir CAH (see instructions)	ne costs (line )	54 plus line 6	5)(title XVII	I only). For	0	66
	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 c	f the cost re	eporting period	0	67
	(line 12 x line 19)	5			5 1 2		
	Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 of	the cost repo	orting period	0	68
	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient n	coutine costs (	ine 67 + line	68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER NU						
	Skilled nursing facility/other nursing facili				)		70
	Adjusted general inpatient routine service co		ne 70 ÷ line	2)			71
	Program routine service cost (line 9 x line 1 Medically necessary private room cost applica		(line 14 v li	no 35)			72
	Total Program general inpatient routine servi	U U	•	ne 33)			74
	Capital-related cost allocated to inpatient r			orksheet B, F	Part II, column		75
	26, line 45)						
	Per diem capital-related costs (line 75 ÷ lin Program capital-related costs (line 9 x line						76
	Inpatient routine service cost (line 74 minus						78
	Aggregate charges to beneficiaries for excess		rovider record	s)			79
	Total Program routine service costs for compa		ost limitation	(line 78 mir	nus line 79)		80
	Inpatient routine service cost per diem limit		N N				81
1	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (s						82
	Program inpatient ancillary services (see ins		~,				84
	Utilization review - physician compensation		ns)				85
	Total Program inpatient operating costs (sum		rough 85)				86
	PART IV - COMPUTATION OF OBSERVATION BED PASS					0	87
	Total observation bed days (see instructions) Adjusted general inpatient routine cost per o		line 2)			0.00	
. 00 1		e instructions)	,			0	1

Health Financial Systems	TRI NI TAS I	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2021	Worksheet D-1	
				To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(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	2, 222, 754	38, 000, 638	0. 05849	3 0	0	90.00
91.00 Nursing Program cost	0	38, 000, 638	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	38, 000, 638	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	38, 000, 638	0.00000	0 0	0	93.00

JMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 31-0027	Period: From 01/01/2021	Worksheet D-1	
		Component CCN: 31-S027	To 12/31/2021	Date/Time Prep 6/1/2022 10:55	
		Title XVIII	Subprovider -	PPS	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				-
00	Inpatient days (including private room days and swing-bed day	s. excluding newborn)		16, 788	1 1
00	Inpatient days (including private room days, excluding swing-			16, 788	
00	Private room days (excluding swing-bed and observation bed da do not complete this line.		ivate room days,	0	
00 00	Semi-private room days (excluding swing-bed and observation b Total swing-bed SNF type inpatient days (including private ro reporting period		r 31 of the cost	16, 788 0	
00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private roo reporting period	<i></i>		0	
00	Total swing-bed NF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	-		0	
00	Total inpatient days including private room days applicable to newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII o	<u> </u>	ů.	2, 511	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of Swing-bed SNF type inpatient days applicable to title XVIII of the total structure total structure to title XVIII of the total structure to the structure total structure tot	tions)		0	
. 00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI.	nter 0 on this line)	•	0	
. 00	Swing-bed NF type inpatient days applicable to titles V or XI.	<u> </u>	3 /	0	
. 00	after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr			0	14
. 00 . 00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0 0	
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	es through December 31 o	f the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to servic reporting period	es after December 31 of	the cost	0.00	18
. 00	Medicaid rate for swing-bed NF services applicable to service reporting period	s through December 31 of	the cost	0.00	19
. 00	Medicaid rate for swing-bed NF services applicable to service reporting period	s after December 31 of t	he cost	0.00	
. 00 . 00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)		ing period (line	13, 735, 460 0	
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportin	g period (line 6	0	23
. 00	Swing-bed cost applicable to NF type services through Decembe 7 x line 19)			0	24
. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	period (line 8	0	
. 00 . 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(line 21 minus line 26)		0 13, 735, 460	
. 00	General inpatient routine service charges (excluding swing-be	d and observation bed ch	arges)	0	28
. 00	Private room charges (excluding swing-bed charges)			0	29
. 00	Semi-private room charges (excluding swing-bed charges)	11 00		0	
00	General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0.000000	
00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
00	Average semi-private room per diem charge (line 30 ÷ line 4)		+:)	0.00	
00	Average per diem private room charge differential (line 32 mi		tions)	0.00	
00	Average per diem private room cost differential (line 34 x li	ne 31)		0.00	
	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	0 13, 735, 460	
. 00	27 minus line 36)				
. 00	PART II - HOSPITAL AND SUBPROVIDERS ONLY	LICTMENTS			
. 00 . 00	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ			010 17	20
. 00 . 00	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJI Adjusted general inpatient routine service cost per diem (see	instructions)		818.17 2 054 425	
5. 00 5. 00 7. 00 7. 00 8. 00 9. 00 9. 00	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	instructions) 38)		818. 17 2, 054, 425 0	39

OMPUT	ATION OF INPATIENT OPERATING COST		Provider C	CN: 31-0027	Period: From 01/01/2021	Worksheet D-	1
			Component	CCN: 31-S027	To 12/31/2021		
			Title	e XVIII	Subprovider -	PPS	<u>55 ali</u>
	Cost Center Description	Total Inpatient CostIr	Total patient Days			Program Cost (col. 3 x col.	
		1.00	2.00	<u>col.2)</u> 3.00	4.00	4) 5.00	+
2.00	NURSERY (title V & XIX only)	0	0		00 0		) 42.
3. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0	0	0	00 0		3 43.
1. 00	CORONARY CARE UNIT	0	U	0.	00		43
	BURN INTENSIVE CARE UNIT						45
. 00	SURGICAL INTENSIVE CARE UNIT						46
	HOUSE PHYSICIANS OTHER SPECIAL CARE (SPECIFY)	0	C	0.	00 0	)	0 46 47
. 00	Cost Center Description						47
						1.00	
	Program inpatient ancillary service cost (Wks					154, 500	
. 00	Total Program inpatient costs (sum of lines 4	41 through 48)(se	e instructio	ons)		2, 208, 925	5 49
. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	atient routine se	rvices (from	Wkst D su	m of Parts L and	121, 23	1 50
. 55	(i) (ii) (iii) (ii	at one routine se			51 1 4114	121,23	. 30
. 00	Pass through costs applicable to Program inpa	atient ancillary	services (fr	rom Wkst. D,	sum of Parts II	3, 67	7 51
. 00	and IV) Total Program excludable cost (sum of lines !	50 and 51)				124, 908	8 52
. 00	Total Program inpatient operating cost excluding medical education costs (line 49 minus line 1)	ding capital rela	ited, non-phy	vsician anest	hetist, and	2, 084, 017	
	Program di scharges					(	54
. 00	Target amount per discharge					0.00	D 55
	Target amount (line 54 x line 55)						56
	Difference between adjusted inpatient operati Bonus payment (see instructions)	ing cost and targ	jet amount (I	ine 56 minus	line 53)		0 57 0 58
. 00	Lesser of lines 53/54 or 55 from the cost rep	portina period er	ndina 1996. u	updated and c	ompounded by the		
	market basket						
. 00 . 00	Lesser of lines 53/54 or 55 from prior year of If line 53/54 is less than the lower of lines which operating costs (line 53) are less than	s 55, 59 or 60 er	iter the less	er of 50% of	the amount by	0.00	0 60 0 61
. 00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	nstructions)			Ũ		0 62
	Allowable Inpatient cost plus incentive payme	ent (see instruct	ions)				0 63
	PROGRAM INPATIENT ROUTINE SWING BED COST					1	
. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Decemb	er 31 of the	e cost report	ing period (See	0	0 64
. 00	Medicare swing-bed SNF inpatient routine cos	ts after December	31 of the c	ost reportin	g period (See	0	0 65
. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routin	ne costs (line 6/	l nlus line A	5)(title XVI	ll only) For		0 66
	CAH (see instructions)			, .	5.		
. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through [	ecember 31 c	of the cost r	eporting period		) 67
. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs after Dec	ember 31 of	the cost rep	orting period	0	2 68
. 00	Total title V or XIX swing-bed NF inpatient						0 69
). 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili				)		70
	Adjusted general inpatient routine service of	5		•	)		71
. 00	Program routine service cost (line 9 x line						72
	Medically necessary private room cost applica						73
. 00 . 00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient ( 26, line 45)	•			Part II, column		74
	Per diem capital-related costs (line 75 ÷ lin						76
	Program capital -related costs (line 9 x line						77
	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		vider record	ls)			79
. 00	Total Program routine service costs for compa	• •			nus line 79)		80
. 00	Inpatient routine service cost per diem limit	tation		-	,		81
	Inpatient routine service cost limitation (li	· · · · · · · · · · · · · · · · · · ·					82
. 00 . 00	Reasonable inpatient routine service costs ( Program inpatient ancillary services (see ins						83
	Utilization review - physician compensation		;)				84
	Total Program inpatient operating costs (sum						86
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST				1	
2.00	Total observation bed days (see instructions)		ino 2)				2 87
8.00	Adjusted general inpatient routine cost per of Observation bed cost (line 87 x line 88) (see		nie z)			0.00	2  88 2  89

Health Financial Systems	TRI NI TAS I	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 01/01/2021	Worksheet D-1	
		Component (	CCN: 31-S027	To 12/31/2021	Date/Time Prep 6/1/2022 10:55	pared: 5 am
		Title	XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(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	810, 570	13, 735, 460	0. 05901	3 0	0	90.00
91.00 Nursing Program cost	0	13, 735, 460	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	13, 735, 460	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	13, 735, 460	0.00000	0 0	0	93.00

OWN OT	ATION OF INPATIENT OPERATING COST	Provider CCN: 31-0027 Component CCN: 31-5442	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Pre 6/1/2022 10:5	pared
		Title XVIII	Skilled Nursing Facility	PPS	
	Cost Center Description		_	1.00	
	PART I - ALL PROVIDER COMPONENTS				
. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day	s excluding newborn)		1, 887	1 1. C
. 00	Inpatient days (including private room days, excluding swing-			1, 887	2.0
. 00	Private room days (excluding swing-bed and observation bed da		ivate room days,	0	3.0
00	do not complete this line.			1 007	
. 00 . 00	Semi-private room days (excluding swing-bed and observation b Total swing-bed SNF type inpatient days (including private ro		r 31 of the cost	1, 887 0	4.0
. 00	reporting period	on days) through becenbe	i of of the cost	0	0.0
. 00	Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6. (
. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roo	m days) through December	21 of the cost	0	7.0
. 00	reporting period	in days) thi ough becember	ST OF THE COST	0	/.
. 00	Total swing-bed NF type inpatient days (including private roo	m days) after December 3	1 of the cost	0	8.
00	reporting period (if calendar year, enter 0 on this line)			1 007	
. 00	Total inpatient days including private room days applicable t newborn days) (see instructions)	o the Program (excluding	swing-bed and	1, 887	9.
0. 00	Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private r	oom days)	0	10.
	through December 31 of the cost reporting period (see instruc				
1.00	Swing-bed SNF type inpatient days applicable to title XVIII o December 31 of the cost reporting period (if calendar year, e		oom days) after	0	11.
2.00	Swing-bed NF type inpatient days applicable to titles V or XI		e room davs)	0	12.
	through December 31 of the cost reporting period	3 . 0 .	5 .	-	
3.00	Swing-bed NF type inpatient days applicable to titles V or XI			0	13.
4.00	after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr			0	14.
5.00	Total nursery days (title V or XIX only)			0	
6.00	Nursery days (title V or XIX only)			0	16.0
7.00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	es through December 31 o	f the cost	0.00	1 17 1
7.00	reporting period	es through becenber 31 0	i the cost	0.00	17. \
8.00	Medicare rate for swing-bed SNF services applicable to servic	es after December 31 of	the cost	0.00	18.
9.00	reporting period Medicaid rate for swing-bed NF services applicable to service	c through December 21 of	the cost	0.00	10
9.00	reporting period	s through becember 31 01	the cost	0.00	17.
0. 00	Medicaid rate for swing-bed NF services applicable to service	s after December 31 of t	he cost	0.00	20.
1 00	reporting period Total general inpatient routine service cost (see instruction			1 0// 407	21
1.00 2.00	Swing-bed cost applicable to SNF type services through Decemb		ina period (line	1, 866, 487 0	21.
	5 x line 17)			-	
3.00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23.
4.00	x line 18) Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost reporti	na period (line	0	24.
1.00	7 x line 19)			0	21.
5.00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25.
6.00	x line 20) Total swing-bed cost (see instructions)			0	26.
7.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		1, 866, 487	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				1
	General inpatient routine service charges (excluding swing-be	d and observation bed ch	arges)	0	
9.00 0.00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 30.
1.00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0. 000000	
2.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
3.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
4.00 5.00	Average per diem private room charge differential (line 32 mi Average per diem private room cost differential (line 34 x li		tions)	0.00 0.00	
6.00	Private room cost differential adjustment (line 3 x line 35)	no 51)		0.00	
7.00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	1, 866, 487	37.
	27 minus line 36)				1
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	USTMENTS			-
					38.
8. 00	AU USTEU VEHELAL TIDATIENT TOUTTIE SELVICE COST DEL TIENT (SEE				
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line				39.

	cial Systems OF INPATIENT OPERATING COST	TRINITAS H	Provider C	CN: 31-0027	Period:	worksheet D-1	
			Component (	CCN: 31-5442	From 01/01/2021 To 12/31/2021		
			Title	XVIII	Skilled Nursing	6/1/2022 10:5 PPS	5 8
	Cost Center Description	Total Inpatient Costl	Total npatient Days	Average Pe Diem (col. 1		Program Cost (col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4.00	4)	-
00 NURSEI	RY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42
	sive Care Type Inpatient Hospital Units	S					.
	SIVE CARE UNIT ARY CARE UNIT						4
	INTENSIVE CARE UNIT						4
00 SURGI	CAL INTENSIVE CARE UNIT						4
	PHYSI CI ANS						4
	SPECIAL CARE (SPECIFY) Cost Center Description						4
	cost center bescription					1.00	$\vdash$
	am inpatient ancillary service cost (W						4
-	Program inpatient costs (sum of lines	41 through 48)(s	see instructio	ns)			4
	FHROUGH COST ADJUSTMENTS through costs applicable to Program in	nationt routing	orvione (from	Wkst D su	m of Dorte L and	1	5
	through costs appreable to riogram in			WKST. D, SU	iii Ul Falts I aliu		5
00 Pass	through costs applicable to Program in	patient ancillary	v services (fr	om Wkst. D,	sum of Parts II		5
and I	·	50 and 51)					_
	Program excludable cost (sum of lines Program inpatient operating cost excl		ated non-nby	sician anost	hetist and		5
	al education costs (line 49 minus line	5 1	atea, non-phy				5
TARGET	F AMOUNT AND LIMIT COMPUTATION						
	am discharges						5
	t amount per discharge t amount (line 54 x line 55)						5
	rence between adjusted inpatient opera	ting cost and tar	get amount (I	ine 56 minus	line 53)		5
	payment (see instructions)	<b>J</b>	<u>j</u>				5
	r of lines 53/54 or 55 from the cost r	eporting period e	ending 1996, u	pdated and c	ompounded by the		5
	t basket r of lines 53/54 or 55 from prior year	cost roport un	lated by the m	arkat backat			6
	ne 53/54 is less than the lower of lin						6
	operating costs (line 53) are less th						
	t (line 56), otherwise enter zero (see	instructions)					
	f payment (see instructions) able Inpatient cost plus incentive pay	ment (see instru	tions)				6
	AM INPATIENT ROUTINE SWING BED COST						
00 Medica	are swing-bed SNF inpatient routine co	sts through Decem	nber 31 of the	cost report	ing period (See		6
	uctions)(title XVIII only)	-tft D					
	are swing-bed SNF inpatient routine co uctions)(title XVIII only)	sts after Decembe	er 31 of the c	ost reportin	g period (See		6
	Medicare swing-bed SNF inpatient rout	ine costs (line 6	64 plus line 6	5)(title XVI	II only). For		6
	see instructions)						
	V or XIX swing-bed NF inpatient routin	ne costs through	December 31 o	f the cost r	eporting period		6
	12 x line 19) V or XIX swing-bed NF inpatient routi	ne costs after De	ecember 31 of	the cost rep	orting period		6
	13 x line 20)				511		
	title V or XIX swing-bed NF inpatient						6
	<u>II - SKILLED NURSING FACILITY, OTHER I</u> ed nursing facility/other nursing faci				)	1, 866, 487	70
	ted general inpatient routine service				/	989.13	
.00 Progra	am routine service cost (line 9 x line	· ·				1, 866, 488	7
1	ally necessary private room cost appli-			ne 35)		0	
	Program general inpatient routine ser al-related cost allocated to inpatient	•		orksheet B	Part II column	1, 866, 488 0	
	i ne 45)						[^]
	iem capital-related costs (line 75 ÷ 1					0.00	
Ű	am capital-related costs (line 9 x line ient routine service cost (line 74 min					0	
	ient routine service cost (line 74 min gate charges to beneficiaries for exce		ovider record	s)		0	
0.00	Program routine service costs for com			· · ·	nus line 79)	0	
00 Inpati	ient routine service cost per diem lim	i tati on				0.00	
	ient routine service cost limitation (					0	
	nable inpatient routine service costs am inpatient ancillary services (see i)	•	5)			1, 866, 488 347, 654	
5	am inpatient ancillary services (see i zation review – physician compensation		is)			347, 654	
	Program inpatient operating costs (su	•				2, 214, 142	
PART I	V - COMPUTATION OF OBSERVATION BED PAS	SS THROUGH COST				1	
	observation bed days (see instruction		Line 2			0	
3. 00   Adj us [.]	ted general inpatient routine cost per vation bed cost (line 87 x line 88) (s	•	rine z)			0.00	80

Health Financial Systems	TRI NI TAS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider C		Period: From 01/01/2021	Worksheet D-1	
		Component (	CCN: 31-5442	To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		Title	XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(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	0	0	0.0000	0 0	0	90.00
91.00 Nursing Program cost	0	0	0.0000	0 0	0	91.00
92.00 Allied health cost	0	0	0.0000	0 00	0	92.00
93.00 All other Medical Education	0	0	0.00000	0 00	0	93.00

^{6/1/2022 10:55} am C: \255210\CMTEMP\A0_Trinitas_310027_12312021.mcrx

Health Financial Systems TRINITAS HO				eu of Form CMS-2	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Pre 6/1/2022 10:5	pared:
	Title	× XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos To Charges		Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1100	2.00	0.00	
30. 00 03000 ADULTS & PEDI ATRI CS			63, 633, 363		30.00
31. 00 03100 I NTENSI VE CARE UNI T			19, 398, 361		31.00
34. 01 03401 HOUSE PHYSI CLANS			0		34.01
40. 00 04000 SUBPROVIDER - IPF			0		40.00
41. 00 04100 SUBPROVI DER - I RF			0		41.00
42. 00 04200 SUBPROVI DER			0		42.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS					43.00
50. 00 05000 OPERATING ROOM		0. 1102	77 5, 909, 713	651, 705	50.00
51. 00 05100 RECOVERY ROOM		0. 2940			
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 4219			1
53. 00 05300 ANESTHESI OLOGY		0. 4080	76 259, 058	105, 715	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1114	70 1, 973, 472	219, 983	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.0000			55.00
56. 00 05600 RADI 0I SOTOPE		0.0519			
57. 00 05700 CT SCAN		0.0179			
58. 00   05800   MRI 59. 00   05900   CARDI AC   CATHETERI ZATI ON		0.0615			
60. 00 06000 LABORATORY		0. 1267 0. 0572			
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0. 2745			62.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPHILIACS		0.0000			62.30
65. 00 06500 RESPI RATORY THERAPY		0. 2475			65.00
66. 00 06600 PHYSI CAL THERAPY		0. 5502			66.00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 1866	91 58, 453	10, 913	67.00
68.00 06800 SPEECH PATHOLOGY		0. 3765			
69.00 06900 ELECTROCARDI OLOGY		0.0431			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 6232			
72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 73. 00 07300 DRUGS CHARGED TO PATI ENTS		0. 5226			
74. 00 07400 RENAL DI ALYSI S		0. 4971			
76. 97 07697 CARDI AC REHABI LI TATI ON		0.0000			76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0.0000		-	1
76. 99 07699 LI THOTRI PSY		0.0000	0 00	0	76.99
OUTPATIENT SERVICE COST CENTERS		1		1	
90. 00 09000 CLINIC		4. 1628			1
90. 02 09001 PSYCH CLINIC		0.5116			90.02
90. 03 09002 PSYCH CLINIC FEE BASED 90. 04 09003 WORKFIRST		0.0036		-	90.03 90.04
90. 04   09003   WORKFERST 90. 05   09004   CANCER   CLINIC		11. 7264 0. 0000			
90. 06 09005 PEDIATRIC CLINIC		1. 7408			
90. 07 09006 WOMEN' S CLINIC		0. 2056			
90. 08 09007 THERAPEUTIC SCHOOL		1. 2238	74 0		
90.09 09008 AFTER SCHOOL PROGRAM		0.0000			
90. 11 09009 PERINATAL ADDI CTI ON		0.0000			90.11
90. 12 09010 THERAPEUTIC NURSERY		0.0000			90.12
90. 13 09011 CHI LD DAY TREATMENT		0.0000		-	90.13
90. 14 09012 DI ABETES CENTER 90. 15 09013 WOUND CENTER		0. 0000 0. 1226		0	90. 14 90. 15
90. 15 09013 WOUND CENTER 90. 16 09014 MICA		0. 1228		0	90.15
90. 17 09015 BAYONNE MENTAL HEALTH CENTER		0. 5294		0	90.10
91. 00 09100 EMERGENCY		0.0796			91.00
91. 01 09101 EMERGENCY		6. 7336		0	1
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0.0000		0	92.00
OTHER REI MBURSABLE COST CENTERS		1		1	
95.00 09500 AMBULANCE SERVICES			40.011.11	/ 000 007	95.00
200.00Total (sum of lines 50 through 94 and 96 through 98)201.00Less PBP Clinic Laboratory Services-Program only charge	es (line 61)		48, 211, 614	6, 988, 237	200.00
202.00 Net charges (line 200 minus line 201)			48, 211, 614		201.00
		I	1 13, 211, 014	I	

IPATI EN	nancial Systems TRINITA T ANCILLARY SERVICE COST APPORTIONMENT	AS HOSPITAL Provider C	CN: 31-0027	Peri od:	eu of Form CMS-: Worksheet D-3	
			CCN: 31-S027	From 01/01/2021 To 12/31/2021	Date/Time Pre	pare
		Title	e XVIII	Subprovider - IPF	6/1/2022 10: 5 PPS	
	Cost Center Description		Ratio of Cos	st Inpatient	Inpati ent	
			To Charges	U U	Program Costs (col. 1 x col.	
				Charges	2)	
			1.00	2.00	3.00	
	IPATI ENT ROUTI NE SERVI CE COST CENTERS 3000 ADULTS & PEDI ATRI CS		1		1	1 20
	BIOO INTENSIVE CARE UNIT					30
i. 01  03	401 HOUSE PHYSI CLANS					34
	1000 SUBPROVI DER – I PF			12, 296, 425		40
	1100 SUBPROVI DER – I RF 1200 SUBPROVI DER					41
	I 300 NURSERY					42
	ICI LLARY SERVI CE COST CENTERS		1		1	
	5000 OPERATING ROOM		0. 1102			
	100 RECOVERY ROOM		0. 2940		-	
	5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESI OLOGY		0. 4219 0. 4080			
	5400 RADI OLOGY-DI AGNOSTI C		0. 1114		-	
5. 00 05	5500 RADI OLOGY-THERAPEUTI C		0.0000	00 C	0	55
	5600 RADI OI SOTOPE		0.0519		0	
	5700 CT SCAN 5800 MRI		0. 0179 0. 0615			
	5900 CARDI AC CATHETERI ZATI ON		0. 1267			
	5000 LABORATORY		0. 0572			
	5200 WHOLE BLOOD & PACKED RED BLOOD CELL		0. 2745		-	
	250 BLOOD CLOTTING FOR HEMOPHILIACS		0.0000		-	
	500 RESPI RATORY THERAPY 5600 PHYSI CAL THERAPY		0. 2475 0. 5502			
	5700 OCCUPATI ONAL THERAPY		0. 1866			
	5800 SPEECH PATHOLOGY		0. 3765		-	
	9900 ELECTROCARDI OLOGY		0.0431			
	7100 MEDICAL SUPPLIES CHARGED TO PATIENT 7200 IMPL. DEV. CHARGED TO PATIENTS		0. 6232 0. 5226			
	7300 DRUGS CHARGED TO PATIENTS		0. 1209			
	7400 RENAL DIALYSIS		0. 4971		-	
	7697 CARDI AC REHABI LI TATI ON		0.0000			
	7698 HYPERBARI C OXYGEN THERAPY 7699 LI THOTRI PSY		0.0000			
	ITPATI ENT SERVI CE COST CENTERS		0.0000	00 0	<u>,                                    </u>	1 / 0
0. 00 09	2000 CLINIC		4. 1628			
	2001 PSYCH CLINIC		0.5116			
	2002 PSYCH CLINIC FEE BASED 2003 WORKFIRST		0. 0036			
	2004 CANCER CLINIC		0.0000			
0. 06 09	2005 PEDIATRIC CLINIC		1. 7408	45 C		
	2006 WOMEN'S CLINIC		0. 2056		-	
	2007 THERAPEUTIC SCHOOL 2008 AFTER SCHOOL PROGRAM		1. 2238 0. 0000		-	
	2009 PERINATAL ADDICTION		0.0000			
0. 12 09	0010 THERAPEUTIC NURSERY		0.0000	00 C	0	90
	2011 CHI LD DAY TREATMENT		0.0000		0	
	2012 DI ABETES CENTER 2013 WOUND CENTER		0. 0000 0. 1226			
	2014 MICA		0. 1228			
). 17 09	0015 BAYONNE MENTAL HEALTH CENTER		0. 5294	03 C	0	90
	2100 EMERGENCY		0. 0796			
	101 EMERGENCY		6. 7336		0	
2.00 09	2200 OBSERVATION BEDS (NON-DISTINCT PART THER REIMBURSABLE COST CENTERS		0.0000	00 C	0 0	92
ОТ	2500 AMBULANCE SERVICES					95
ОТ	2500 AMBULANCE SERVICES Total (sum of lines 50 through 94 and 96 through 94 Less PBP Clinic Laboratory Services-Program only cl			1, 657, 149	154, 500	95 200 201

	nancial Systems TRINITAS HOS ANCILLARY SERVICE COST APPORTIONMENT	PITAL Provider C	CN: 31-0027	Period:	eu of Form CMS-: Worksheet D-3	
	ANGLEART SERVICE COST ALLORTONIMENT			From 01/01/2021		
		Component	CCN: 31-5442	To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		Titl∈	e XVIII	Skilled Nursing	PPS	
	Cost Center Description		Ratio of Cos	Facility t Inpatient	Inpati ent	
	·		To Charges	-	Program Costs	
				Charges	(col. 1 x col. 2)	
			1.00	2.00	3.00	
	PATIENT ROUTINE SERVICE COST CENTERS		1		1	
1	000 ADULTS & PEDIATRICS 100 INTENSIVE CARE UNIT					30.00 31.00
	401 HOUSE PHYSI CI ANS					34.01
	DOO SUBPROVIDER - IPF					40.00
	100 SUBPROVI DER – I RF 200 SUBPROVI DER					41.00 42.00
	300 NURSERY					42.00
	CI LLARY SERVICE COST CENTERS					
	DOO OPERATING ROOM		0. 1102			50.00
1	100 RECOVERY ROOM 200 DELIVERY ROOM & LABOR ROOM		0.2940			51.00 52.00
	300 ANESTHESI OLOGY		0. 4219			52.00
	400 RADI OLOGY-DI AGNOSTI C		0. 1114			54.00
	500 RADI OLOGY-THERAPEUTI C		0.0000			55.00
	500 RADI OI SOTOPE		0.0519			56.00
	700 CT SCAN 300 MRI		0. 0179 0. 0615			57.00 58.00
	200 CARDI AC CATHETERI ZATI ON		0. 1267		0	59.00
	DOO LABORATORY		0. 0572		4, 677	60.00
	200 WHOLE BLOOD & PACKED RED BLOOD CELL		0. 2745			
	250 BLOOD CLOTTING FOR HEMOPHILIACS		0.0000			62.30 65.00
	500 RESPI RATORY THERAPY 500 PHYSI CAL THERAPY		0. 2475 0. 5502			66.00
	700 OCCUPATI ONAL THERAPY		0. 1866			67.00
	300 SPEECH PATHOLOGY		0. 3765			
			0.0431			
	100 MEDICAL SUPPLIES CHARGED TO PATIENT 200 IMPL. DEV. CHARGED TO PATIENTS		0. 6232			71.00
	BOO DRUGS CHARGED TO PATIENTS		0. 1209			
	400 RENAL DI ALYSI S		0. 4971			74.00
	597 CARDI AC REHABI LI TATI ON		0.0000			76.97
	598 HYPERBARI C OXYGEN THERAPY 599 LI THOTRI PSY		0.0000			76.98 76.99
	PATIENT SERVICE COST CENTERS		0.0000	00 0	0	70.75
90.00 090	DOO CLINIC		4. 1628			90.00
	DO1 PSYCH CLINIC		0. 5116			90.02
	002 PSYCH CLINIC FEE BASED 003 WORKFIRST		0. 0036			90.03 90.04
	DO4 CANCER CLINIC		0.0000			
90.06 090	DO5 PEDIATRIC CLINIC		1.7408		0	90.06
	DO6 WOMEN' S CLINIC		0. 2056			90.07
1	007 THERAPEUTIC SCHOOL		1. 2238 0. 0000			90.08 90.09
	008 AFTER SCHOOL PROGRAM 009 PERINATAL ADDICTION		0.0000			90.09
	D10 THERAPEUTIC NURSERY		0.0000			90.12
	D11 CHILD DAY TREATMENT		0.0000			90.13
	D12 DI ABETES CENTER		0.0000			90.14
90.15 090 90.16 090	D13 WOUND CENTER		0. 1226			90.15 90.16
1	D15 BAYONNE MENTAL HEALTH CENTER		0. 5294			90.10
	IOO EMERGENCY		0. 0796	99 O		91.00
	IO1 EMERGENCY		6.7336			91.01
	200 OBSERVATION BEDS (NON-DISTINCT PART		0.0000	00 0	0	92.00
	IER REI MBURSABLE COST CENTERS					95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			832, 202	347, 654	
201.00	Less PBP Clinic Laboratory Services-Program only charges	s (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1	832, 202	1	202.00

	Financial Systems TRINITAS HOS ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 31-0027	Peri od: From 01/01/2021 To 12/31/2021	u of Form CMS-: Worksheet E Part A Date/Time Pre	pared
		Title XVIII	Hospi tal	6/1/2022 10:5 PPS	5 am
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
. 00 . 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurr	ing prior to October 1 (	(see	0 10, 846, 941	
. 02	instructions) DRG amounts other than outlier payments for discharges occurr	ing on or after October	1 (see	3, 615, 648	1.0
. 03	instructions) DRG for federal specific operating payment for Model 4 BPCI for	or discharges occurring	prior to October	0	1.0
. 04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI f October 1 (see instructions)	or di scharges occurri ng	on or after	0	1.0
00	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			0	2.0 2.0
. 01	Outlier payment for discharges for Model 4 BPCI (see instruct	i ons)		0	2.0
03	Outlier payments for discharges occurring prior to October 1	-		64, 131	2.0
. 04	Outlier payments for discharges occurring on or after October	1 (see instructions)		5, 414	2.0
. 00	Managed Care Simulated Payments			16, 229, 012	
. 00	Bed days available divided by number of days in the cost repo	rting period (see instru	uctions)	220.00	4.0
. 00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the mos	t recent cost reporting	period ending on	28.80	5.0
. 00	or before 12/31/1996. (see instructions) FTE count for allopathic and osteopathic programs that meet t new programs in accordance with 42 CFR 413.79(e)	he criteria for an add-o	on to the cap for	4.12	6.0
. 00	MMA Section 422 reduction amount to the IME cap as specified IACA § 5503 reduction amount to the IME cap as specified under			2.44 0.00	7.0 7.0
. 00	cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the FTE count for allopa			7. 21	8.0
. 00	affiliated programs in accordance with 42 CFR 413.75(b), 413. 1998), and 67 FR 50069 (August 1, 2002).			7.21	0.0
. 01	The amount of increase if the hospital was awarded FTE cap slipeport straddles July 1, 2011, see instructions.	ots under § 5503 of the	ACA. If the cost	0.00	8.0
. 02	The amount of increase if the hospital was awarded FTE cap sli under § 5506 of ACA. (see instructions)	ots from a closed teachi	ng hospital	1.23	8.0
. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin instructions)	es (8, 8,01 and 8,02)	(see	38.92	9.0
0. 00 1. 00	FTE count for allopathic and osteopathic programs in the curr FTE count for residents in dental and podiatric programs.	ent year from your recor	rds	42.55 6.00	
2.00	Current year allowable FTE (see instructions)			44. 92	
3. 00	Total allowable FTE count for the prior year.			45.88	
4. 00	Total allowable FTE count for the penultimate year if that ye otherwise enter zero.	ar ended on or after Sep	otember 30, 1997,	45.55	14.0
5.00	Sum of lines 12 through 14 divided by 3.			45.45	15.0
6. 00	Adjustment for residents in initial years of the program			0.00	
7.00	Adjustment for residents displaced by program or hospital clo	sure			17.0
8.00 9.00	Adjusted rolling average FTE count Current year resident to bed ratio (line 18 divided by line 4	<b>`</b>		45.45 0.206591	
	Prior year resident to bed ratio (see instructions)	).		0. 2003 71	
	Enter the lesser of lines 19 or 20 (see instructions)			0. 206591	
2. 00	IME payment adjustment (see instructions)			1, 542, 941	22. (
2. 01	IME payment adjustment - Managed Care (see instructions)			1, 731, 392	22. (
3. 00	Indirect Medical Education Adjustment for the Add-on for § 42: Number of additional allopathic and osteopathic IME FTE resid		CFR 412. 105	0.00	23. (
4.00	(f)(1)(iv)(C ). IME FTE Resident Count Over Cap (see instructions)			o / o	24. (
4.00 5.00	If the amount on line 24 is greater than -O-, then enter the	lower of line 23 or line	e 24 (see	3.63 0.00	
6. 00	instructions) Resident to bed ratio (divide line 25 by line 4)			0.00000	26. (
7.00	IME payments adjustment factor. (see instructions)			0.000000	
B. 00	IME add-on adjustment amount (see instructions)			0.000000	28.0
8. 01	IME add-on adjustment amount - Managed Care (see instructions	)		0	28.0
9. 00 9. 01	Total IME payment ( sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.0			1, 542, 941 1, 731, 392	
	Disproportionate Share Adjustment				
	Percentage of SSI recipient patient days to Medicare Part A p	atient days (see instruc	ctions)	15.70	
1.00	Percentage of Medicaid patient days (see instructions)			33.26	
2.00 3.00	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions	)		48. 96 29. 61	
	Disproportionate share adjustment (see instructions)	/		1, 070, 593	

ALCUL	Financial Systems TRINITAS HO ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Pre	
		Title XVIII	Hospi tal	6/1/2022 10: 5 PPS	5 am
			Prior to 10/1		
			1.00	2.00	
	Uncompensated Care Adjustment				
5.00	Total uncompensated care amount (see instructions)		0	0	35.
5. 01	Factor 3 (see instructions)		0. 000000000	0. 00000000	35.
5. 02	Hospital uncompensated care payment (If line 34 is zero, ent	er zero on this line) (s	ee 7, 509, 134	7, 103, 026	35.
- 00	instructions)		F (4( 440	4 700 050	0.5
5.03	Pro rata share of the hospital uncompensated care payment am		5, 616, 419	1, 790, 353	
5.00	Total uncompensated care (sum of columns 1 and 2 on line 35.) Additional payment for high percentage of ESRD beneficiary di		7, 406, 772		36.
0. 00	Total Medicare discharges (see instructions)	ischarges (Times 40 thro	7, 756		40.
1.00	Total ESRD Medicare discharges (see instructions)		0		41.
1.01	Total ESRD Medicare covered and paid discharges (see instruc	tions)	0		41.
2.00	Divide line 41 by line 40 (if less than 10%, you do not qual		0.00		42.
3. 00	Total Medicare ESRD inpatient days (see instructions)	5 5 7	0		43.
4. 00	Ratio of average length of stay to one week (line 43 divided	by line 41 divided by 7	0. 000000		44.
	days)				
5.00	Average weekly cost for dialysis treatments (see instruction	2	0.00		45.
5.00	Total additional payment (line 45 times line 44 times line 4	1.01)	0		46.
7.00	Subtotal (see instructions)	amall rural bassitals	24, 552, 440		47.
3. 00	Hospital specific payments (to be completed by SCH and MDH, sonly. (see instructions)	smari rurai nospitars	0		48.
				Amount	
				1.00	
9.00	Total payment for inpatient operating costs (see instruction	s)		26, 283, 832	49.
0. 00	Payment for inpatient program capital (from Wkst. L, Pt. I a		)	1, 359, 036	
1.00	Exception payment for inpatient program capital (Wkst. L, Pt			0	51.
2.00	Direct graduate medical education payment (from Wkst. E-4, I	ine 49 see instructions)		1, 045, 155	
3.00	Nursing and Allied Health Managed Care payment			0	53.
4.00	Special add-on payments for new technologies			0	54.
4.01 5.00	Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line -	60)		0	54. 55.
5.00	Cost of physicians' services in a teaching hospital (see int	-		0	56.
7.00	Routine service other pass through costs (from Wkst. D, Pt.	-	through 35)	0	57
3.00	Ancillary service other pass through costs from Wkst. D, Pt.		thir ought objit	0	
9.00	Total (sum of amounts on lines 49 through 58)	, ,		28, 688, 023	
0. 00	Primary payer payments			0	60
1.00	Total amount payable for program beneficiaries (line 59 minu	s line 60)		28, 688, 023	61
2.00	Deductibles billed to program beneficiaries			1, 476, 021	62
3.00	Coinsurance billed to program beneficiaries			161, 396	
4.00	Allowable bad debts (see instructions)			647, 544	
5.00	Adjusted reimbursable bad debts (see instructions)	+		420, 904	
5.00	Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		0	66
7.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	applicable to MC DDC- (	coo instruction-	27, 471, 510	
3.00 9.00	Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96)			0	68 69
). 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	. THE SET SEE THELTUCTIO	1137	0	
). 50	Rural Community Hospital Demonstration Project (§410A Demons	tration) adjustment (see	instructions)	0	
). 87	Demonstration payment adjustment amount before sequestration	, ,		0	70
). 88	SCH or MDH volume decrease adjustment (contractor use only)			0	
). 89	Pioneer ACO demonstration payment adjustment amount (see ins	tructions)		-	70
). 90	HSP bonus payment HVBP adjustment amount (see instructions)	-		0	
	HSP bonus payment HRR adjustment amount (see instructions)			0	
). 91	Bundled Model 1 discount amount (see instructions)			0	70
). 91 ). 92				-140, 618	70.
). 92 ). 93	HVBP payment adjustment amount (see instructions)				
). 92 ). 93 ). 94	HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions) Recovery of accelerated depreciation			-93, 456	

	Financial Systems TRINITAS HOSI ATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 31-0027	Peri od:	u of Form CMS-2 Worksheet E	
				From 01/01/2021 To 12/31/2021	Part A Date/Time Pre	parec
		Title	e XVIII	Hospi tal	6/1/2022 10:5 PPS	5 am
				(yyyy)	Amount	
				0	1.00	
0.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in	n column O		0	0	70.
D. 97	the corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter ir			0	0	70.
5. 77	the corresponding federal year for the period ending on or aft			0	0	/0.
). 98	Low Volume Payment-3				-224, 361	70.
). 99	HAC adjustment amount (see instructions)				0	70.
1. 00	Amount due provider (line 67 minus lines 68 plus/minus lines 6	59 & 70)			27, 013, 075	
1.01	Sequestration adjustment (see instructions)				0	
1. 02 1. 03	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs				0	71.
2.00	Interim payments				30, 373, 841	
2.01	Interim payments-PARHM				00,0,0,0,0	72.
3.00	Tentative settlement (for contractor use only)				0	73.
3. 01	Tentative settlement-PARHM (for contractor use only)					73.
4.00	Balance due provider/program (line 71 minus lines 71.01, 71.02	2, 72, and			-3, 360, 766	74.
4.01	73) Balance due provider/program-PARHM (see instructions)					74.
5.00	Protested amounts (nonallowable cost report items) in accordar	nce with			35, 796	
	CMS Pub. 15-2, chapter 1, §115.2					
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)	-	1			
D. 00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of	of 2.03			0	90.
1.00	plus 2.04 (see instructions) Capital outlier from Wkst. L, Pt. I, line 2				0	91.
2.00	Operating outlier reconciliation adjustment amount (see instru	uctions)			0	1
3.00	Capital outlier reconciliation adjustment amount (see instruct				0	
4.00	The rate used to calculate the time value of money (see instru	uctions)			0.00	
5.00	Time value of money for operating expenses (see instructions)				0	
6.00	Time value of money for capital related expenses (see instruct	tions)		Prior to 10/1	0n/After 10/1	96.
				1.00	2.00	
	HSP Bonus Payment Amount					
00.00	HSP bonus amount (see instructions)			0	0	100.
1 00	HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)			0.000000000	0.000000000	1101
	HVBP adjustment amount for HSP bonus payment (see instructions)	5)		0.0000000000000000000000000000000000000		101.
	HRR Adjustment for HSP Bonus Payment	- /				1.021
03.00	HRR adjustment factor (see instructions)			0.0000	0.0000	103.
)4.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	0	104.
~ ~	Rural Community Hospital Demonstration Project (§410A Demonstr					1000
JU. UU	Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.	n oa unaer t	ne zist			200.
	Cost Reimbursement					
01.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	e 49)				201.
	Medicare discharges (see instructions)					202.
03.00	Case-mix adjustment factor (see instructions)	£:	-6 +6			203.
	Computation of Demonstration Target Amount Limitation (N/A in period)	rirst year	or the curre	nt 5-year demonst	ration	
04.00	Medicare target amount					204.
	Case-mix adjusted target amount (line 203 times line 204)					205.
06.00	Medicare inpatient routine cost cap (line 202 times line 205)					206.
	Adjustment to Medicare Part A Inpatient Reimbursement					1007
	Program reimbursement under the §410A Demonstration (see instr					207. 208.
07.00	Medicare Part A innatient service costs (trom west + 0+ A	1116 37)				208.
07.00 08.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)					210.
07.00 08.00 09.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use					1
07.00 08.00 09.00 10.00	Adjustment to Medicare IPPS payments (see instructions)					211.
07.00 08.00 09.00 10.00 11.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement					
07.00 08.00 09.00 10.00 11.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 2	211)				212.
07.00 08.00 09.00 10.00 11.00 12.00 13.00	Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement		hursement)			

	Financial Systems TRINITAS HOS			u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Pre	
		Title XVIII	Hospi tal	6/1/2022 10:5 PPS	
				4.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	-
1.00 2.00 3.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruc OPPS payments	ctions)		70, 233 10, 016, 671 7, 546, 052	2.00 3.00
4.00 4.01 5.00	Outlier payment (see instructions) Outlier reconciliation amount (see instructions) Enter the hospital specific payment to cost ratio (see instru	uctions)		115, 884 0 0. 000	4.01
6.00 7.00 8.00	Line 2 times line 5 Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0 0.00 0	7.00
9. 00 10. 00	Ancillary service other pass through costs from Wkst. D, Pt. Organ acquisitions	IV, col. 13, line 200		0	9.00 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES			70, 233	11.00
	Reasonabl e charges				
12.00	Ancillary service charges			231, 507	•
13.00 14.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I Total reasonable charges (sum of lines 12 and 13) Customary charges	ine 69)		0 231, 507	
15. 00 16. 00	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable for had such payment been made in accordance with 42 CFR §413.13(	or payment for services of		0 0	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	(e)		0. 000000	17.00
18.00 19.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete on instructions)	nly if line 18 exceeds li	ne 11) (see	231, 507 161, 274	•
20.00	Excess of reasonable cost over customary charges (complete on instructions)	nly if line 11 exceeds li	ne 18) (see	0	
21.00 22.00 23.00	Lesser of cost or charges (see instructions) Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see inst	ructions)		70, 233 0 0	22.00
24.00	Total prospective payment (sum of lines 3, 4, 4, 01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			7, 661, 936	24.00
25.00 26.00 27.00	Deductibles and coinsurance amounts (for CAH, see instruction Deductibles and Coinsurance amounts relating to amount on lin Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)	ne 24 (for CAH, see instr		281 1, 513, 497 6, 218, 391	26.00
28.00 29.00	Direct graduate medical education payments (from Wkst. E-4, I ESRD direct medical education costs (from Wkst. E-4, line 36)			468, 886 0	29.00
30. 00 31. 00	Subtotal (sum of lines 27 through 29) Primary payer payments			6, 687, 277 0	
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI	CESI		6, 687, 277	•
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	010)		275, 606	33.00
34.00	Allowable bad debts (see instructions)			534, 507	
35.00 36.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		347, 430 249, 331	•
37.00	Subtotal (see instructions)			7, 310, 313	•
38.00	MSP-LCC reconciliation amount from PS&R			3, 507	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39. 50 39. 97	Pioneer ACO demonstration payment adjustment (see instruction Demonstration payment adjustment amount before sequestration	1S <i>)</i>		0	39.50 39.97
39.98	Partial or full credits received from manufacturers for repla	aced devices (see instruc	tions)	0	1
39.99	RECOVERY OF ACCELERATED DEPRECIATION	· ·	,	0	39.99
40.00	Subtotal (see instructions)			7, 306, 806	1
40. 01 40. 02	Sequestration adjustment (see instructions)			0	
40.02	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40.02
	Interim payments			6, 161, 741	•
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	
42. 01 43. 00	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (see instructions)			1, 145, 065	42.01 43.00
43. 01 44. 00	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accorda §115.2	ance with CMS Pub. 15-2,	chapter 1,	0	43.01
	TO BE COMPLETED BY CONTRACTOR				1
	Original outlier amount (see instructions)			0	
91.00	Outlier reconciliation adjustment amount (see instructions)			0	
92.00 93.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	•
	Total (sum of lines 91 and 93)				93.00

CALCUL	Financial Systems TRINITAS HOS ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 31-0027	Period: From 01/01/2021	u of Form CMS-2 Worksheet E Part B	2002-10
		Component CCN: 31-S027	To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		Title XVIII	Subprovider -	PPS	<u>5 ann</u>
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00 2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruc	ctions)		0	
3.00	OPPS payments			0	
4.00 4.01	Outlier payment (see instructions) Outlier reconciliation amount (see instructions)			0	4.00 4.01
5.00	Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
6.00	Line 2 times line 5			0	
7.00 8.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0. 00 0	•
9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		0	
10.00	Organ acquisitions			0	
11.00	Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES			0	11.00
	Reasonabl e charges			_	1
12.00 13.00	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	line 69)		0	
14.00	Total reasonable charges (sum of lines 12 and 13)			-	14.00
15 00	Customary charges	normant for convious on	a abanga basi a	0	15.00
15. 00 16. 00	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable for			0	
47.00	had such payment been made in accordance with 42 CFR §413.13(		5		17.00
17.00 18.00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 0	
19.00	Excess of customary charges over reasonable cost (complete or	nly if line 18 exceeds li	ne 11) (see	0	
20. 00	instructions) Excess of reasonable cost over customary charges (complete or	nly if line 11 exceeds li	no 19) (coo	0	20.00
20.00	instructions)	ing in the in exceeds in	ne 16) (see	0	20.00
21.00	Lesser of cost or charges (see instructions)			0	21.00
22.00 23.00	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see inst	tructions)		0	22.00 23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			0	•
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance amounts (for CAH, see instruction	ns)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on lin		ructions)	0	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)	plus the sum of lines 22	2 and 23] (see	0	27.00
28.00	instructions) Direct graduate medical education payments (from Wkst. E-4, I	line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	)		0	
30. 00 31. 00	Subtotal (sum of lines 27 through 29) Primary payer payments			0	30.00
32.00	Subtotal (line 30 minus line 31)			0	•
33.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. 1-5, line 11)	CES)		0	33.00
33.00 34.00	Allowable bad debts (see instructions)			0	
35.00	Adjusted reimbursable bad debts (see instructions)			0	
36.00 37.00	Allowable bad debts for dual eligible beneficiaries (see inst Subtotal (see instructions)	tructions)		0	•
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39. 00 39. 50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructior	<b>D</b> C)		0	39.00 39.50
39. 50 39. 97	Demonstration payment adjustment amount before sequestration	15)		0	•
39.98	Partial or full credits received from manufacturers for repla	aced devices (see instruc	ctions)	0	39.98
39. 99 40. 00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0	•
40.01	Sequestration adjustment (see instructions)			0	40. 01
40. 02 40. 03	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40.02
40.03	Interim payments			0	•
41.01	Interim payments-PARHM				41.01
42. 00 42. 01	Tentative settlement (for contractors use only) Tentative settlement-PARHM (for contractor use only)			0	42.00
43.00	Balance due provider/program (see instructions)			0	43.00
43. 01 44. 00	Balance due provider/program-PARHM (see instructions)	anco with CMS Dub 15 0	chaptor 1	0	43.01
44. UU	Protested amounts (nonallowable cost report items) in accorda §115.2	ance with two rub. 15-2,		0	44.00
00.00	TO BE COMPLETED BY CONTRACTOR				00.00
90.00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	
91.00				-	•
91.00 92.00 93.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0. 00 0	92.00 93.00

	Financial Systems TRINITAS HOS ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 31-0027	Peri od:	worksheet E	2552-10
		Component CCN: 31-5442	From 01/01/2021 To 12/31/2021	Date/Time Pre	
		Title XVIII	Skilled Nursing	6/1/2022 10:5 PPS	5 am
			Facility		
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			0	
2.00 3.00	Medical and other services reimbursed under OPPS (see instruc OPPS payments	ctions)		0	2.00
4.00	Outlier payment (see instructions)				4.00
4.01 5.00	Outlier reconciliation amount (see instructions) Enter the hospital specific payment to cost ratio (see instru	uctions)			4.01 5.00
6.00	Line 2 times line 5			0	6.00
7.00 8.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		0	
10.00 11.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0	
11.00	COMPUTATION OF LESSER OF COST OR CHARGES			0	1 11.00
12.00	Reasonable charges Ancillary service charges			0	
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		0	12.00 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	·		0	14.00
15.00	Customary charges Aggregate amount actually collected from patients liable for	a charge basis	0	15.00	
	Amounts that would have been realized from patients liable fo	Ū,	0		
17.00	had such payment been made in accordance with 42 CFR §413.13( Ratio of line 15 to line 16 (not to exceed 1.000000)	(e)		0. 000000	17.00
	Total customary charges (see instructions)		0		
19.00	Excess of customary charges over reasonable cost (complete on instructions)	ne 11) (see	0	19.00	
20.00	Excess of reasonable cost over customary charges (complete on	ne 18) (see	0	20.00	
21.00	instructions) Lesser of cost or charges (see instructions)		0	21.00	
22.00	Interns and residents (see instructions)		0	22.00	
	Cost of physicians' services in a teaching hospital (see inst Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			· · ·	
	Deductibles and coinsurance amounts (for CAH, see instruction Deductibles and Coinsurance amounts relating to amount on lin	-	ructions)	0	25.00 26.00
	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)			0	
28.00	instructions) Direct graduate medical education payments (from Wkst. E-4, I	ine 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	-		0	29.00
30.00 31.00	Subtotal (sum of lines 27 through 29) Primary payer payments			0	30.00 31.00
32.00	Subtotal (line 30 minus line 31)			0	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. 1-5, line 11)	CES)		0	33.00
	Allowable bad debts (see instructions)			0	
	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see inst	tructione		0	
	Subtotal (see instructions)			131	1
	MSP-LCC reconciliation amount from PS&R				38.00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruction	าร)		0	39.00 39.50
39.97	Demonstration payment adjustment amount before sequestration			0	
	Partial or full credits received from manufacturers for repla RECOVERY OF ACCELERATED DEPRECIATION	aced devices (see instruc	ctions)	0	39.98
40.00	Subtotal (see instructions)			0	40.00
	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			0	
40. 03	Sequestration adjustment-PARHM pass-throughs				40.03
	Interim payments Interim payments-PARHM			0	41.00 41.01
42.00	Tentative settlement (for contractors use only)		0	42.00	
	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (see instructions)			0	42.01 43.00
	Balance due provider/program-PARHM (see instructions)				43.00
44.00	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub. 15-2,	chapter 1,	0	44.00
	§115.2 TO BE COMPLETED BY CONTRACTOR			I	1
90.00	Original outlier amount (see instructions)				90.00
	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money				91.00 92.00
93.00	Time Value of Money (see instructions)				93.00 94.00
93.00					

NALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	CN: 31-0027	Period: From 01/01/2021 To 12/31/2021		pared 5 am
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
. 00 2. 00	Total interim payments paid to provider 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		25, 742, 7 ⁻	16 0	6, 144, 636 0	1. ( 2. (
8. 00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3. (
. 01	ADJUSTMENTS TO PROVIDER	12/31/2021	1, 525, 1	76 12/31/2021	17, 105	3. (
. 02		12/31/2021	1, 211, 19		0	3. (
. 03		12/31/2021	1, 807, 2	14	0	3. (
. 04		12/31/2021	87, 54		0	3.
. 05	Direction data and the Direction			0	0	3.
50	Provider to Program ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
. 52				0	0	3.
. 53				0	0	3.
. 54				0	0	3.
. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		4, 631, 1:	25	17, 105	3.
. 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)		30, 373, 84	41	6, 161, 741	4.
	TO BE COMPLETED BY CONTRACTOR					
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.
01	Program to Provider TENTATIVE TO PROVIDER			0	0	5.
02				0	0	5.
03				0	0	5.
	Provider to Program					
50	TENTATI VE TO PROGRAM			0	0	5.
51 52				0	0	5. 5.
52 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5.
00	5.50-5.98) Determined net settlement amount (balance due) based on					6.
01	the cost report. (1)			0	1 145 075	,
01 02	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM		3, 360, 7	66	1, 145, 065 0	6. 6.
02	Total Medicare program liability (see instructions)		27, 013, 0		7, 306, 806	0. 7.
			 	Contractor Number	NPR Date (Mo/Day/Yr)	
		0	)	1.00	2.00	

IALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CCN: 31-S027	Fr To		6/1/2022 1	Prep 0:55	
		Title	XVIII		Subprovider - IPF	PP	S	
		I npati en	t Part A			t B		
		mm/dd/yyyy	Amount		mm/dd/yyyy	Amount		
00	Tatal interim assuments would be previden	1.00	2.00	0	3.00	4.00	0	1 0
00 00	Total interim payments paid to provider 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	1. ( 2. (
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider							3. (
01	ADJUSTMENTS TO PROVIDER			0			0	3. (
02				0			Ő	3.
03				0			0	3.
04				0			0	3.
05	Provider to Program			0			0	3.
50	ADJUSTMENTS TO PROGRAM			0			0	3.
51				0			Ő	3
52				0			0	3
53				0			0	3
54				0			0	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0			0	3
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)			0			0	4
	TO BE COMPLETED BY CONTRACTOR							
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
D1	Program to Provider TENTATIVE TO PROVIDER			0			0	5
)2				0			0	5
)3				0			0	5
	Provider to Program							
50	TENTATI VE TO PROGRAM			0			0	5
51 52				0			0	5 5
99 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0			0	5
00	5.50-5.98) Determined net settlement amount (balance due) based on							6
D1	the cost report. (1) SETTLEMENT TO PROVIDER		221 1	72			0	6
)1 )2	SETTLEMENT TO PROVIDER		331, 1	0			0	6
00	Total Medicare program liability (see instructions)		331, 1	-			0	7
				_	Contractor	NPR Date	-	
			)		Number 1.00	(Mo/Day/Yr 2.00	~)	
00	Name of Contractor	(			1.00	2.00		8

IALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CO	CN: 31-0027 CCN: 31-5442	Period: From 01/01/202 To 12/31/202		epare
		Title	XVIII	Skilled Nursin Facility		<u>70 am</u>
		Inpatien	t Part A		nrt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
00	Tabel interim neumants weights annuigher	1.00	2.00	3.00	4.00	) 1.
00 00	Total interim payments paid to provider 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		1, 067, 5	0	C	
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.
01	ADJUSTMENTS TO PROVIDER			0	C	) 3.
02				0	0	3.
03				0	0	
04				0	0	
)5				0	0	) 3
	Provider to Program			0		
50 51	ADJUSTMENTS TO PROGRAM			0	0	
52				0		
52 53				0		-
53 54				0		
99	Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)			0	C	
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, 067, 5	52	C	4
	TO BE COMPLETED BY CONTRACTOR					
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
	Program to Provider					
)1	TENTATI VE TO PROVI DER			0	0	
)2				0	0	
)3				0	0	<u>)</u> 5
0	Provider to Program TENTATIVE TO PROGRAM		1	0	0	
50 51	ILIVIATIVE TO PROGRAW			0		
52				0		
92 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0		
00	5.50-5.98) Determined net settlement amount (balance due) based on					6
	the cost report. (1)					
)1	SETTLEMENT TO PROVIDER			0	0	-
)2	SETTLEMENT TO PROGRAM			0	0	6
00	Total Medicare program liability (see instructions)		1,067,5		C	) 7
				Contractor Number	NPR Date (Mo/Day/Yr)	
		(	)	1.00	2.00	

	Financial Systems TRINITAS ATION OF REIMBURSEMENT SETTLEMENT	HOSPI TAL Provi der CCN: 31-0027	Period:	u of Form CMS-2 Worksheet E-3	
SALCOL		Component CCN: 31-S027	From 01/01/2021 To 12/31/2021	Part II Date/Time Pre	pared
		Title XVIII	Subprovider -	6/1/2022 10: 5 PPS	5 am
			I PF		
	PART II - MEDICARE PART A SERVICES - IPF PPS			1.00	
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and	medical education payments)		2, 516, 505	1.0
2.00	Net IPF PPS Outlier Payments			0	2. (
. 00	Net IPF PPS ECT Payments			0	3.
. 00	Unweighted intern and resident FTE count in the most recer 15, 2004. (see instructions)	nt cost report filed on or b	efore November	16.00	4.
1.01	Cap increases for the unweighted intern and resident FTE of	count for residents that wer	e displaced by	0.00	4.
	program or hospital closure, that would not be counted with				
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)				
5.00	New Teaching program adjustment. (see instructions)			0.00	5.
5.00	Current year's unweighted FTE count of I&R excluding FTEs	in the new program growth p	eriod of a "new	12.99	6.
7 00	teaching program" (see instuctions)			0.00	_
7.00	Current year's unweighted I&R FTE count for residents with	hin the new program growth p	eriod of a new	0.00	7.
3. 00	teaching program" (see instuctions) Intern and resident count for IPF PPS medical education ac	diustment (see instructions)		12.99	8.
9.00	Average Daily Census (see instructions)			45. 994521	9.
0.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised	to the power of .5150 -1}.		0. 136675	
1.00	Teaching Adjustment (line 1 multiplied by line 10).	1		343, 943	11.
2.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 1	11)		2, 860, 448	12.
3.00	Nursing and Allied Health Managed Care payment (see instru	uction)		0	13.
4.00	Organ acquisition (DO NOT USE THIS LINE)				14.
5.00	Cost of physicians' services in a teaching hospital (see i	nstructions)		0	15.
6.00	Subtotal (see instructions)			2, 860, 448	
7.00	Primary payer payments			0	17.
8.00 9.00	Subtotal (line 16 less line 17). Deductibles			2, 860, 448 180, 972	
20.00	Subtotal (line 18 minus line 19)			2, 679, 476	
1.00	Coi nsurance			74, 362	
2.00	Subtotal (line 20 minus line 21)			2, 605, 114	
3.00	Allowable bad debts (exclude bad debts for professional se	ervices) (see instructions)		197, 456	
24.00	Adjusted reimbursable bad debts (see instructions)			128, 346	24.
25.00	Allowable bad debts for dual eligible beneficiaries (see i	nstructions)		0	25.
26.00	Subtotal (sum of lines 22 and 24)			2, 733, 460	
27.00	Direct graduate medical education payments (see instruction	ons)		0	27.
8.00 9.00	Other pass through costs (see instructions)			0	28.
0. 00	Outlier payments reconciliation OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	29. 30.
0.50	Pioneer ACO demonstration payment adjustment (see instruct	tions)		0	30.
0. 98	Recovery of accel erated depreciation.			0	30.
0.99	Demonstration payment adjustment amount before sequestrati	on		0	30.
31.00	Total amount payable to the provider (see instructions)			2, 733, 460	31.
31.01	Sequestration adjustment (see instructions)			0	31.
1. 02	Demonstration payment adjustment amount after sequestration	on		2, 402, 288	
2.00	Interim payments			0	32.
3.00	Tentative settlement (for contractor use only)			0	33.
4.00	Balance due provider/program (line 31 minus lines 31.01, 3	· · · · · · · · · · · · · · · · · · ·	chaptor 1	331, 172	
5.00	Protested amounts (nonallowable cost report items) in acco §115.2	DI GANCE WI LII UMS PUD. 15-2,	спартег Г,	0	35.
	TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line			0	50.
51.00	Outlier reconciliation adjustment amount (see instructions	5)		0	51.
52.00	The rate used to calculate the Time Value of Money			0.00	
53.00	Time Value of Money (see instructions) FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020	AND RECENNING RECORDE THE EN		0	53.
99.00	Teaching Adjustment Factor for the cost reporting period i			0. 000000	99.
2.00	Calculated Teaching Adjustment Factor for the current year	51 5	· j ∠ /, ∠020.	0. 136675	

leal th	Financial Systems	TRINITAS HOSPITAL		In Lie	u of Form CMS-2	2552-
ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN Component CC		Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VI Date/Time Pre 6/1/2022 10:5	pared
		Title>		Skilled Nursing	PPS	Jam
				Facility	110	
					1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SET SERVICES	LEMEMENT - ALL OTHER HEALTH SERV	ICES FOR T	ITLE XVIII PART A	PPS SNF	
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTION	S)				
. 00						
. 00						
. 00	Ancillary service other pass through costs				0	3.
. 00	Subtotal (sum of lines 1 through 3)				1, 274, 570	4.
	COMPUTATION OF NET COST OF COVERED SERVICES					
. 00	Medical and other services (Do not use this	s line as vaccine costs are inclu	uded in lin	e 1 of W/S E,		5.
	Part B. This line is now shaded.)					
00	Deducti bl e				0	6
00	Coinsurance				207, 018	
00	Allowable bad debts (see instructions)				0	
00	Reimbursable bad debts for dual eligible be				0	
. 00	Adjusted reimbursable bad debts (see instru	uctions)			0	10
. 00	Utilization review				0	11
	Subtotal (sum of lines 4, 5 minus lines 6 a	and 7, plus lines 10 and 11) (see	instructio	ns)	1, 067, 552	
	Inpatient primary payer payments				0	13
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPEC	FY)			0	14
. 50	Pioneer ACO demonstration payment adjustment	nt (see instructions)			0	14
. 98	Recovery of accelerated depreciation.				0	14
. 99	Demonstration payment adjustment amount be	ore sequestration			0	14
5.00	Subtotal (see instructions				1, 067, 552	15
5. 01	Sequestration adjustment (see instructions)				0	15
. 02	Demonstration payment adjustment amount af	er sequestration			0	15
. 75	Sequestration for non-claims based amounts	(see instructions)			0	15
. 00	Interim payments				1, 067, 552	16
. 00	Tentative settlement (for contractor use of	nl y)			0	17
	Balance due provider/program (line 15 minus		and 17)		0	18
	Protested amounts (nonallowable cost repor §115.2			2, chapter 1,	0	19.

	Financial Systems TRINITAS HO ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 31-0027	Peri od:	u of Form CMS-: Worksheet E-3	
UNLUUL	ATTON OF ALTMOORSEMENT SETTLEMENT		From 01/01/2021	Part VII	
			To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		Title XIX	Hospi tal	Cost	
			Inpati ent	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SE	ERVICES FOR TITLES V OR X	(IX SERVICES		-
1 00	COMPUTATION OF NET COST OF COVERED SERVICES		0		1.00
1.00 2.00	Inpatient hospital/SNF/NF services Medical and other services		0	0	
3.00	Organ acquisition (certified transplant centers only)		0	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				-
8.00	Reasonable Charges Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	
10.00	Organ acquisition charges, net of revenue		0	0	10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for	or services on a charge	0	0	13.00
14.00	basis Amounts that would have been realized from patients liable fo	or normant for convision	n 0	0	14.00
14.00	a charge basis had such payment been made in accordance with		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00	
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete or	nly if line 16 exceeds	0	0	17.00
	line 4) (see instructions)		_	_	
18.00	Excess of reasonable cost over customary charges (complete of	nly if line 4 exceeds lir	ne O	0	18.00
19.00	16) (see instructions) Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see ins	tructions)	0	0	
21.00	Cost of covered services (enter the lesser of line 4 or line		0	0	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be	e completed for PPS provi	ders.		
22.00	Other than outlier payments		0	0	
23.00	Outlier payments		0	0	
24.00	Program capital payments		0		24.00
25.00 26.00	Capital exception payments (see instructions) Routine and Ancillary service other pass through costs		0	0	25.00 26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 0	6)	0	0	
32.00	Deducti bl es Coi nsurance		0	0	
34.00	Allowable bad debts (see instructions)		0	0	
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 a	nd 33)	0	0	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	-	0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	)	0	0	
41.00	Interim payments		0	0	
	Balance due provider/program (line 40 minus line 41)		0	0	
42.00 43.00	Protested amounts (nonallowable cost report items) in accord	ance with CMS Dub 15 2	0	0	43.00

	Financial Systems TRINITAS HOSE ATION OF REIMBURSEMENT SETTLEMENT		Period:	u of Form CMS-2 Worksheet E-3	
CALCUL	ATTON OF RELMDURSEMENT SETTLEMENT	FIOVIDEI CON: 31-0027	From 01/01/2021	Part VII	
			To 12/31/2021	Date/Time Pre	
		Title XIX I	Nursing Facility	6/1/2022 10:5 Cost	
			Inpatient	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SE	ERVICES FOR TITLES V OR XI	X SERVICES		-
1 00	COMPUTATION OF NET COST OF COVERED SERVICES				1 1 00
1.00	Inpatient hospital/SNF/NF services		0	0	1.00
2.00 3.00	Medical and other services Organ acquisition (certified transplant centers only)		0	0	2.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	
5.00	Inpatient primary payer payments		0	Ũ	5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				-
0.00	Reasonable Charges				
8.00 9.00	Routine service charges Ancillary service charges		0	0	8.00 9.00
10.00	Organ acquisition charges, net of revenue		0	0	10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	1
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for	or services on a charge	0	0	13.00
14 00	basis			ō	14 00
14.00	Amounts that would have been realized from patients liable for a charge basis had such payment been made in accordance with		0	0	14.00
15.00	a charge basis had such payment been made in accordance with 42 CFR §413.13(e) Ratio of line 13 to line 14 (not to exceed 1.000000)			0.000000	15.00
16.00	Total customary charges (see instructions)		0. 000000 0	0	
17.00	Excess of customary charges over reasonable cost (complete or	nly if line 16 exceeds	0	0	17.00
	line 4) (see instructions)				
18.00	Excess of reasonable cost over customary charges (complete or	nly if line 4 exceeds line	0	0	18.00
19.00	16) (see instructions) Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see inst	tructions)	0	0	
	Cost of covered services (enter the lesser of line 4 or line		0	0	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be		ers.		
	Other than outlier payments		0	0	
	Outlier payments		0	0	
24.00	Program capital payments		0		24.00
25.00 26.00	Capital exception payments (see instructions) Routine and Ancillary service other pass through costs		0	0	25.00 26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	1
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	1
	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6	6)	0	0	
32.00	Deducti bl es Coi nsurance		0	0	
34.00	Allowable bad debts (see instructions)		0	0	00.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 ar	nd 33)	0	0	1
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	
39.00	Direct graduate medical education payments (from Wkst. E-4)	<b>`</b>	0	-	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	)	0	0	1
11 00	Interim payments		0	0	41.00
41.00	Balance due provider/program (Line 40 minus Line 41)			0	42 00
41.00 42.00 43.00	Balance due provider/program (line 40 minus line 41) Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub 15-2	0	0 0	

	Financial Systems TRINITAS HO: GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der C	CN: 31-0027	Peri od:	u of Form CMS-2 Worksheet E-4		
	L EDUCATION COSTS			From 01/01/2021 To 12/31/2021	Date/Time Pre	pared	
		Titlo	XVIII	Hospi tal	6/1/2022 10: 5 PPS	5 am	
			AVIII	nospi tai			
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1.00		
. 00	Unweighted resident FTE count for allopathic and osteopathic	programs for	cost reporti	ng periods	28.80	1.	
00	ending on or before December 31, 1996. Unweighted FTE resident cap add-on for new programs per 42 CF	R 413.79(e)(	1) (see instr	uctions)	8. 92	2.	
00	Amount of reduction to Direct GME cap under section 422 of MM			,	6.04 0.00	3. 3.	
01	DI 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)						
00	Adjustment (plus or minus) to the FTE cap for allopathic and GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)		programs due	to a Medicare	8. 25	4.	
01	ACA Section 5503 increase to the Direct GME FTE Cap (see inst straddling 7/1/2011)		cost reporti	ng periods	0.00	4.	
02	ACA Section 5506 number of additional direct GME FTE cap slot	ts (see inst	ructions for	cost reporting	1.46	4	
00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl	us or minus	line 4 plus l	ines 4.01 and	41.39	5.	
4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your						6	
00	records (see instructions) Enter the lesser of line 5 or line 6				41.39	7.	
			Primary Care		Total		
00	Weighted FTE count for physicians in an allopathic and osteop	pathi c	1.00 36.3	2.00 1 18.40	<u>3.00</u> 54.71	8	
	program for the current year.						
00	If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo 6.		27.0	13. 71	40. 77	9	
. 00	Weighted dental and podiatric resident FTE count for the curr	rent year		6.00		10	
. 01	Unweighted dental and podiatric resident FTE count for the cu	urrent year		0.00		10	
. 00 . 00	Total weighted FTE count Total weighted resident FTE count for the prior cost reportir	ng year (see	27.0 27.9			11   12	
. 00	instructions) Total weighted resident FTE count for the penultimate cost re year (see instructions)	eporting	28.2	.0 18.65		13	
. 00	Rolling average FTE count (sum of lines 11 through 13 divided	d by 3).	27.7	3 18.95		14	
. 00	Adjustment for residents in initial years of new programs	5 ,	0.0	0.00		15	
. 01	Unweighted adjustment for residents in initial years of new p		0.0			15	
. 00	Adjustment for residents displaced by program or hospital clo		0.0			16	
. 01	Unweighted adjustment for residents displaced by program or h	nospi tal	1.4	6 0.00		16	
	Adjusted rolling average FTE count		27.7			17	
	Per resident amount		106, 963.0		4 000 000	18	
. 00	Approved amount for resident costs		2, 966, 08	2, 026, 949	4, 993, 033	19	
00	Additional unweighted allopathic and osteopathic direct GME F	TE magidant	con cloto roc	aired under 12	1.00	20	
. 00	Sec. 413.79(c)(4)		cap siots rec	erved under 42	0.00		
	Direct GME FTE unweighted resident count over cap (see instru	· ·			14.15		
	Allowable additional direct GME FTE Resident Count (see instr	,			0.00		
	Enter the locality adjustment national average per resident a	amount (see i	nstructions)		0.00		
	Multiply line 22 time line 23 Total direct GME amount (sum of lines 19 and 24)				4 002 022		
00			Inpatient Par	t Managed Care	4, 993, 033 Total	25	
			A	-			
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2.00	3.00		
	Inpatient Days (see instructions) (Title XIX - see S-2 Part I 3.02, column 2)	X, line	10, 58	10, 012		26	
. 00	Total Inpatient Days (see instructions)		63, 26			27	
3.00	Ratio of inpatient days to total inpatient days		0. 16733			28	
	Program direct GME amount		835, 49	790, 197	1, 625, 696		
9.01	Percent reduction for MA DGME					29	
0.00	Reduction for direct GME payments for Medicare Advantage			111, 655	111, 655	30.	

Heal th	Health Financial Systems TRINITAS HOSPITAL				u of Form CMS-2	2552-10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIE	INT DIRECT	Provider CCN: 31-0027	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 01/01/2021 To 12/31/2021	Date/Time Pre	nared
					6/1/2022 10: 5	
			Title XVIII	Hospi tal	PPS	
					1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITI EDUCATION COSTS)	E RATE – TITLE	E XVIII ONLY (NURSING PR	OGRAM AND PARAMED	OI CAL	
32.00	Renal dialysis direct medical education costs (f	rom Wkst. B, F	Pt. I, sum of col. 20 an	d 23, lines 74	0	32.00
	and 94)		-			
33.00	Renal dialysis and home dialysis total charges (	Wkst. C, Pt. I	, col. 8, sum of lines	74 and 94)	47, 720, 125	33.00
34.00	Ratio of direct medical education costs to total		e 32 ÷ line 33)		0.00000	34.00
35.00	Medicare outpatient ESRD charges (see instructio		0	35.00		
36.00	Medicare outpatient ESRD direct medical educatio		0	36.00		
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST	- TITLE XVIII	ONLY			
	Part A Reasonable Cost					
	Reasonable cost (see instructions)				22, 483, 895	
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col				0	38.00
39.00	Cost of physicians' services in a teaching hospi	tal (see insti	ructions)		0	39.00 40.00
40.00 41.00	Primary payer payments (see instructions) Total Part A reasonable cost (sum of lines 37 th	nough 20 minur	Line (0)		0	
41.00	Part B Reasonable Cost	rough 39 minus	s Time 40)		22, 483, 895	41.00
42.00	Reasonable cost (see instructions)				10, 086, 904	12 00
43.00	Primary payer payments (see instructions)				10, 000, 704	43.00
44.00	Total Part B reasonable cost (line 42 minus line	43)			10, 086, 904	
45.00	Total reasonable cost (sum of lines 41 and 44)	,			32, 570, 799	
46.00	Ratio of Part A reasonable cost to total reasona	ble cost (line	e 41 ÷ line 45)		0.690308	
47.00	Ratio of Part B reasonable cost to total reasona	ble cost (line	e 44 ÷ line 45)		0. 309692	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN I	PART A AND PAR	RT B			
48.00	Total program GME payment (line 31)				1, 514, 041	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (titl	5,			1, 045, 155	
50.00	Part B Medicare GME payment (line 47 x 48) (titl	e XVIII only)	(see instructions)		468, 886	50.00

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	Provider C		eriod: rom 01/01/2021	Worksheet G	
only)	ype accounting records, comprete the General Fund cordinin			o 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
1.00	Cash on hand in banks	144, 162, 365	C	0	0	1.00
2.00	Temporary investments	0	C	-	0	2.00
3.00	Notes receivable				0	3.00
4.00 5.00	Accounts receivable Other receivable	27, 804, 377 4, 704, 449		0	0	4.00 5.00
6.00	Allowances for uncollectible notes and accounts receivable	4, 704, 449		0	0	6.00
7.00	Inventory	1, 927, 925	C	0	0	7.00
8.00	Prepaid expenses	4, 133, 263	C	0	0	8.00
9.00	Other current assets	4, 771, 075		-	0	9.00
10.00	Due from other funds	235, 735		-	0	10.00
11.00	Total current assets (sum of lines 1-10)	187, 739, 189	C	0	0	11.00
12.00	FI XED ASSETS Land	1, 783, 178	C	0	0	12.00
13.00	Land improvements	4, 713, 190		-	0	13.00
14.00	Accumulated depreciation	-3, 699, 236			0	14.00
15.00	Bui I di ngs	203, 240, 302	C	0	0	15.00
16.00	Accumulated depreciation	-126, 888, 922	C	-	0	16.00
17.00	Leasehold improvements	1, 889, 873	C	-	0	17.00
18.00	Accumulated depreciation	-220, 485		0	0	18.00 19.00
19.00 20.00	Fixed equipment Accumulated depreciation	65, 902, 968 -57, 327, 457		0	0	20.00
	Automobiles and trucks	-57, 527, 457		-	0	20.00
22.00	Accumul ated depreciation	0		-	0	22.00
23.00	Major movable equipment	114, 031, 009	c	0	0	23.00
24.00	Accumulated depreciation	-95, 396, 751	C	0	0	24.00
	Minor equipment depreciable	0	C	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00 28.00	HIT designated Assets Accumulated depreciation	0			0	27.00 28.00
28.00	Mi nor equi pment-nondepreci abl e			-	0	28.00
30.00	Total fixed assets (sum of lines 12-29)	108, 027, 669	-	-	0	30.00
	OTHER ASSETS					
31.00	Investments	37, 263, 498			0	31.00
32.00	Deposits on Leases	0	C	-	0	32.00
33.00	Due from owners/officers	0	C		0	33.00
34.00 35.00	Other assets Total other assets (sum of lines 21.24)	161, 000, 377 198, 263, 875			0	34.00 35.00
36.00	Total other assets (sum of lines 31-34) Total assets (sum of lines 11, 30, and 35)	494, 030, 733			0	36.00
50.00	CURRENT LIABILITIES	474,000,700		10, 420, 727	0	30.00
37.00	Accounts payable	29, 445, 693	C	0	0	37.00
38.00	Salaries, wages, and fees payable	2, 938, 921	C	0	0	38.00
39.00	Payroll taxes payable	0	C	0	0	39.00
	Notes and Loans payable (short term)	7, 845, 375	C	0	0	40.00
41.00 42.00	Deferred income	23, 691, 281	C	0	0	41.00 42.00
42.00	Accelerated payments Due to other funds		, c	0	0	
44.00	Other current liabilities	25, 222, 158	-	-	0	
45.00	Total current liabilities (sum of lines 37 thru 44)	89, 143, 428		-	0	
	LONG TERM LIABILITIES					
46.00	Mortgage payable	67, 277, 486			0	
47.00	Notes payable	0	0	0	0	47.00
48.00 49.00	Unsecured Loans			0	0	48.00 49.00
49.00 50.00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49)	85, 906, 952 153, 184, 438		0	0	49.00 50.00
51.00	Total liabilities (sum of lines 45 and 50)	242, 327, 866		-	0	51.00
011.00	CAPI TAL ACCOUNTS	212/02//000				
52.00	General fund balance	251, 702, 867				52.00
53.00	Specific purpose fund		C			53.00
54.00	Donor created - endowment fund balance - restricted			18, 428, 727		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 58.00	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	57.00 58.00
JO. UU	replacement, and expansion				0	30.00
59.00	Total fund balances (sum of lines 52 thru 58)	251, 702, 867	c	18, 428, 727	0	59.00
39.00						

Health Financial Systems	TRINITAS HO	SPI TAL		In Li	eu of Form CMS-2	2552-10
STATEMENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 31-0027	Peri od:	Worksheet G-1	
				From 01/01/202 To 12/31/202		
	General	Fund	Speci al	Purpose Fund	Endowment Fund	
	1.00	2.00	3.00	4.00	5.00	
1.00 Fund balances at beginning of period		231, 167, 082			D	1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)		15, 682, 804				2.00
<ul> <li>3.00 Total (sum of line 1 and line 2)</li> <li>4.00 Additions (credit adjustments) (specify)</li> </ul>	0	246, 849, 886		0	0	3.00 4.00
4.00 Additions (credit adjustments) (specify) 5.00 UNREALIZED GAIN	-601,004			0	3, 293, 352	4.00 5.00
6.00 NET ASSET RELEASED	3, 129, 714			0	3, 293, 352	6.00
7. 00 CONTRTIBUTIONS	3, 127, 714			0	3, 189, 802	7.00
8.00 INVESTMENTS	0			0	-52, 146	8.00
9.00 CARES CAPITAL	2, 324, 271			0	02,110	9.00
10.00 Total additions (sum of line 4-9)	2,021,271	4, 852, 981		0	0	10.00
11.00 Subtotal (line 3 plus line 10)		251, 702, 867				11.00
12.00 Deductions (debit adjustments) (specify)	0	,,		0	0	12.00
13.00 NET ASSETS RELEASED	0			0	3, 830, 475	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
18.00 Total deductions (sum of lines 12-17)		0			O	18.00
19.00 Fund balance at end of period per balance		251, 702, 867			0	19.00
sheet (line 11 minus line 18)	Fundament Fund	Disat	E			
	Endowment Fund	Pl ant	Fund			
	6.00	7.00	8.00			
1.00 Fund balances at beginning of period	15, 828, 194			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)	15, 828, 194			0		3.00
4.00 Additions (credit adjustments) (specify)		0				4.00
5.00 UNREALIZED GAIN		0				5.00
6.00 NET ASSET RELEASED		0				6.00
7. 00 CONTRTIBUTIONS		0				7.00
8.00 INVESTMENTS		0				8.00
9.00 CARES CAPITAL	( 121 000	0		0		9.00
10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10)	6, 431, 008 22, 259, 202			0		10.00 11.00
12.00 Deductions (debit adjustments) (specify)	22, 239, 202	0		0		12.00
13. 00 NET ASSETS RELEASED		0				13.00
14. 00		0				14.00
15. 00		0				15.00
16.00		0				16.00
17.00		0				17.00
18.00 Total deductions (sum of lines 12-17)	3, 830, 475	Ĵ		0		18.00
19.00 Fund balance at end of period per balance	18, 428, 727			0		19.00
19.00 Fund barance at end of period per barance	10,420,727	1		0		17.00
sheet (line 11 minus line 18)	10, 420, 727			0		17.00

Heal th	Financial Systems TRINITAS HOS	PITAL		In Li	eu of Form CMS-	2552-10
STATEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CC	CN: 31-0027	Period: From 01/01/202 To 12/31/202		pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	
	PART I – PATIENT REVENUES		1.00	2.00	3.00	
	General Inpatient Routine Services					
1.00	Hospi tal		199, 193, 6	92	199, 193, 692	1.00
2.00	SUBPROVIDER - IPF		100, 743, 4	00	100, 743, 400	2.00
3.00	SUBPROVIDER - IRF			0	0	
4.00	SUBPROVIDER			0	0	
5.00	Swing bed - SNF			0	0	
6.00 7.00	Swing bed - NF SKILLED NURSING FACILITY		7, 596, 5	0	0 7, 596, 596	
8.00	NURSING FACILITY		7, 570, 5	-0 -0	1, 540, 540	1
9.00	OTHER LONG TERM CARE		2, 815, 9	43	2, 815, 943	
10.00	Total general inpatient care services (sum of lines 1-9)		310, 349, 6		310, 349, 631	1
	Intensive Care Type Inpatient Hospital Services					
11.00	I NTENSI VE CARE UNI T		85, 850, 4	10	85, 850, 410	1
12.00	CORONARY CARE UNIT					12.00
13.00 14.00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT					13.00 14.00
14.00	HOUSE PHYSICIANS			0	0	
15.00	OTHER SPECIAL CARE (SPECIFY)			0		15.00
16.00	Total intensive care type inpatient hospital services (sum of	lines	85, 850, 4	10	85, 850, 410	
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)		396, 200, 0		396, 200, 041	
18.00	Ancillary services		242, 223, 0			
19.00 20.00	Outpatient services		21, 923, 4		7 243, 384, 223 0 0	
20.00	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER			0		1
21.00	HOME HEALTH AGENCY			0		22.00
23.00	AMBULANCE SERVICES		198, 5	56 13, 132, 93	4 13, 331, 490	1
24.00	СМНС					24.00
25.00	AMBULATORY SURGICAL CENTER (D. P.)					25.00
26.00	HOSPICE					26.00
27.00	MISC	+- 100+		0 8, 61		1
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 G-3, line 1)	to wkst.	660, 545, 1	J2 /38, 845, 08	0 1, 399, 390, 182	28.00
	PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			306, 795, 04	5	29.00
30.00	ADD (SPECIFY)			0		30.00
31.00	ASSETS RELEASED FROM RESTRICTION		700, 7			31.00
32.00	MARILLAC		1, 308, 5			32.00
33.00 34.00	PHYSICIAN PRACTICE LLC		11 404 2	0		33.00 34.00
35.00	PHISICIAN PRACTICE LLC		14, 686, 3	0		35.00
36.00	Total additions (sum of lines 30-35)			16, 695, 73	0	36.00
37.00	DEDUCT (SPECIFY)			0	-	37.00
38.00				0		38.00
39.00	CONSOLIDATION ENTRIES		7, 828, 2			39.00
40.00				0		40.00
41.00	Tatal deductions (sum of lines 27 (1)			0 7 000 00		41.00
42.00 43.00	Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42	)(transfor		7, 828, 22 315, 662, 54		42.00 43.00
43.00	to Wkst. G-3, line 4)			515,002,34	<b>`</b>	+3.00
		I	1	1	1	1

Heal th	Financial Systems TRINI	TAS HOSPI TAL	In Lie	u of Form CMS-2	2552-10
STATEN	IENT OF REVENUES AND EXPENSES	Provider CCN: 31-002	7 Period: From 01/01/2021 To 12/31/2021	Worksheet G-3 Date/Time Pre 6/1/2022 10:5	pared:
				0/1/2022 10.3	
				1,00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column	3. line 28)		1, 399, 390, 182	1.00
2.00	Less contractual allowances and discounts on patients'			1, 168, 737, 182	2.00
3.00	Net patient revenues (line 1 minus line 2)			230, 653, 000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II,	line 43)		315, 662, 547	4.00
5.00	Net income from service to patients (line 3 minus line	4)		-85, 009, 547	5.00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			103, 630	6.00
7.00	Income from investments			7, 092, 725	7.00
8.00	Revenues from telephone and other miscellaneous communi	cation services		782	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			261, 986	
12.00	Parking lot receipts			394, 516	12.00
13.00	Revenue from Laundry and Linen service			0	
14.00				698, 188	
15.00				0	
	Revenue from sale of medical and surgical supplies to o	other than patients		0	
	Revenue from sale of drugs to other than patients			1, 685, 401	
	Revenue from sale of medical records and abstracts			125	
	Tuition (fees, sale of textbooks, uniforms, etc.)			7, 580, 969	
20.00	5			0	
21.00				15, 785	
22.00				73, 241	
23.00	The second			75, 281, 569	
24.00				7, 503, 434	
24.50				0	
25.00				100, 692, 351	
26.00				15, 682, 804	
27.00				0	
	Total other expenses (sum of line 27 and subscripts)			0	
29.00	Net income (or loss) for the period (line 26 minus line	e 28)		15, 682, 804	29.00

	Financial Systems	TRI NI TAS H	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
ANALYS	SIS OF RENAL DIALYSIS DEPARTMENT COSTS		Provider CCN: 31-0027 Component CCN: 31-2318	Period: From 01/01/2021 To 12/31/2021	Worksheet I-1 Date/Time Pre	
					6/1/2022 10: 5	5 am
				Renal Dialysis		
		Total Costs	Basi s	Stati sti cs	FTEs per 2080	
		1.00	2.00	3.00	Hours 4.00	
1.00	REGI STERED NURSES		HOURS OF SERVICE	97, 876, 00	4.00	1.00
2.00	LI CENSED PRACTI CAL NURSES		HOURS OF SERVICE	97, 870.00		2.00
3.00	NURSES AI DES		HOURS OF SERVICE	0.00		3.00
4.00	TECHNI CI ANS		HOURS OF SERVICE	53, 126. 00		4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	3, 750. 00		5.00
6.00	DI ETI CI ANS		HOURS OF SERVICE	3, 512.00		6.00
7.00	PHYSI CI ANS		ACCUMULATED COST	5, 512.00	1.07	7.00
8.00	NON-PATIENT CARE SALARY		ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	5, 025, 434				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLI ES		REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER		ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	8, 686, 818				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	1,016,697				20.00
21.00			ACCUMULATED COST			21.00
22.00	MAINT. / REPAIRS-OPER-HOUSEKEEPING	979, 331	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	199, 445	REQUI SI TI ONS			24.00
25.00	PHARMACY	11, 923, 871	REQUI SI TI ONS			25.00
26.00	OTHER ALLOCATED COSTS	177, 963	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	25, 175, 290				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30. 97			CHARGES	0		30. 97
30. 98	HYPERBARI C OXYGEN THERAPY		CHARGES	0		30. 98
30. 99	LI THOTRI PSY	0	CHARGES	0		30. 99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	25, 175, 290				31.00

^{*} Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate. 6/1/2022 10:55 am C: \255210\CMTEMP\A0_Trinitas_310027_12312021.mcrx

	TION OF RENAL DEPARTMENT COSTS 1	U TREATMENT MC	JUALI II LO	Provider CC Component C		Period: From 01/01/2021 To 12/31/2021	Worksheet I-2 Date/Time Prepa 6/1/2022 10:55
		Capital Rel	ated Costs	Direct Patient	t Care Salary	Renal Dialysis	
		Bui I di ng	Equi pment	RNs	Other	Employee Benefits	Drugs
		1.00	2.00	3.00	4.00	Department 5.00	6.00
0	Total Renal Department Costs	1, 114, 533	88, 722	3, 014, 615	1, 143, 56		10, 877, 888
	MAINTENANCE						40.077.000
	Hemodi al ysi s AKI-Hemodi al ysi s	1, 114, 533 0	88, 722 0		1, 143, 56	5 1, 016, 697 0 0	10, 877, 888 0
	Intermittent Peritoneal	0	0			0 0	0
1	AKI-Intermittent Peritoneal	0	0	0		0 0	0
	TRAINING						
0	Hemodialysis Intermittent Peritoneal	0	0			0 0 0 0	0
	CAPD	0	0			0 0	0
	CCPD	0	0			0 0	0
Į	HOME						
	Hemodialysis	0	0			0 0	0
	Intermittent Peritoneal	0	0	-		0 0	0
	CAPD CCPD	0	0 0			0 0 0 0	0
	OTHER BILLABLE SERVICES	0	0	<u> </u>		<u> </u>	0
00 [	Inpatient Dialysis	0	0	0		0 0	0
00	Method II Home Patient	0	0	0		0 0	0
00	ESAs (included in Renal						0
00	Department)						
	Other	0	0	0		0 0	0
	Total (sum of lines 2 through	1, 114, 533	88, 722	3, 014, 615	1, 143, 56	5 1, 016, 697	10, 877, 888
	16)						
	Medical Educational Program						
	Costs Total Renal Costs (line 17 +						
00	line 18)						
		Medi cal	Routi ne	Subtotal (sum	Overhead	Total (col. 9	
		Suppl i es	Ancillary	of cols. 1-8)		+ col. 10)	
		7.00	Servi ces 8.00	9.00	10.00	11.00	
0	Total Renal Department Costs	3, 455, 096	0.00		3, 012, 45		
Ī	MAINTENANCE						
0	Hemodi al ysi s	3, 455, 096	0		3, 012, 45		
1 0	AKI-Hemodialysis Intermittent Peritoneal	0	0			0 0	
	AKI-Intermittent Peritoneal	0	0	-			
	TRAI NI NG	0	0	<u> </u>		<u> </u>	
0	Hemodi al ysi s	0	0			0 0	
	Intermittent Peritoneal	0	0			0 0	
	CAPD	0	0			0 0	
	CCPD HOME	0	0	0		0 0	
	Hemodi al ysi s	0	0	0		0 0	
	Intermittent Peritoneal	0	0			0 0	
	CAPD	0	0			0 0	
		0	0	0		0 0	
	OTHER BILLABLE SERVICES	0	0	0		0 0	
	Inpatient Dialysis Method II Home Patient	0	0				
	ESAs (included in Renal	0	0			- I	
	Department)						
00							
	Other	0	0		0 010 :-	0 0	
00	Total (sum of lines 2 through	3, 455, 096	0	20, 711, 116	3, 012, 45	8 23, 723, 574	
	16) Medical Educational Program					0	
$00^{1}$							
00	Costs						

RECT	Financial Systems AND INDIRECT RENAL DIALYSIS COS	ST ALLOCATION	TRINITAS H - STATISTICAL	Provider C		Period:	u of Form CMS- Worksheet I-3	
SI S				Component (		From 01/01/2021 To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
					_	Renal Dialysis		
			Capital Rel	ated Costs	Direct Patie	nt Care Salary		
			Bui I di ng	Equipment (%	RNs (Hours)	Other (Hours)	Employee	-
			(Square Feet)	of Time)			Benefits	
							Department	
							(Sal ary)	
	-	0	1.00	2.00	3.00	4.00	5.00	-
00	Total Renal Department Costs		1, 114, 533				1, 016, 697	/ 1
	MAINTENANCE							
00	Hemodi al ysi s		1, 117, 411	88, 722. 00	3, 014, 615. 0	0 1, 143, 565. 00	1, 019, 447	7 2
)1	AKI-Hemodialysis		0	0.00	0.0		0	2
00	Intermittent Peritoneal		0	0.00	0.0	0.00	0	) 3
)1	AKI-Intermittent Peritoneal		0	0.00	0.0	0 0.00	0	) 3
	TRAI NI NG							
00	Hemodi al ysi s		0	0.00	0.0	0 0.00	0	0 4
)0	Intermittent Peritoneal		Ő				0	
00	CAPD		0				0	
00	CCPD		0				0	
	HOME			0.00	0.0	- 0.00	0	Η ΄
00	Hemodi al ysi s		0	0.00	0.0	0 0.00	0	) 8
00	Intermittent Peritoneal		0				0	
00	CAPD		0				0	
00	CCPD		0				0	
00	OTHER BILLABLE SERVICES		U	0.00	0.0	0.00	0	4 '
00	Inpatient Dialysis Treatments	0	0	0.00	0.0	0 0.00	0	) 12
00	Method II Home Patient	0	0				0	
	ESAs		0	0.00	0.0	0.00	0	
00	ESAS							14
00	0+1			0.00		0 0 00	0	15
00	Other		0				0	
00	Total Statistical Basis		1, 117, 411				1,019,447	
00	Unit Cost Multiplier (line 1 ÷		0. 997424	1.000000	1.00000	0 1.000000	0. 997302	2 18
	line 17)	Distance	Mark and	Devetine	Cubtotol	Ou ve ve han en el		
		Drugs	Medi cal	Routine	Subtotal	Overhead		
		(Requist.)	Supplies	Ancillary		(Accum. Cost)		
			(Requist.)	Servi ces				
	-	( 00	7.00	(Charges)	0.00	10.00		-
20	Tatal Danal Danastrant Casta	6.00	7.00	8.00	9.00	10.00		
00	Total Renal Department Costs	10, 877, 888	3, 455, 096	0	20, 711, 11	6 3, 012, 458		1
0	MAI NTENANCE	17 74/ 104	2 52/ 447					۰.
00	Hemodi al ysi s	17, 746, 101		0				
D1	AKI-Hemodialysis	0	-					2
00	Intermittent Peritoneal	0						3
)1	AKI-Intermittent Peritoneal	0	0	0				3
	TRAINING					1		-
00	Hemodi al ysi s	0	-					4
00	Intermittent Peritoneal	0	-					5
00	CAPD	0						6
00	CCPD	0	0	0				7
	HOME							-
00	Hemodi al ysi s	0						8
0	Intermittent Peritoneal	0	-					9
00	CAPD	0	-					10
00	CCPD	0	0	0				11
	OTHER BILLABLE SERVICES							
00	Inpatient Dialysis Treatments	0	0	0				12
00	Method II Home Patient	0	0	0				13
00	ESAs							14
00								15
00	Other	0	0	n				16
	Total Statistical Basis	17, 746, 101	3, 536, 417	n 0		20, 711, 116		17
	1 1	0. 612973				0. 145451		18
00								

	Financial Systems	TRINITAS I		ON 01 0007		eu of Form CMS-2552-	
COMPUT DI ALYS	TATION OF AVERAGE COST PER TREATMENT FOR OUTPA	IIENI RENAL	Provider C	CN: 31-0027	Period: From 01/01/2021	Worksheet I-4	
DIALIS	51.5		Component		To 12/31/2021		
			Pa	te O	Renal Dialysis	6/1/2022 10: 5	o am
		Number of	Total Cost	Average Cost	Number of	Total Program	
		Total	(from Wkst.	of Treatments		Expenses (see	
		Treatments	I-2, col. 11)	(col. 2 ÷ col.	Treatments	instructions)	
		1.00	0.00	1)	4.00	5.00	
1.00	Maintenance - Hemodialysis	1.00 36,310	2.00 23,723,574	3.00 653.36	4.00 5 36,309	5.00 23,722,848	1.00
2.00	Maintenance - Peritoneal Dialysis	30, 310		0.00			2.00
3.00	Training - Hemodial ysis	0					3.00
4.00	Training - Peritoneal Dialysis	0	C	0.00	0 0	0	4.00
5.00	Training - CAPD	0	C	0.00	0 0	0	5.00
6.00	Training - CCPD	0	C			-	6.00
7.00	Home Program - Hemodialysis	0				-	7.00
8.00	Home Program - Peritoneal Dialysis	0	C	0.00		0	8.00
		Patient Weeks 1.00	2.00	3.00	Patient Weeks 4.00	5.00	
9.00	Home Program - CAPD	1.00					9.00
10.00	Home Program - CCPD	0					10.00
11.00	Totals (sum of lines 1 through 8, cols. 1	36, 310	23, 723, 574	Ļ	36, 309	23, 722, 848	11.00
	and 4) (sum of lines 1 through 10, cols. 2,						
	5, and 6) (see instruction)						
12.00	Total treatments (sum of lines 1 through 8	36, 310					12.00
	plus (sum of lines 9 and 10 times 3)) (see instruction)						
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	TRINITAS LINDEN RENAL DIALYSIS	313503					20.00
20. 01	TRINITAS CRANFORD RENAL DIALYSIS	313521					20. 01
		Total Program					
		Payment	Payment Rate				
			(col. 6 ÷ col. 4)				
		6.00	7.00	-			
1.00	Maintenance - Hemodialysis	3, 534, 027		5			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00	1			4.00
5.00	Training - CAPD	0	0.00	1			5.00
6.00 7.00	Training - CCPD Home Program - Hemodialysis	0	0.00				6.00 7.00
8.00	Home Program - Peritoneal Dialysis	0					8.00
0.00		0	0.00				0.00
		( 00	7.00				
		6.00		-			9.00
9.00	Home Program - CAPD	0					
10.00	Home Program - CCPD	0	0.00				10.00
	Home Program - CCPD Totals (sum of lines 1 through 8, cols. 1	0	0.00				
10.00	Home Program - CCPD Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2,	0	0.00				
10. 00 11. 00	Home Program - CCPD Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	0	0.00				11.00
10.00	Home Program - CCPD Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction) Total treatments (sum of lines 1 through 8	0	0.00				
10. 00 11. 00	Home Program - CCPD Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	0	0.00				11.00
10. 00 11. 00	Home Program - CCPD Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction) Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction) ADDITIONAL RENAL FACILITY NUMBERS	0	0.00				11.00
10.00 11.00 12.00 20.00	Home Program - CCPD Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction) Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	0	0.00				11.00

Heal th	Financial Systems TRINITAS HOSPITAL	In Lie	u of Form CMS-2	2552-10
CALCUI		Period:	Worksheet I-5	
		From 01/01/2021 To 12/31/2021	Date/Time Pre 6/1/2022 10:5	
		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	23, 722, 848		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	3, 534, 027	3, 330, 241	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	3, 534, 027	3, 330, 241	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3. 02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	310	292	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	310	292	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt			5.01
	recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt			5.02
	recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt			5.03
	recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for	449, 955	424, 009	5.04
	services rendered on or after 1/1/2014			
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	449, 955	424, 009	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	275, 606		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see	0	-423, 717	8.00
	instructions)			
9.00	Program payment (see instructions)	0	2, 664, 193	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	275, 606		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	25, 175, 290		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	23, 723, 574		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0. 942336		14.00

lealth Financial Sy		TRINITAS HOSPITAL		u of Form CMS-2	2552-
CALCULATION OF CAPI	TAL PAYMENT	Provi der CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Pre 6/1/2022 10:5	
			Hospi tal	PPS	
				1.00	
PART I - FUL	LY PROSPECTIVE METHOD			1.00	
CAPI TAL FEDE					1
1.00 Capital DRG	other than outlier			1, 101, 958	1. (
	Capital DRG other than outlier			0	
	outlier payments			1, 314	
	Capital DRG outlier payments			0	
		ays in the cost reporting period (see ins	tructions)	106.56	
	terns & residents (see instructi ical education percentage (see i			45. 45 12. 79	
		ply line 5 by the sum of lines 1 and 1.0	1 columns 1 and	140, 940	
1.01) (see in		pry time 5 by the sum of times 1 and 1.0		140, 740	0.
	f SSI recipient patient days to	Medicare Part A patient days (Worksheet	E, part A line	15.70	7.
3.00 Percentage o	f Medicaid patient days to total	days (see instructions)		33.26	8.
9.00 Sum of lines				48.96	
	sproportionate share percentage			10. 42	
	nate share adjustment (see instr			114, 824	
2.00 Total prospe	ctive capital payments (see inst	(ructions)		1, 359, 036	12.
				1.00	
PART II - PA	YMENT UNDER REASONABLE COST				
I.00 Program inpa	tient routine capital cost (see	instructions)		0	1.
5	tient ancillary capital cost (se	,		0	
	ent program capital cost (line 1			0	
	payment factor (see instruction			0	
.00 Total inpati	ent program capital cost (line 3	3 x line 4)		0	5.
				1.00	
	OMPUTATION OF EXCEPTION PAYMENTS				
	tient capital costs (see instruc			0	
	inpatient capital costs for extraord	dinary circumstances (see instructions)		0	
1 5	xception percentage (see instruc			0.00	
	for comparison to payments (lir			0.00	
	djustment for extraordinary circ			0.00	
.00 Adjustment t	o capital minimum payment level	for extraordinary circumstances (line 2 :	x line 6)	0	7.
.00 Capital mini	mum payment level (line 5 plus l	ine 7)	-	0	8.
	capital payments (from Part I,			0	
		payment level to capital payments (line 8		0	
Worksheet L,	Part III, line 14)	yment level over capital payment (from pr	5	0	
		evel to capital payments (line 10 plus lin		0	
		s positive, enter the amount on this line		0	
		yment level over capital payment for the control this line)	rorrowing period	0	14.
					1
(if line 12	is negative, enter the amount or allowable operating and capital			n	15
(ifĺine 12 15.00 Current year	allowable operating and capital operating and capital costs (se	payment (see instructions)		0	