

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/24/2022 5:22 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/24/2022 Time: 5:22 pm

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY MEDICAL CENTER (31-0041) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-3,588,434	794,284	0	452,068	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	-1	-1,597		0	7.00
200.00 Total	0	-3,588,435	792,687	0	452,068	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 5:22 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 99 ROUTE 37S			PO Box:							1.00
2.00	City: TOMS RIVER			State: NJ		Zip Code: 08755-6423		County: OCEAN			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		COMMUNITY MEDICAL CENTER	310041	35154	1	07/01/1967	N	P	T	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		COMMUNITY MEDICAL CENTER	315490	35154		02/10/2005	N	P	O	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		Y	23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0041			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 5:22 pm					
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,834	1,191	77	74	11,009	354		24.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00			
						Urban/Rural S		Date of Geogr				
						1.00		2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00				
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00				
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00				
						Beginning:		Ending:				
						1.00		2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					0		36.00				
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00				
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01				
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00				
						Y/N		Y/N				
						1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N		N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N		Y		40.00		
						V		XVIII		XIX		
						1.00		2.00		3.00		
Prospective Payment System (PPS)-Capital												
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N		Y		N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N		N		N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N		N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N		N		N		48.00
Teaching Hospitals												
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y		Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					Y		N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N						58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N						59.00

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

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			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00		
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.25	6.38	0.037707		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.00	5.52	0.000000 67.00		

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V		
			XIX		
			1.00		
			2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		Y	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		10.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		5.80	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 5:22 pm	
		V	XI X		
		1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N		112.00
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:		4,590,712	0	0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N		N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 5:22 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H53560		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: RWJBARNABAS HEALTH	Contractor's Name: NOVITAS SOLUTIONS		Contractor's Number: 12001		141.00	
142.00	Street: 95 OLD SHORT HILLS ROAD	PO Box:				142.00	
143.00	City: WEST ORANGE	State: NJ		Zip Code: 07052		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 5:22 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 5:22 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	04/30/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	03/01/2022	Y	03/01/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 5:22 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N		20.00
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N		21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		HENWOOD			41.00
42.00	Enter the employer/company name of the cost report preparer.	RWJBARNABAS HEALTH					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	732-923-8074		RI CH. HENWOOD@RWJBH. ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 5:22 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VP OF CORPORATE REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	236	86,140	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		236	86,140	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	165	60,225	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	34.00	12	4,380	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		413	150,745	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	9,125		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		438				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	47,475	681	64,335			1.00
2.00	HMO and other (see instructions)	28,335	10,833				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	47,475	681	64,335			7.00
8.00	INTENSIVE CARE UNIT	4,397	695	43,880			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	58	3,347			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,235	4,846			13.00
14.00	Total (see instructions)	51,872	3,669	116,408	12.14	1,943.73	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	1,992	0	2,770	0.00	16.74	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				12.14	1,960.47	27.00
28.00	Observation Bed Days		0	277			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,337			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	37	1,179			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,391	459	23,278	1.00
2.00 HMO and other (see instructions)			4,400	3,873		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	8,391	459	23,278	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 5:22 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	157,029,980	-1,628,345	155,401,635	4,077,785.06	38.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		158,890	0	158,890	1,575.00	100.88
4.01	Physicians - Part A - Teaching		21,724	0	21,724	82.00	264.93
5.00	Physician and Non-Physician-Part B		815,122	0	815,122	1,274.00	639.81
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	774,712	774,712	26,096.00	29.69
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,456,354	-923	1,455,431	34,817.22	41.80
10.00	Excluded area salaries (see instructions)		339,530	361,368	700,898	24,452.45	28.66
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		18,404,533	0	18,404,533	125,008.36	147.23
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		21,113,387	0	21,113,387	304,492.19	69.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		45,502,499	0	45,502,499		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		275,173	0	275,173		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		4,828	0	4,828		
22.01	Physician Part A - Teaching		251	0	251		
23.00	Physician Part B		26,085	0	26,085		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		80,003	0	80,003		
25.50	Home office wage-related (core)		5,204,901	0	5,204,901		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 5:22 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	916,147	0	916,147	23,556.47	38.89	26.00
27.00	Administrative & General	10,168,077	-978,875	9,189,202	206,062.55	44.59	27.00
28.00	Administrative & General under contract (see inst.)	3,870,259	0	3,870,259	13,123.87	294.90	28.00
29.00	Maintenance & Repairs	222,208	0	222,208	6,224.68	35.70	29.00
30.00	Operation of Plant	3,384,184	0	3,384,184	119,870.12	28.23	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	4,261,632	0	4,261,632	229,239.73	18.59	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	3,187,330	-594,131	2,593,199	120,680.96	21.49	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	594,131	594,131	27,018.00	21.99	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,924,985	-8,311	4,916,674	83,488.18	58.89	38.00
39.00	Central Services and Supply	1,800,329	0	1,800,329	72,792.88	24.73	39.00
40.00	Pharmacy	5,350,541	-78,110	5,272,431	118,812.27	44.38	40.00
41.00	Medical Records & Medical Records Library	2,785,687	-65,166	2,720,521	88,122.10	30.87	41.00
42.00	Social Service	2,640,255	-1,302	2,638,953	58,479.82	45.13	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 5:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	160,063,393	-2,403,057	157,660,336	4,063,456.93	38.80	1.00
2.00	Excluded area salaries (see instructions)	1,795,884	360,445	2,156,329	59,269.67	36.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	158,267,509	-2,763,502	155,504,007	4,004,187.26	38.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,517,920	0	39,517,920	429,500.55	92.01	4.00
5.00	Subtotal wage-related costs (see inst.)	50,712,228	0	50,712,228	0.00	32.61	5.00
6.00	Total (sum of lines 3 thru 5)	248,497,657	-2,763,502	245,734,155	4,433,687.81	55.42	6.00
7.00	Total overhead cost (see instructions)	43,511,634	-1,131,764	42,379,870	1,167,471.63	36.30	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 5:22 pm
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		7,354,814	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		240,468	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		802,360	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		373,972	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		21,910,946	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		406,072	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		57,106	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		453,737	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		225,365	14.00
15.00	'Workers' Compensation Insurance		1,479,399	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		11,434,157	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		613,430	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		537,013	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		45,888,839	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/24/2022 5:22 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	45,888,839 1.00
2.00	Hospital		0	45,888,839 2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/24/2022 5:22 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.179872	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		40,886,659	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		2,958,923	5.00	
6.00	Medicaid charges		266,097,634	6.00	
7.00	Medicaid cost (line 1 times line 6)		47,863,514	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,017,932	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		131,407	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		2,401,827	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		432,021	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		300,614	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,318,546	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	39,343,203	2,129,378	41,472,581	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,076,741	2,129,378	9,206,119	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,076,741	2,129,378	9,206,119	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,945,425	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,687,721	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,596,495	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		10,348,930	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,770,257	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,976,376	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,294,922	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/24/2022 5:22 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,007,331	9,007,331	2,212,087	11,219,418	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,705,137	7,705,137	1,878,961	9,584,098	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	916,147	30,658,617	31,574,764	836,091	32,410,855	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,168,077	120,621,579	130,789,656	-20,093,689	110,695,967	5.00
6.00	00600	MAINTENANCE & REPAIRS	222,208	563,393	785,601	-3,993	781,608	6.00
7.00	00700	OPERATION OF PLANT	3,384,184	7,125,857	10,510,041	-1,178	10,508,863	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,070,546	1,070,546	8.00
9.00	00900	HOUSEKEEPING	4,261,632	1,456,005	5,717,637	-66,465	5,651,172	9.00
10.00	01000	DIETARY	3,187,330	2,360,694	5,548,024	-1,059,551	4,488,473	10.00
11.00	01100	CAFETERIA	0	0	0	1,028,279	1,028,279	11.00
13.00	01300	NURSING ADMINISTRATION	4,924,985	595,348	5,520,333	-4,481	5,515,852	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,800,329	2,619,658	4,419,987	-1,035,534	3,384,453	14.00
15.00	01500	PHARMACY	5,350,541	37,654,095	43,004,636	-36,918,310	6,086,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,785,687	695,595	3,481,282	3,894	3,485,176	16.00
17.00	01700	SOCIAL SERVICE	2,640,255	1,480,579	4,120,834	0	4,120,834	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	846,061	846,061	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,487,188	671,281	3,158,469	-1,154,841	2,003,628	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	155,348	16,421	171,769	84,133	255,902	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,101,270	8,530,222	39,631,492	9,248,541	48,880,033	30.00
31.00	03100	INTENSIVE CARE UNIT	21,273,849	4,079,412	25,353,261	-2,139,925	23,213,336	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,736,437	552,765	3,289,202	-282,617	3,006,585	34.00
43.00	04300	NURSERY	993,106	4,172	997,278	1,827,111	2,824,389	43.00
44.00	04400	SKILLED NURSING FACILITY	1,456,354	1,382,560	2,838,914	-451,615	2,387,299	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,033,297	20,183,992	27,217,289	-16,509,062	10,708,227	50.00
51.00	05100	RECOVERY ROOM	1,423,425	98,472	1,521,897	-84,392	1,437,505	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,306,072	610,380	3,916,452	-521,811	3,394,641	52.00
52.01	03190	OP INFUSION	1,469,234	234,409	1,703,643	-132,779	1,570,864	52.01
53.00	05300	ANESTHESIOLOGY	79,136	513,916	593,052	-458,838	134,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,497,074	4,053,601	9,550,675	-1,741,298	7,809,377	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,111,480	4,211,549	7,323,029	363,179	7,686,208	55.00
56.00	05600	RADIOISOTOPE	436,029	906,648	1,342,677	31,597	1,374,274	56.00
57.00	05700	CT SCAN	1,278,000	909,724	2,187,724	-136,615	2,051,109	57.00
58.00	05800	MRI	694,168	234,073	928,241	-26,829	901,412	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,804,982	6,775,538	9,580,520	-5,878,295	3,702,225	59.00
60.00	06000	LABORATORY	5,091,787	13,565,580	18,657,367	-3,866,518	14,790,849	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,129,321	2,129,321	63.00
65.00	06500	RESPIRATORY THERAPY	2,736,362	862,565	3,598,927	-381,601	3,217,326	65.00
66.00	06600	PHYSICAL THERAPY	2,804,625	224,639	3,029,264	275,635	3,304,899	66.00
67.00	06700	OCCUPATIONAL THERAPY	936,288	-23	936,265	484	936,749	67.00
68.00	06800	SPEECH PATHOLOGY	226,135	4,956	231,091	-1,412	229,679	68.00
69.00	06900	ELECTROCARDIOLOGY	2,057,506	965,115	3,022,621	-182,933	2,839,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	619,844	617,844	1,237,688	-21,211	1,216,477	70.00
70.01	07001	SLEEP LAB	5,199	0	5,199	995	6,194	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,139,393	18,139,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,436,514	14,436,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,609,800	45,609,800	73.00
76.97	07697	CARDIAC REHABILITATION	314,789	15,538	330,327	-4,187	326,140	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	314,621	314,621	-13,875	300,746	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	417,708	1,169,970	1,587,678	-576,822	1,010,856	90.00
91.00	09100	EMERGENCY	11,814,503	6,788,363	18,602,866	-2,173,611	16,429,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,843,228	642,843	3,486,071	-234,353	3,251,718	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	971,885	971,885	0	971,885	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		3,863,981	3,863,981	-3,863,981	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	156,845,798	306,520,900	463,366,698	0	463,366,698	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	MISCELLANEOUS	0	0	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	551	551	0	551	194.01
194.03	07952	LIGHTHOUSE	43,486	7,474	50,960	0	50,960	194.03
194.04	07953	KIDS & FAMILY	0	834	834	0	834	194.04
194.05	07954	OTHER NON REIMBURSABLE	140,696	1,359	142,055	0	142,055	194.05
194.06	07955	GRANTS/TRIALS	0	550	550	0	550	194.06
194.07	07956	RETAIL PHARMACY	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	157,029,980	306,531,668	463,561,648	0	463,561,648	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-325,776	10,893,642	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-278,679	9,305,419	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	311,658	32,722,513	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-48,873,163	61,822,804	5.00
6.00	00600	MAINTENANCE & REPAIRS	-35,606	746,002	6.00
7.00	00700	OPERATION OF PLANT	73,442	10,582,305	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,070,546	8.00
9.00	00900	HOUSEKEEPING	-33	5,651,139	9.00
10.00	01000	DIETARY	-25,610	4,462,863	10.00
11.00	01100	CAFETERIA	-807,192	221,087	11.00
13.00	01300	NURSING ADMINISTRATION	-97,630	5,418,222	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-33,979	3,350,474	14.00
15.00	01500	PHARMACY	-6,472	6,079,854	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-28,134	3,457,042	16.00
17.00	01700	SOCIAL SERVICE	-1,106	4,119,728	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	846,061	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-469,317	1,534,311	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-463	255,439	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,644,622	47,235,411	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,186	23,205,150	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,286	3,005,299	34.00
43.00	04300	NURSERY	-3,232	2,821,157	43.00
44.00	04400	SKILLED NURSING FACILITY	-20,121	2,367,178	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-90,234	10,617,993	50.00
51.00	05100	RECOVERY ROOM	-766	1,436,739	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,064	3,392,577	52.00
52.01	03190	OP INFUSION	-1,369	1,569,495	52.01
53.00	05300	ANESTHESIOLOGY	-490	133,724	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-528,162	7,281,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-402,752	7,283,456	55.00
56.00	05600	RADIOISOTOPE	-233	1,374,041	56.00
57.00	05700	CT SCAN	0	2,051,109	57.00
58.00	05800	MRI	-2,015	899,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	-75,644	3,626,581	59.00
60.00	06000	LABORATORY	-517,379	14,273,470	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,129,321	63.00
65.00	06500	RESPIRATORY THERAPY	-50,625	3,166,701	65.00
66.00	06600	PHYSICAL THERAPY	-15,894	3,289,005	66.00
67.00	06700	OCCUPATIONAL THERAPY	-426	936,323	67.00
68.00	06800	SPEECH PATHOLOGY	-98	229,581	68.00
69.00	06900	ELECTROCARDIOLOGY	-71,054	2,768,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-257,441	959,036	70.00
70.01	07001	SLEEP LAB	-6,358	-164	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-678	18,138,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-793	14,435,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,507	45,607,293	73.00
76.97	07697	CARDIAC REHABILITATION	-193	325,947	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	300,746	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-98	1,010,758	90.00
91.00	09100	EMERGENCY	-2,664,760	13,764,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	-861	3,250,857	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	25,218	997,103	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-56,943,183	406,423,515	118.00
NONREIMBURSABLE COST CENTERS					
194.00	07950	MISCELLANEOUS	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	551	194.01
194.03	07952	LIGHTHOUSE	0	50,960	194.03
194.04	07953	KIDS & FAMILY	0	834	194.04
194.05	07954	OTHER NON REIMBURABLE	0	142,055	194.05
194.06	07955	GRANTS/TRIALS	0	550	194.06
194.07	07956	RETAIL PHARMACY	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-56,943,183	406,618,465	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - MEDICAL SURGICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	18,139,393	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	484	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
0			0	18,139,877	
B - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,436,514	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
0			0	14,436,514	
C - DRUGS AND IV SOLUTIONS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	45,609,800	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

RECLASSIFICATIONS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/24/2022 5:22 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
				45,609,800		
D - BLOOD						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,129,321		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
				2,129,321		
E - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,082,526		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,781,455		2.00
				3,863,981		
F - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	129,561		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	97,506		2.00
				227,067		
G - RADIOLOGY RNS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	341,810	9,054		1.00
2.00	RADIOISOTOPE	56.00	42,584	1,128		2.00
			384,394	10,182		
H - DIETARY						
1.00	CAFETERIA	11.00	594,131	434,148		1.00
			594,131	434,148		
J - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,070,546		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
				1,070,546		
K - MOTHER BABY						
1.00	NURSERY	43.00	1,575,579	251,532		1.00
			1,575,579	251,532		
M - MALPRACTICE						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,897		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	15,029		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,534		3.00
4.00	OPERATING ROOM	50.00	0	421		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	344		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,817		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	5,741		7.00
8.00	RESPIRATORY THERAPY	65.00	0	7,822		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	11,713		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,791		10.00

RECLASSIFICATIONS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/24/2022 5:22 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
11.00	SLEEP LAB	70.01	0	995	11.00
			0	65,104	
N - BENEFITS DIRECTLY ASSIGNED					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	836,091	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	617	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
			0	836,708	
O - TRANSPORT					
1.00	ADULTS & PEDIATRICS	30.00	314,068	6,952	1.00
2.00	INTENSIVE CARE UNIT	31.00	212,120	4,695	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	16,139	357	3.00
4.00	OPERATING ROOM	50.00	15,349	340	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	10,793	239	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	35,991	797	6.00
7.00	CARDIAC CATHETERIZATION	59.00	4,048	90	7.00
8.00	PHYSICAL THERAPY	66.00	305,291	6,757	8.00
9.00	ELECTROCARDIOLOGY	69.00	138,696	3,070	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	6,347	140	10.00
11.00	EMERGENCY	91.00	85,171	1,885	11.00
			1,144,013	25,322	
R - PHARMACY RESIDENTS					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	70,192	13,941	1.00
			70,192	13,941	
W - WAGE INDEX					
1.00	NURSING ADMINISTRATIVE	13.00		8,311	1.00
2.00	PHARMACY	15.00		7,918	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00		65,166	3.00
4.00	SOCIAL SERVICE	17.00		1,302	4.00
5.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00		1,386,448	5.00
6.00	ADULTS & PEDIATRICS	30.00		219,518	6.00
7.00	INTENSIVE CARE UNIT	31.00		4,178	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00		6,643	8.00
9.00	NURSERY	43.00		724	9.00
10.00	SKILLED NURSING FACILITY	44.00		923	10.00
11.00	OPERATING ROOM	50.00		3,346	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00		2,500	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00		13,742	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00		11,892	14.00
15.00	CARDIAC CATHETERIZATION	59.00		35,530	15.00
16.00	LABORATORY	60.00		5,583	16.00
17.00	PHYSICAL THERAPY	66.00		20,518	17.00
18.00	ELECTROCARDIOLOGY	69.00		42,062	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00		768	19.00
20.00	CLINIC	90.00		2,107	20.00
21.00	EMERGENCY	91.00		245,480	21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	165,138		22.00
23.00	OTHER NON REIMBURABLE	194.05	291,176		23.00
			456,314	2,084,659	
X - OB SUPPORT					
1.00	ADULTS & PEDIATRICS	30.00	116,701	205	1.00
			116,701	205	
Y - INTERN & RESIDENT SALARY RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	774,712	0	1.00
	TOTALS		774,712	0	
Z - COVID-19- CONTRACT LABOR					
1.00	ADULTS & PEDIATRICS	30.00	0	13,408,079	1.00
	TOTALS		0	13,408,079	
AA - RESIDENT MALPRACTICE					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	71,349	1.00
	TOTALS		0	71,349	
500.00	Grand Total: Increases		5,116,036	102,678,335	500.00

RECLASSIFICATIONS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/24/2022 5:22 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - MEDICAL SURGICAL SUPPLIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	219,711	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	3,993	0	2.00
3.00	OPERATION OF PLANT	7.00	0	317	0	3.00
4.00	HOUSEKEEPING	9.00	0	58,367	0	4.00
5.00	DIETARY	10.00	0	14,036	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	4,382	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	997,070	0	7.00
8.00	PHARMACY	15.00	0	66,823	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,059,420	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	1,835,332	0	11.00
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	150,758	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	0	64,135	0	13.00
14.00	OPERATING ROOM	50.00	0	7,114,576	0	14.00
15.00	RECOVERY ROOM	51.00	0	63,860	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	335,366	0	16.00
17.00	OP INFUSION	52.01	0	52,105	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	424,290	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	660,188	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,903	0	20.00
21.00	RADIOISOTOPE	56.00	0	2,642	0	21.00
22.00	CT SCAN	57.00	0	134,277	0	22.00
23.00	MRI	58.00	0	18,156	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	1,442,920	0	24.00
25.00	LABORATORY	60.00	0	7,693	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	350,505	0	26.00
27.00	PHYSICAL THERAPY	66.00	0	27,504	0	27.00
28.00	SPEECH PATHOLOGY	68.00	0	1,412	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	69,749	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,001	0	30.00
31.00	CARDIAC REHABILITATION	76.97	0	4,187	0	31.00
32.00	CLINIC	90.00	0	283,031	0	32.00
33.00	EMERGENCY	91.00	0	1,453,972	0	33.00
34.00	OBSERVATION BEDS-DISTRICT	92.01	0	157,193	0	34.00
	O			18,139,877		
B - IMPLANTABLES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,600	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,420	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,076	0	3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	6,477	0	4.00
5.00	OPERATING ROOM	50.00	0	9,134,908	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	10,665	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	562,363	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	4,409,616	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	2,277	0	9.00
10.00	CLINIC	90.00	0	293,457	0	10.00
11.00	EMERGENCY	91.00	0	3,655	0	11.00
	O			14,436,514		
C - DRUGS AND IV SOLUTIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,927,519	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,288	0	2.00
3.00	PHARMACY	15.00	0	36,765,812	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	372,583	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	292,091	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	120,892	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	2,105	0	7.00
8.00	OPERATING ROOM	50.00	0	204,693	0	8.00
9.00	RECOVERY ROOM	51.00	0	8,540	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	47,574	0	10.00
11.00	OP INFUSION	52.01	0	65,616	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	23,883	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	84,969	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	295	0	14.00
15.00	RADIOISOTOPE	56.00	0	976	0	15.00
16.00	CT SCAN	57.00	0	2,338	0	16.00
17.00	MRI	58.00	0	743	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	26,725	0	18.00
19.00	LABORATORY	60.00	0	1,757,353	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	38,918	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	75	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	255,202	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	394	0	23.00
24.00	CLINIC	90.00	0	334	0	24.00

RECLASSIFICATIONS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/24/2022 5:22 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	EMERGENCY	91.00	0	559,318	0	25.00	
26.00	OBSERVATION BEDS-DISTINCT	92.01	0	45,564	0	26.00	
	O		0	45,609,800			
D - BLOOD							
1.00	ADULTS & PEDIATRICS	30.00		4,945	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00		6,450	0	2.00	
3.00	SURGICAL INTENSIVE CARE UNIT	34.00		3,375	0	3.00	
4.00	OPERATING ROOM	50.00		10,210	0	4.00	
5.00	OP INFUSION	52.01		4,500	0	5.00	
6.00	LABORATORY	60.00		2,099,841	0	6.00	
	O		0	2,129,321			
E - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	3,863,981	11	1.00	
2.00		0.00	0	0	11	2.00	
	O		0	3,863,981			
F - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	227,067	12	1.00	
2.00		0.00	0	0	12	2.00	
	O		0	227,067			
G - RADIOLOGY RNS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	384,394	10,182	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		384,394	10,182			
H - DIETARY							
1.00	DIETARY	10.00	594,131	434,148	0	1.00	
	O		594,131	434,148			
J - LINEN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,142	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	861	0	2.00	
3.00	HOUSEKEEPING	9.00	0	8,098	0	3.00	
4.00	DIETARY	10.00	0	17,236	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	99	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,576	0	6.00	
7.00	PHARMACY	15.00	0	1,542	0	7.00	
8.00	I&R SERVICES-OTHER PRGM.	22.00	0	2,942	0	8.00	
	COSTS APPRVD						
9.00	ADULTS & PEDIATRICS	30.00	0	282,322	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	216,791	0	10.00	
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	17,611	0	11.00	
12.00	SKILLED NURSING FACILITY	44.00	0	17,646	0	12.00	
13.00	OPERATING ROOM	50.00	0	60,785	0	13.00	
14.00	RECOVERY ROOM	51.00	0	11,992	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,997	0	15.00	
16.00	OP INFUSION	52.01	0	10,558	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	39,546	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	92	0	18.00	
19.00	RADIOISOTOPE	56.00	0	8,497	0	19.00	
20.00	MRI	58.00	0	7,930	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	8,913	0	21.00	
22.00	LABORATORY	60.00	0	1,631	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	8,834	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	9,184	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,094	0	25.00	
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	13,875	0	26.00	
27.00	EMERGENCY	91.00	0	218,156	0	27.00	
28.00	OBSERVATION BEDS-DISTINCT	92.01	0	31,596	0	28.00	
	O		0	1,070,546			
K - MOTHER BABY							
1.00	ADULTS & PEDIATRICS	30.00	1,575,579	251,532	0	1.00	
	O		1,575,579	251,532			
M - MALPRACTICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	65,104	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
	O		0	65,104			

RECLASSIFICATIONS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/24/2022 5:22 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
N - BENEFITS DIRECTLY ASSIGNED						
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00		392,216	0	1.00
2.00	ADULTS & PEDIATRICS	30.00		51,197	0	2.00
3.00	SKILLED NURSING FACILITY	44.00		367,729	0	3.00
4.00	EMERGENCY	91.00		25,566	0	4.00
			0	836,708		
Q - TRANSPORT						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,144,013	25,322	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
			1,144,013	25,322		
R - PHARMACY RESIDENTS						
1.00	PHARMACY	15.00	70,192	13,941	0	1.00
			70,192	13,941		
W - WAGE INDEX						
1.00	NURSING ADMINISTRATION	13.00	8,311		0	1.00
2.00	PHARMACY	15.00	7,918		0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	65,166		0	3.00
4.00	SOCIAL SERVICE	17.00	1,302		0	4.00
5.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	1,386,448		0	5.00
6.00	ADULTS & PEDIATRICS	30.00	219,518		0	6.00
7.00	INTENSIVE CARE UNIT	31.00	4,178		0	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	6,643		0	8.00
9.00	NURSERY	43.00	724		0	9.00
10.00	SKILLED NURSING FACILITY	44.00	923		0	10.00
11.00	OPERATING ROOM	50.00	3,346		0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	2,500		0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	13,742		0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	11,892		0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	35,530		0	15.00
16.00	LABORATORY	60.00	5,583		0	16.00
17.00	PHYSICAL THERAPY	66.00	20,518		0	17.00
18.00	ELECTROCARDIOLOGY	69.00	42,062		0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	768		0	19.00
20.00	CLINIC	90.00	2,107		0	20.00
21.00	EMERGENCY	91.00	245,480		0	21.00
22.00	ADMINISTRATIVE & GENERAL	5.00		165,138	0	22.00
23.00	OTHER NON REIMBURABLE	194.05		291,176	0	23.00
			2,084,659	456,314		
X - OB SUPPORT						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	116,701	205	0	1.00
			116,701	205		
Y - INTERN & RESIDENT SALARY RECLASS						
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	774,712	0	0	1.00
	TOTALS		774,712	0		
Z - COVID-19- CONTRACT LABOR						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,408,079	0	1.00
	TOTALS		0	13,408,079		
AA - RESIDENT MALPRACTICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	71,349	0	1.00
	TOTALS		0	71,349		
500.00	Grand Total: Decreases		6,744,381	101,049,990		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	198,713	0	0	0	0	1.00
2.00	Land Improvements	2,567,723	0	0	0	0	2.00
3.00	Buildings and Fixtures	695,396,707	34,064,052	0	34,064,052	3,195,667	3.00
4.00	Building Improvements	5,183,612	0	0	0	0	4.00
5.00	Fixed Equipment	77,147,012	0	0	0	0	5.00
6.00	Movable Equipment	131,962,147	6,581,061	0	6,581,061	3,168,007	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	912,455,914	40,645,113	0	40,645,113	6,363,674	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	912,455,914	40,645,113	0	40,645,113	6,363,674	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	198,713	1,628,159				1.00
2.00	Land Improvements	2,567,723	49,963,117				2.00
3.00	Buildings and Fixtures	726,265,092	4,520,732				3.00
4.00	Building Improvements	5,183,612	58,663,067				4.00
5.00	Fixed Equipment	77,147,012	0				5.00
6.00	Movable Equipment	135,375,201	74,898,653				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	946,737,353	189,673,728				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	946,737,353	189,673,728				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,007,331	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,705,137	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,712,468	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,007,331				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,705,137				2.00
3.00	Total (sum of lines 1-2)	0	16,712,468				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	811,362,151	0	811,362,151	0.857009	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	135,375,201	0	135,375,201	0.142991	0	2.00
3.00	Total (sum of lines 1-2)	946,737,352	0	946,737,352	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,007,331	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,705,137	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,712,468	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,756,750	129,561	0	0	10,893,642	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,502,776	97,506	0	0	9,305,419	2.00
3.00	Total (sum of lines 1-2)	3,259,526	227,067	0	0	20,199,061	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-325,776	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-278,679	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-107,037	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)	B	78,882	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)	B	-35,606	MAINTENANCE & REPAIRS		6.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-6,864,134				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-18,298,756				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-807,192	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-323	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MED & DENTAL STAFF OTHER REV	B	-169,450	ADMINISTRATIVE & GENERAL		5.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01 X-RAY COPY FEES	B	-8,955	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02 GARNISHEE SERVICE CHARGE REV	B	-2,341	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03 OUTREACH LAB	B	-324,137	LABORATORY	60.00	0	33.03
33.04 OTHER MISCELLANEOUS REVENUE	B	-159,662	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05 OTHER MISCELLANEOUS REVENUE	B	-33,979	CENTRAL SERVICES & SUPPLY	14.00	0	33.05
33.06 OTHER MISCELLANEOUS REVENUE	B	-4,000	PHARMACY	15.00	0	33.06
33.07 OTHER MISCELLANEOUS REVENUE	B	-6,000	SKILLED NURSING FACILITY	44.00	0	33.07
33.08 OTHER MISCELLANEOUS REVENUE	B	-81,100	OPERATING ROOM	50.00	0	33.08
33.09 OTHER MISCELLANEOUS REVENUE	B	-143,694	LABORATORY	60.00	0	33.09
33.10 OTHER MISCELLANEOUS REVENUE	B	-30	CLINIC	90.00	0	33.10
33.11 EMPLOYEE - HEALTH PAYMENTS	B	-8,022	ADULTS & PEDIATRICS	30.00	0	33.11
33.12 EMPLOYEE - HEALTH PAYMENTS	B	-5,189	INTENSIVE CARE UNIT	31.00	0	33.12
33.13 EMPLOYEE - HEALTH PAYMENTS	B	-343	SURGICAL INTENSIVE CARE UNIT	34.00	0	33.13
33.14 EMPLOYEE - HEALTH PAYMENTS	B	-144	SKILLED NURSING FACILITY	44.00	0	33.14
33.15 EMPLOYEE - HEALTH PAYMENTS	B	-3,983	OPERATING ROOM	50.00	0	33.15
33.16 EMPLOYEE - HEALTH PAYMENTS	B	-766	RECOVERY ROOM	51.00	0	33.16
33.17 EMPLOYEE - HEALTH PAYMENTS	B	-1,632	DELIVERY ROOM & LABOR ROOM	52.00	0	33.17
33.18 EMPLOYEE - HEALTH PAYMENTS	B	-244	OP INFUSION	52.01	0	33.18
33.19 EMPLOYEE - HEALTH PAYMENTS	B	-490	ANESTHESIOLOGY	53.00	0	33.19
33.20 EMPLOYEE - HEALTH PAYMENTS	B	-5,473	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21 EMPLOYEE - HEALTH PAYMENTS	B	-2,635	RADIOLOGY-THERAPEUTIC	55.00	0	33.21
33.22 EMPLOYEE - HEALTH PAYMENTS	B	-233	RADIOISOTOPE	56.00	0	33.22
33.23 EMPLOYEE - HEALTH PAYMENTS	B	-2,015	MRI	58.00	0	33.23
33.24 EMPLOYEE - HEALTH PAYMENTS	B	-1,213	CARDIAC CATHETERIZATION	59.00	0	33.24
33.25 EMPLOYEE - HEALTH PAYMENTS	B	-9,018	LABORATORY	60.00	0	33.25
33.26 EMPLOYEE - HEALTH PAYMENTS	B	-335	RESPIRATORY THERAPY	65.00	0	33.26
33.27 EMPLOYEE - HEALTH PAYMENTS	B	-1,714	PHYSICAL THERAPY	66.00	0	33.27
33.28 EMPLOYEE - HEALTH PAYMENTS	B	-426	OCCUPATIONAL THERAPY	67.00	0	33.28
33.29 EMPLOYEE - HEALTH PAYMENTS	B	-98	SPEECH PATHOLOGY	68.00	0	33.29
33.30 EMPLOYEE - HEALTH PAYMENTS	B	-1,925	ELECTROCARDIOLOGY	69.00	0	33.30
33.31 EMPLOYEE - HEALTH PAYMENTS	B	-606	ELECTROENCEPHALOGRAPHY	70.00	0	33.31
33.32 EMPLOYEE - HEALTH PAYMENTS	B	-678	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.32
33.33 EMPLOYEE - HEALTH PAYMENTS	B	-793	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.33
33.34 EMPLOYEE - HEALTH PAYMENTS	B	-2,507	DRUGS CHARGED TO PATIENTS	73.00	0	33.34
33.35 EMPLOYEE - HEALTH PAYMENTS	B	-193	CARDIAC REHABILITATION	76.97	0	33.35
33.36 EMPLOYEE - HEALTH PAYMENTS	B	-18	CLINIC	90.00	0	33.36
33.37 EMPLOYEE - HEALTH PAYMENTS	B	-6,935	EMERGENCY	91.00	0	33.37
33.38 EMPLOYEE - HEALTH PAYMENTS	B	-40	ADULTS & PEDIATRICS	30.00	0	33.38
33.39 EMPLOYEE - HEALTH PAYMENTS	B	-192	OBSERVATION BEDS-DISTINCT	92.01	0	33.39
33.40 RENTAL INCOME	B	-142,132	ADMINISTRATIVE & GENERAL	5.00	0	33.40
33.41 FOUNDATION SUBSIDY	B	-59,973	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.41
33.42 FOUNDATION SUBSIDY	B	-254,433	ADMINISTRATIVE & GENERAL	5.00	0	33.42
33.43 FOUNDATION SUBSIDY	B	-4,738	OPERATION OF PLANT	7.00	0	33.43
33.44 FOUNDATION SUBSIDY	B	-9,177	DIETARY	10.00	0	33.44
33.45 FOUNDATION SUBSIDY	B	-6,722	NURSING ADMINISTRATIVE	13.00	0	33.45
33.46 FOUNDATION SUBSIDY	B	-175	PHARMACY	15.00	0	33.46
33.47 FOUNDATION SUBSIDY	B	-1,765	MEDICAL RECORDS & LIBRARY	16.00	0	33.47
33.48 FOUNDATION SUBSIDY	B	-116	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.48
33.49 FOUNDATION SUBSIDY	B	-11,038	ADULTS & PEDIATRICS	30.00	0	33.49
33.50 FOUNDATION SUBSIDY	B	-1,369	INTENSIVE CARE UNIT	31.00	0	33.50
33.51 FOUNDATION SUBSIDY	B	-943	SURGICAL INTENSIVE CARE UNIT	34.00	0	33.51
33.52 FOUNDATION SUBSIDY	B	-3,232	NURSERY	43.00	0	33.52
33.53 FOUNDATION SUBSIDY	B	-3,327	SKILLED NURSING FACILITY	44.00	0	33.53
33.54 FOUNDATION SUBSIDY	B	-2,252	OPERATING ROOM	50.00	0	33.54
33.55 FOUNDATION SUBSIDY	B	-395	DELIVERY ROOM & LABOR ROOM	52.00	0	33.55
33.56 FOUNDATION SUBSIDY	B	-1,125	OP INFUSION	52.01	0	33.56
33.57 FOUNDATION SUBSIDY	B	-330,527	RADIOLOGY-THERAPEUTIC	55.00	0	33.57
33.58 FOUNDATION SUBSIDY	B	-1,823	CARDIAC CATHETERIZATION	59.00	0	33.58
33.59 FOUNDATION SUBSIDY	B	-13,094	PHYSICAL THERAPY	66.00	0	33.59
33.60 FOUNDATION SUBSIDY	B	-11,850	ELECTROENCEPHALOGRAPHY	70.00	0	33.60
33.61 FOUNDATION SUBSIDY	B	-50	CLINIC	90.00	0	33.61
33.62 INTERCOMPANY RENTAL INCOME	B	-604,455	ADMINISTRATIVE & GENERAL	5.00	0	33.62
33.63 NON ALLOWABLE ENTERTAINMENT	A	-12,542	ADMINISTRATIVE & GENERAL	5.00	0	33.63
33.64 NON ALLOWABLE ENTERTAINMENT	A	-702	OPERATION OF PLANT	7.00	0	33.64
33.65 NON ALLOWABLE ENTERTAINMENT	A	-33	HOUSEKEEPING	9.00	0	33.65
33.66 NON ALLOWABLE ENTERTAINMENT	A	-2,562	DIETARY	10.00	0	33.66

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.67 NON ALLOWABLE ENTERTAINMENT	A	-1,161	NURSING ADMINISTRATION		13.00	0 33.67
33.68 NON ALLOWABLE ENTERTAINMENT	A	-2,297	PHARMACY		15.00	0 33.68
33.69 NON ALLOWABLE ENTERTAINMENT	A	-1,145	MEDICAL RECORDS & LIBRARY		16.00	0 33.69
33.70 NON ALLOWABLE ENTERTAINMENT	A	-1,106	SOCIAL SERVICE		17.00	0 33.70
33.71 NON ALLOWABLE ENTERTAINMENT	A	-801	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00	0 33.71
33.72 NON ALLOWABLE ENTERTAINMENT	A	-463	PARAMED ED PRGM-(SPECIFY)		23.00	0 33.72
33.73 NON ALLOWABLE ENTERTAINMENT	A	-1,188	ADULTS & PEDIATRICS		30.00	0 33.73
33.74 NON ALLOWABLE ENTERTAINMENT	A	-1,628	INTENSIVE CARE UNIT		31.00	0 33.74
33.75 NON ALLOWABLE ENTERTAINMENT	A	-209	OPERATING ROOM		50.00	0 33.75
33.76 NON ALLOWABLE ENTERTAINMENT	A	-37	DELIVERY ROOM & LABOR ROOM		52.00	0 33.76
33.77 NON ALLOWABLE ENTERTAINMENT	A	-892	RADIOLOGY-DIAGNOSTIC		54.00	0 33.77
33.78 NON ALLOWABLE ENTERTAINMENT	A	-215	RADIOLOGY-THERAPEUTIC		55.00	0 33.78
33.79 NON ALLOWABLE ENTERTAINMENT	A	-392	CARDIAC CATHETERIZATION		59.00	0 33.79
33.80 NON ALLOWABLE ENTERTAINMENT	A	-303	RESPIRATORY THERAPY		65.00	0 33.80
33.81 NON ALLOWABLE ENTERTAINMENT	A	-1,086	PHYSICAL THERAPY		66.00	0 33.81
33.82 NON ALLOWABLE ENTERTAINMENT	A	-647	EMERGENCY		91.00	0 33.82
33.83 NON ALLOWABLE ENTERTAINMENT	A	-669	OBSERVATION BEDS-DISTINCT		92.01	0 33.83
33.84 FINES	A	-10,650	SKILLED NURSING FACILITY		44.00	0 33.84
33.85 FQHC	A	-1,150,000	ADMINISTRATIVE & GENERAL		5.00	0 33.85
33.86 LOBBYING EXPENSE	A	16,809	ADMINISTRATIVE & GENERAL		5.00	0 33.86
33.87 BHMG/MMG	A	-22,847,366	ADMINISTRATIVE & GENERAL		5.00	0 33.87
33.88 ADDITIONAL CAPTIVE PHYS PRACTICE	A	-2,486,040	EMERGENCY		91.00	0 33.88
33.89 ADDITIONAL CAPTIVE PHYS PRACTICE	A	-1,619,859	ADULTS & PEDIATRICS		30.00	0 33.89
33.90 NURSE PRACTITIONERS (INCLUDES FRINGES)	A	-3,479	ADMINISTRATIVE & GENERAL		5.00	0 33.90
33.91 NURSE PRACTITIONERS (INCLUDES FRINGES)	A	-89,747	NURSING ADMINISTRATION		13.00	0 33.91
33.92 NURSE PRACTITIONERS (INCLUDES FRINGES)	A	-2,205	ADULTS & PEDIATRICS		30.00	0 33.92
33.93 PENSION ADMINISTRATION COSTS	A	373,972	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.93
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-56,943,183				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 31-0041

Period: From 01/01/2021 To 12/31/2021

Worksheet A-8-1

Date/Time Prepared: 5/24/2022 5:22 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	44,243,175	62,567,149
2.00	0.00			0	0
3.00	5.00	ADMINISTRATIVE & GENERAL	COMMUNITY MEDICAL AUXILIA	23,648	23,648
3.01	5.00	ADMINISTRATIVE & GENERAL	COMMUNITY MEDICAL FOUND	68,048	68,048
3.02	5.00	ADMINISTRATIVE & GENERAL	ST BARNABAS CORP	528,758	528,758
3.03	95.00	AMBULANCE SERVICES	AMBULANCE ADD ON	25,218	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			44,888,847	63,187,603

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

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

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

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

6.00	A		0.00	RWJ BARNABAS HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 5:22 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-18,323,974	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	25,218	0		3.03
4.00	0	0		4.00
5.00	-18,298,756	0		5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 31-0041

Period: From 01/01/2021 To 12/31/2021

Worksheet A-8-2

Date/Time Prepared: 5/24/2022 5:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	5,151,417	5,115,442	35,975	211,500	851	1.00
2.00	10.00	AGGREGATE-DIETARY	13,871	13,871	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	24,901	24,901	0	0	0	3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM. C	1,416,063	0	1,416,063	211,500	9,172	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	16,190	48	16,142	197,500	120	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	2,690	2,690	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	512,842	512,842	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	69,375	69,375	0	0	0	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	72,216	72,216	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	40,530	40,530	0	0	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	49,987	49,987	0	0	0	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	96,456	45,586	50,870	211,500	208	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	244,985	244,985	0	0	0	13.00
14.00	70.01	AGGREGATE-SLEEP LAB	6,358	6,358	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	171,138	171,138	0	0	0	15.00
200.00			7,889,019	6,369,969	1,519,050		10,351	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	86,532	4,327	0	0	139,085	1.00
2.00	10.00	AGGREGATE-DIETARY	0	0	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	0	0	0	3,897	3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM. C	932,634	46,632	0	0	15,029	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	11,394	570	0	0	2,534	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	421	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	344	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	10,817	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	5,741	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	7,822	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	21,150	1,058	0	0	11,713	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	5,791	13.00
14.00	70.01	AGGREGATE-SLEEP LAB	0	0	0	0	995	14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	15.00
200.00			1,051,710	52,587	0	0	204,189	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	971	87,503	0	5,115,442		1.00
2.00	10.00	AGGREGATE-DIETARY	0	0	0	13,871		2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	0	0	24,901		3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM. C	15,029	947,663	468,400	468,400		4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,526	13,920	2,222	2,270		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	2,690		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	512,842		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	69,375		8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2
Date/Time Prepared:
5/24/2022 5:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	72,216		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	40,530		10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	49,987		11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	6,177	27,327	23,543	69,129		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	244,985		13.00
14.00	70.01	AGGREGATE-SLEEP LAB	0	0	0	6,358		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	171,138		15.00
200.00			24,703	1,076,413	494,165	6,864,134		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,893,642	10,893,642			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,305,419		9,305,419		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	32,722,513	112,464	0	32,834,977	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	61,822,804	560,153	2,615,857	1,953,110	66,951,924
6.00 00600	MAINTENANCE & REPAIRS	746,002	34,615	8,516	47,229	836,362
7.00 00700	OPERATION OF PLANT	10,582,305	173,118	425,718	719,288	11,900,429
8.00 00800	LAUNDRY & LINEN SERVICE	1,070,546	0	0	0	1,070,546
9.00 00900	HOUSEKEEPING	5,651,139	127,034	8,772	905,784	6,692,729
10.00 01000	DIETARY	4,462,863	225,552	44,662	551,169	5,284,246
11.00 01100	CAFETERIA	221,087	187,710	7,850	126,279	542,926
13.00 01300	NURSING ADMINISTRATION	5,418,222	91,815	656,664	1,045,010	7,211,711
14.00 01400	CENTRAL SERVICES & SUPPLY	3,350,474	431,495	253,688	382,649	4,418,306
15.00 01500	PHARMACY	6,079,854	112,651	61,130	1,120,624	7,374,259
16.00 01600	MEDICAL RECORDS & LIBRARY	3,457,042	167,061	24	578,230	4,202,357
17.00 01700	SOCIAL SERVICE	4,119,728	0	0	560,894	4,680,622
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	846,061	0	0	164,660	1,010,721
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,534,311	0	0	69,295	1,603,606
23.00 02300	PARAMED PRGM-(SPECIFY)	255,439	0	0	47,937	303,376
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	47,235,411	2,327,887	78,502	6,320,422	55,962,222
31.00 03100	INTENSIVE CARE UNIT	23,205,150	1,281,914	102,234	4,565,826	29,155,124
34.00 03400	SURGICAL INTENSIVE CARE UNIT	3,005,299	98,851	12,178	583,632	3,699,960
43.00 04300	NURSERY	2,821,157	139,023	13,550	545,805	3,519,535
44.00 04400	SKILLED NURSING FACILITY	2,367,178	179,675	2,022	309,343	2,858,218
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,617,993	708,918	2,105,336	1,497,436	14,929,683
51.00 05100	RECOVERY ROOM	1,436,739	101,161	30,558	302,540	1,870,998
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,392,577	325,755	42,092	679,644	4,440,068
52.01 03190	OP INFUSION	1,569,495	174,014	0	312,277	2,055,786
53.00 05300	ANESTHESIOLOGY	133,724	20,815	5,011	16,820	176,370
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,281,215	451,603	782,033	1,083,749	9,598,600
55.00 05500	RADIOLOGY-THERAPEUTIC	7,283,456	301,901	447,528	739,098	8,771,983
56.00 05600	RADIOISOTOPE	1,374,041	10,408	188,088	101,726	1,674,263
57.00 05700	CT SCAN	2,051,109	15,611	0	271,631	2,338,351
58.00 05800	MRI	899,397	61,737	364,955	147,541	1,473,630
59.00 05900	CARDIAC CATHETERIZATION	3,626,581	439,322	375,592	589,491	5,030,986
60.00 06000	LABORATORY	14,273,470	266,557	13,967	1,081,042	15,635,036
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,129,321	10,408	0	0	2,139,729
65.00 06500	RESPIRATORY THERAPY	3,166,701	39,174	170,198	581,597	3,957,670
66.00 06600	PHYSICAL THERAPY	3,289,005	111,464	24,222	656,633	4,081,324
67.00 06700	OCCUPATIONAL THERAPY	936,323	5,578	0	199,002	1,140,903
68.00 06800	SPEECH PATHOLOGY	229,581	17,443	2,130	48,064	297,218
69.00 06900	ELECTROCARDIOLOGY	2,768,634	92,523	55,707	457,850	3,374,714
70.00 07000	ELECTROENCEPHALOGRAPHY	959,036	193,163	111,911	132,930	1,397,040
70.01 07001	SLEEP LAB	-164	0	0	1,105	941
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,138,715	0	0	0	18,138,715
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,435,721	0	0	0	14,435,721
73.00 07300	DRUGS CHARGED TO PATIENTS	45,607,293	0	0	0	45,607,293
76.97 07697	CARDIAC REHABILITATION	325,947	50,914	1,903	66,907	445,671
76.98 07698	HYPERBARIC OXYGEN THERAPY	300,746	54,119	0	0	354,865
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,010,758	0	11,542	88,333	1,110,633
91.00 09100	EMERGENCY	13,764,495	1,190,036	213,648	2,477,029	17,645,208
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0
92.01 09201	OBSERVATION BEDS-DISTINCT	3,250,857	0	0	604,311	3,855,168
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	997,103	0	0	0	997,103
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	406,423,515	10,893,642	9,237,788	32,733,942	406,254,849
NONREIMBURSABLE COST CENTERS						
194.00 07950	MISCELLANEOUS	0	0	0	0	0
194.01 07951	PUBLIC RELATIONS	551	0	0	0	551
194.03 07952	LIGHTHOUSE	50,960	0	0	9,243	60,203
194.04 07953	KIDS & FAMILY	834	0	0	0	834
194.05 07954	OTHER NON REIMBURABLE	142,055	0	57,487	91,792	291,334
194.06 07955	GRANTS/TRIALS	550	0	10,144	0	10,694
194.07 07956	RETAIL PHARMACY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	406,618,465	10,893,642	9,305,419	32,834,977	406,618,465	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/24/2022 5:22 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	66,951,924				5.00
6.00	00600	MAINTENANCE & REPAIRS	164,856	1,001,218			6.00
7.00	00700	OPERATION OF PLANT	2,345,705	17,016	14,263,150		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	211,016	0	0	1,281,562	8.00
9.00	00900	HOUSEKEEPING	1,319,211	12,486	180,950	0	8,205,376
10.00	01000	DIETARY	1,041,583	22,169	321,280	12,357	49,430
11.00	01100	CAFETERIA	107,017	18,450	267,378	0	41,414
13.00	01300	NURSING ADMINISTRATION	1,421,508	9,024	130,783	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	870,897	42,411	614,631	14,487	141,610
15.00	01500	PHARMACY	1,453,548	11,072	160,462	0	44,086
16.00	01600	MEDICAL RECORDS & LIBRARY	828,331	16,420	237,966	0	0
17.00	01700	SOCIAL SERVICE	922,602	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	199,224	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	316,088	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	59,799	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,030,680	228,810	3,315,899	350,750	3,791,414
31.00	03100	INTENSIVE CARE UNIT	5,746,796	125,999	1,825,985	270,498	758,817
34.00	03400	SURGICAL INTENSIVE CARE UNIT	729,303	9,716	140,805	22,173	142,946
43.00	04300	NURSERY	693,739	13,665	198,028	0	14,695
44.00	04400	SKILLED NURSING FACILITY	563,386	17,660	255,933	22,217	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,942,805	69,679	1,009,798	76,057	173,673
51.00	05100	RECOVERY ROOM	368,794	9,943	144,096	15,098	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	875,186	32,018	464,012	39,395	273,869
52.01	03190	OP INFUSION	405,218	17,104	247,869	13,293	557,089
53.00	05300	ANESTHESIOLOGY	34,764	2,046	29,649	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,891,990	44,388	643,272	48,101	154,970
55.00	05500	RADIOLOGY-THERAPEUTIC	1,729,054	29,674	430,034	0	69,469
56.00	05600	RADIOISOTOPE	330,016	1,023	14,825	10,698	37,406
57.00	05700	CT SCAN	460,915	1,534	22,237	0	56,110
58.00	05800	MRI	290,469	6,068	87,940	9,984	217,759
59.00	05900	CARDIAC CATHETERIZATION	991,663	43,181	625,779	11,222	431,510
60.00	06000	LABORATORY	3,081,838	26,200	379,690	2,054	84,165
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	421,764	1,023	14,825	0	0
65.00	06500	RESPIRATORY THERAPY	780,100	3,850	55,800	0	18,703
66.00	06600	PHYSICAL THERAPY	804,474	10,956	158,772	12,811	0
67.00	06700	OCCUPATIONAL THERAPY	224,885	548	7,946	0	0
68.00	06800	SPEECH PATHOLOGY	58,585	1,714	24,846	0	0
69.00	06900	ELECTROCARDIOLOGY	665,193	9,094	131,791	11,330	0
70.00	07000	ELECTROENCEPHALOGRAPHY	275,372	18,986	275,146	7,672	0
70.01	07001	SLEEP LAB	185	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,575,340	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,845,439	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,989,699	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	87,847	5,004	72,522	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	69,948	5,319	77,088	17,469	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	218,918	0	0	0	0
91.00	09100	EMERGENCY	3,478,065	116,968	1,695,113	313,896	1,146,241
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS-DISTINCT	759,896	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	196,540	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,880,251	1,001,218	14,263,150	1,281,562	8,205,376
NONREIMBURSABLE COST CENTERS							
194.00	07950	MISCELLANEOUS	0	0	0	0	0
194.01	07951	PUBLIC RELATIONS	109	0	0	0	0
194.03	07952	LIGHTHOUSE	11,867	0	0	0	0
194.04	07953	KIDS & FAMILY	164	0	0	0	0
194.05	07954	OTHER NON REIMBURABLE	57,425	0	0	0	0
194.06	07955	GRANTS/TRIALS	2,108	0	0	0	0
194.07	07956	RETAIL PHARMACY	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	66,951,924	1,001,218	14,263,150	1,281,562	8,205,376

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	6,731,065					10.00
11.00	01100	0	977,185				11.00
13.00	01300	0	24,389	8,797,415			13.00
14.00	01400	0	21,266	0	6,123,608		14.00
15.00	01500	0	34,707	0	26,067	9,104,201	15.00
16.00	01600	0	25,744	107,433	0	0	16.00
17.00	01700	0	17,086	242,627	0	0	17.00
21.00	02100	0	7,625	0	0	0	21.00
22.00	02200	0	2,108	0	0	0	22.00
23.00	02300	0	2,212	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,811,001	229,620	3,039,083	60,827	0	30.00
31.00	03100	2,563,271	153,081	2,049,035	54,363	0	31.00
34.00	03400	194,541	17,220	307,693	3,787	0	34.00
43.00	04300	0	14,516	112,139	0	0	43.00
44.00	04400	162,252	10,171	100,987	2,693	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	44,860	637,848	33,565	0	50.00
51.00	05100	0	7,218	162,652	487	0	51.00
52.00	05200	0	20,318	344,497	8,511	0	52.00
52.01	03190	0	10,184	130,851	2,264	0	52.01
53.00	05300	0	1,045	0	13	0	53.00
54.00	05400	0	38,996	88,886	8,262	0	54.00
55.00	05500	0	21,710	82,499	416	0	55.00
56.00	05600	0	2,437	0	275	0	56.00
57.00	05700	0	9,011	0	0	0	57.00
58.00	05800	0	4,636	0	0	0	58.00
59.00	05900	0	14,813	210,068	7,306	0	59.00
60.00	06000	0	46,634	264	10,093	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	18,332	0	823	0	65.00
66.00	06600	0	23,484	0	195	0	66.00
67.00	06700	0	5,280	0	0	0	67.00
68.00	06800	0	1,513	0	0	0	68.00
69.00	06900	0	18,022	92,353	1,339	0	69.00
70.00	07000	0	4,673	1,918	10,289	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	3,179,058	0	71.00
72.00	07200	0	0	0	2,644,204	0	72.00
73.00	07300	0	0	0	0	9,104,201	73.00
76.97	07697	0	1,817	34,688	140	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	2,133	21,777	859	0	90.00
91.00	09100	0	94,355	763,643	59,587	0	91.00
92.00	09200	0					92.00
92.01	09201	0	21,041	266,434	7,996	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		6,731,065	972,257	8,797,375	6,123,419	9,104,201	118.00
NONREIMBURSABLE COST CENTERS							
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.03	07952	0	249	0	0	0	194.03
194.04	07953	0	4,679	0	0	0	194.04
194.05	07954	0	0	0	189	0	194.05
194.06	07955	0	0	40	0	0	194.06
194.07	07956	0	0	0	0	0	194.07
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		6,731,065	977,185	8,797,415	6,123,608	9,104,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0041

Period:
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To 12/31/2021

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,418,251				16.00
17.00 01700	SOCIAL SERVICE	0	5,862,937			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,217,570		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	1,921,802	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	365,387
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,837,329	1,574,197	633,364	999,695	0
31.00 03100	INTENSIVE CARE UNIT	137,082	866,874	132,971	209,881	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	110,532	66,846	0	0	0
43.00 04300	NURSERY	124,078	94,013	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	121,503	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	811,654	479,395	0	0	0
51.00 05100	RECOVERY ROOM	0	68,409	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	122,452	220,287	15,814	24,961	0
52.01 03190	OP INFUSION	0	117,674	18,640	29,422	0
53.00 05300	ANESTHESIOLOGY	0	14,076	40,914	64,579	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	305,389	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	204,156	0	0	0
56.00 05600	RADIOISOTOPE	0	7,038	0	0	0
57.00 05700	CT SCAN	0	10,557	0	0	0
58.00 05800	MRI	0	41,749	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	297,085	0	0	0
60.00 06000	LABORATORY	0	180,255	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	7,038	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	26,491	15,074	23,792	0
66.00 06600	PHYSICAL THERAPY	0	75,376	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	3,772	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	11,796	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	62,567	38,223	60,330	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	130,624	0	0	0
70.01 07001	SLEEP LAB	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	365,387
76.97 07697	CARDIAC REHABILITATION	0	34,429	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	36,597	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,245,656	0	26,379	41,636	0
91.00 09100	EMERGENCY	1,029,468	804,744	296,191	467,506	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,418,251	5,862,937	1,217,570	1,921,802	365,387
NONREIMBURSABLE COST CENTERS						
194.00 07950	MISCELLANEOUS	0	0	0	0	0
194.01 07951	PUBLIC RELATIONS	0	0	0	0	0
194.03 07952	LIGHTHOUSE	0	0	0	0	0
194.04 07953	KIDS & FAMILY	0	0	0	0	0
194.05 07954	OTHER NON REIMBURABLE	0	0	0	0	0
194.06 07955	GRANTS/TRIALS	0	0	0	0	0
194.07 07956	RETAIL PHARMACY	0	0	0	0	0
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
202.00	TOTAL (sum lines 118 through 201)	5,418,251	5,862,937	1,217,570	1,921,802	365,387	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,864,891	0	86,864,891	30.00
31.00	03100	INTENSIVE CARE UNIT	44,049,777	0	44,049,777	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,445,522	0	5,445,522	34.00
43.00	04300	NURSERY	4,784,408	0	4,784,408	43.00
44.00	04400	SKILLED NURSING FACILITY	4,115,020	0	4,115,020	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,209,017	0	21,209,017	50.00
51.00	05100	RECOVERY ROOM	2,647,695	0	2,647,695	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,881,388	0	6,881,388	52.00
52.01	03190	OP INFUSION	3,605,394	0	3,605,394	52.01
53.00	05300	ANESTHESIOLOGY	363,456	0	363,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,822,854	0	12,822,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,338,995	0	11,338,995	55.00
56.00	05600	RADIOISOTOPE	2,077,981	0	2,077,981	56.00
57.00	05700	CT SCAN	2,898,715	0	2,898,715	57.00
58.00	05800	MRI	2,132,235	0	2,132,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,663,613	0	7,663,613	59.00
60.00	06000	LABORATORY	19,446,229	0	19,446,229	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,584,379	0	2,584,379	63.00
65.00	06500	RESPIRATORY THERAPY	4,900,635	0	4,900,635	65.00
66.00	06600	PHYSICAL THERAPY	5,167,392	0	5,167,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,383,334	0	1,383,334	67.00
68.00	06800	SPEECH PATHOLOGY	395,672	0	395,672	68.00
69.00	06900	ELECTROCARDIOLOGY	4,464,956	0	4,464,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,121,720	0	2,121,720	70.00
70.01	07001	SLEEP LAB	1,126	0	1,126	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,893,113	0	24,893,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,925,364	0	19,925,364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,066,580	0	64,066,580	73.00
76.97	07697	CARDIAC REHABILITATION	682,118	0	682,118	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	561,286	0	561,286	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,667,991	0	2,667,991	90.00
91.00	09100	EMERGENCY	27,910,985	0	27,910,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,910,535	0	4,910,535	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,193,643	0	1,193,643	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	406,178,019	0	406,178,019	118.00
NONREIMBURSABLE COST CENTERS						
194.00	07950	MISCELLANEOUS	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	660	0	660	194.01
194.03	07952	LIGHTHOUSE	72,319	0	72,319	194.03
194.04	07953	KIDS & FAMILY	5,677	0	5,677	194.04
194.05	07954	OTHER NON REIMBURABLE	348,948	0	348,948	194.05
194.06	07955	GRANTS/TRIALS	12,842	0	12,842	194.06
194.07	07956	RETAIL PHARMACY	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00	25.00	26.00		
202.00 TOTAL (sum lines 118 through 201)	406,618,465	0	406,618,465		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	112,464	0	112,464	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	163,779	560,153	2,615,857	3,339,789	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	34,615	8,516	43,131	6.00
7.00 00700	OPERATION OF PLANT	54,834	173,118	425,718	653,670	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,008	127,034	8,772	139,814	9.00
10.00 01000	DIETARY	11,637	225,552	44,662	281,851	10.00
11.00 01100	CAFETERIA	0	187,710	7,850	195,560	11.00
13.00 01300	NURSING ADMINISTRATION	2,130	91,815	656,664	750,609	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	129,304	431,495	253,688	814,487	14.00
15.00 01500	PHARMACY	3,431	112,651	61,130	177,212	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,982	167,061	24	177,067	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	22,250	0	0	22,250	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,741	2,327,887	78,502	2,431,130	30.00
31.00 03100	INTENSIVE CARE UNIT	15,759	1,281,914	102,234	1,399,907	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	3,423	98,851	12,178	114,452	34.00
43.00 04300	NURSERY	0	139,023	13,550	152,573	43.00
44.00 04400	SKILLED NURSING FACILITY	88	179,675	2,022	181,785	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	230,990	708,918	2,105,336	3,045,244	50.00
51.00 05100	RECOVERY ROOM	2,253	101,161	30,558	133,972	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,900	325,755	42,092	373,747	52.00
52.01 03190	OP INFUSION	30,185	174,014	0	204,199	52.01
53.00 05300	ANESTHESIOLOGY	729	20,815	5,011	26,555	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	30,118	451,603	782,033	1,263,754	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	8,238	301,901	447,528	757,667	55.00
56.00 05600	RADIOISOTOPE	1,470	10,408	188,088	199,966	56.00
57.00 05700	CT SCAN	6,494	15,611	0	22,105	57.00
58.00 05800	MRI	0	61,737	364,955	426,692	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,834	439,322	375,592	823,748	59.00
60.00 06000	LABORATORY	160,742	266,557	13,967	441,266	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	10,408	0	10,408	63.00
65.00 06500	RESPIRATORY THERAPY	30,608	39,174	170,198	239,980	65.00
66.00 06600	PHYSICAL THERAPY	9,515	111,464	24,222	145,201	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,578	0	5,578	67.00
68.00 06800	SPEECH PATHOLOGY	0	17,443	2,130	19,573	68.00
69.00 06900	ELECTROCARDIOLOGY	10,067	92,523	55,707	158,297	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	120	193,163	111,911	305,194	70.00
70.01 07001	SLEEP LAB	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	5,679	50,914	1,903	58,496	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	54,119	0	54,119	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	11,542	11,542	90.00
91.00 09100	EMERGENCY	67,652	1,190,036	213,648	1,471,336	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	2,769	0	0	2,769	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,057,729	10,893,642	9,237,788	21,189,159	118.00
NONREIMBURSABLE COST CENTERS						
194.00 07950	MISCELLANEOUS	0	0	0	0	194.00
194.01 07951	PUBLIC RELATIONS	0	0	0	0	194.01
194.03 07952	LIGHTHOUSE	0	0	0	0	194.03
194.04 07953	KIDS & FAMILY	0	0	0	0	194.04
194.05 07954	OTHER NON REIMBURABLE	0	0	57,487	57,487	194.05
194.06 07955	GRANTS/TRIALS	0	0	10,144	10,144	194.06
194.07 07956	RETAIL PHARMACY	0	0	0	0	194.07
200.00	Cross Foot Adjustments				0	200.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,057,729	10,893,642	9,305,419	21,256,790	112,464	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/24/2022 5:22 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,346,479				5.00
6.00	00600	MAINTENANCE & REPAIRS	8,240	51,533			6.00
7.00	00700	OPERATION OF PLANT	117,243	876	774,253		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,547	0	0	10,547	8.00
9.00	00900	HOUSEKEEPING	65,937	643	9,823	0	219,319
10.00	01000	DIETARY	52,060	1,141	17,440	102	1,321
11.00	01100	CAFETERIA	5,349	950	14,514	0	1,107
13.00	01300	NURSING ADMINISTRATION	71,050	464	7,099	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	43,529	2,183	33,364	119	3,785
15.00	01500	PHARMACY	72,651	570	8,710	0	1,178
16.00	01600	MEDICAL RECORDS & LIBRARY	41,402	845	12,918	0	0
17.00	01700	SOCIAL SERVICE	46,113	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,958	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	15,799	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,989	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	551,425	11,777	179,998	2,889	101,339
31.00	03100	INTENSIVE CARE UNIT	287,236	6,485	99,121	2,226	20,282
34.00	03400	SURGICAL INTENSIVE CARE UNIT	36,452	500	7,643	182	3,821
43.00	04300	NURSERY	34,674	703	10,750	0	393
44.00	04400	SKILLED NURSING FACILITY	28,159	909	13,893	183	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	147,087	3,586	54,815	626	4,642
51.00	05100	RECOVERY ROOM	18,433	512	7,822	124	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,744	1,648	25,188	324	7,320
52.01	03190	OP INFUSION	20,254	880	13,455	109	14,890
53.00	05300	ANESTHESIOLOGY	1,738	105	1,609	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,565	2,285	34,919	396	4,142
55.00	05500	RADIOLOGY-THERAPEUTIC	86,422	1,527	23,344	0	1,857
56.00	05600	RADIOISOTOPE	16,495	53	805	88	1,000
57.00	05700	CT SCAN	23,037	79	1,207	0	1,500
58.00	05800	MRI	14,518	312	4,774	82	5,820
59.00	05900	CARDIAC CATHETERIZATION	49,565	2,223	33,969	92	11,534
60.00	06000	LABORATORY	154,036	1,349	20,611	17	2,250
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,081	53	805	0	0
65.00	06500	RESPIRATORY THERAPY	38,991	198	3,029	0	500
66.00	06600	PHYSICAL THERAPY	40,209	564	8,619	105	0
67.00	06700	OCCUPATIONAL THERAPY	11,240	28	431	0	0
68.00	06800	SPEECH PATHOLOGY	2,928	88	1,349	0	0
69.00	06900	ELECTROCARDIOLOGY	33,248	468	7,154	93	0
70.00	07000	ELECTROENCEPHALOGRAPHY	13,764	977	14,936	63	0
70.01	07001	SLEEP LAB	9	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	178,703	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	142,221	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	449,323	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	4,391	258	3,937	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,496	274	4,185	144	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,942	0	0	0	0
91.00	09100	EMERGENCY	173,841	6,020	92,017	2,583	30,638
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS-DISTINCT	37,981	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	9,823	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,342,898	51,533	774,253	10,547	219,319
NONREIMBURSABLE COST CENTERS							
194.00	07950	MISCELLANEOUS	0	0	0	0	0
194.01	07951	PUBLIC RELATIONS	5	0	0	0	0
194.03	07952	LIGHTHOUSE	593	0	0	0	0
194.04	07953	KIDS & FAMILY	8	0	0	0	0
194.05	07954	OTHER NON REIMBURABLE	2,870	0	0	0	0
194.06	07955	GRANTS/TRIALS	105	0	0	0	0
194.07	07956	RETAIL PHARMACY	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,346,479	51,533	774,253	10,547	219,319

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	355,803					10.00
11.00	01100	CAFETERIA	0	217,913				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,439	838,240			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,742	0	903,520		14.00
15.00	01500	PHARMACY	0	7,740	0	3,846	275,745	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,741	10,236	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,810	23,118	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,700	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	470	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	493	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	201,449	51,209	289,571	8,975	0	30.00
31.00	03100	INTENSIVE CARE UNIT	135,494	34,137	195,237	8,021	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,283	3,840	29,318	559	0	34.00
43.00	04300	NURSERY	0	3,237	10,685	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,577	2,268	9,622	397	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,004	60,776	4,952	0	50.00
51.00	05100	RECOVERY ROOM	0	1,610	15,498	72	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,531	32,825	1,256	0	52.00
52.01	03190	OP INFUSION	0	2,271	12,468	334	0	52.01
53.00	05300	ANESTHESIOLOGY	0	233	0	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,696	8,469	1,219	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,841	7,861	61	0	55.00
56.00	05600	RADIOISOTOPE	0	543	0	41	0	56.00
57.00	05700	CT SCAN	0	2,009	0	0	0	57.00
58.00	05800	MRI	0	1,034	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,303	20,016	1,078	0	59.00
60.00	06000	LABORATORY	0	10,399	25	1,489	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,088	0	121	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,237	0	29	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,177	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	337	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,019	8,800	198	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,042	183	1,518	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	469,065	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	390,139	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	275,745	73.00
76.97	07697	CARDIAC REHABILITATION	0	405	3,305	21	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	476	2,075	127	0	90.00
91.00	09100	EMERGENCY	0	21,041	72,762	8,792	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	4,692	25,386	1,180	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	355,803	216,814	838,236	903,492	275,745	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	MISCELLANEOUS	0	0	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	0	0	0	0	194.01
194.03	07952	LIGHTHOUSE	0	56	0	0	0	194.03
194.04	07953	KIDS & FAMILY	0	1,043	0	0	0	194.04
194.05	07954	OTHER NON REIMBURABLE	0	0	0	28	0	194.05
194.06	07955	GRANTS/TRIALS	0	0	4	0	0	194.06
194.07	07956	RETAIL PHARMACY	0	0	0	0	0	194.07
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)	355,803	217,913	838,240	903,520	275,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	250,190				16.00
17.00 01700	SOCIAL SERVICE	0	74,962			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	34,472		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	16,506	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	3,646
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	84,840	20,125			30.00
31.00 03100	INTENSIVE CARE UNIT	6,330	11,084			31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,104	855			34.00
43.00 04300	NURSERY	5,729	1,202			43.00
44.00 04400	SKILLED NURSING FACILITY	0	1,554			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	37,478	6,129			50.00
51.00 05100	RECOVERY ROOM	0	875			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,654	2,817			52.00
52.01 03190	OP INFUSION	0	1,505			52.01
53.00 05300	ANESTHESIOLOGY	0	180			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,905			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,610			55.00
56.00 05600	RADIOISOTOPE	0	90			56.00
57.00 05700	CT SCAN	0	135			57.00
58.00 05800	MRI	0	534			58.00
59.00 05900	CARDIAC CATHETERIZATION	0	3,798			59.00
60.00 06000	LABORATORY	0	2,305			60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	90			63.00
65.00 06500	RESPIRATORY THERAPY	0	339			65.00
66.00 06600	PHYSICAL THERAPY	0	964			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	48			67.00
68.00 06800	SPEECH PATHOLOGY	0	151			68.00
69.00 06900	ELECTROCARDIOLOGY	0	800			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,670			70.00
70.01 07001	SLEEP LAB	0	0			70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
76.97 07697	CARDIAC REHABILITATION	0	440			76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	468			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	57,519	0			90.00
91.00 09100	EMERGENCY	47,536	10,289			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0			95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	250,190	74,962	0	0	0
NONREIMBURSABLE COST CENTERS						
194.00 07950	MISCELLANEOUS	0	0			194.00
194.01 07951	PUBLIC RELATIONS	0	0			194.01
194.03 07952	LIGHTHOUSE	0	0			194.03
194.04 07953	KIDS & FAMILY	0	0			194.04
194.05 07954	OTHER NON REIMBURABLE	0	0			194.05
194.06 07955	GRANTS/TRIALS	0	0			194.06
194.07 07956	RETAIL PHARMACY	0	0			194.07
200.00	Cross Foot Adjustments			34,472	16,506	3,646
201.00	Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00		
202.00 TOTAL (sum lines 118 through 201)	250,190	74,962	34,472	16,506	3,646	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/24/2022 5:22 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,956,373	0	3,956,373	30.00
31.00	03100	2,221,199	0	2,221,199	31.00
34.00	03400	215,008	0	215,008	34.00
43.00	04300	221,815	0	221,815	43.00
44.00	04400	248,407	0	248,407	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	3,380,468	0	3,380,468	50.00
51.00	05100	179,954	0	179,954	51.00
52.00	05200	501,382	0	501,382	52.00
52.01	03190	271,435	0	271,435	52.01
53.00	05300	30,480	0	30,480	53.00
54.00	05400	1,426,062	0	1,426,062	54.00
55.00	05500	888,722	0	888,722	55.00
56.00	05600	219,429	0	219,429	56.00
57.00	05700	51,002	0	51,002	57.00
58.00	05800	454,271	0	454,271	58.00
59.00	05900	951,345	0	951,345	59.00
60.00	06000	637,450	0	637,450	60.00
63.00	06300	32,437	0	32,437	63.00
65.00	06500	289,238	0	289,238	65.00
66.00	06600	203,177	0	203,177	66.00
67.00	06700	19,184	0	19,184	67.00
68.00	06800	24,591	0	24,591	68.00
69.00	06900	214,645	0	214,645	69.00
70.00	07000	339,802	0	339,802	70.00
70.01	07001	13	0	13	70.01
71.00	07100	647,768	0	647,768	71.00
72.00	07200	532,360	0	532,360	72.00
73.00	07300	725,068	0	725,068	73.00
76.97	07697	71,482	0	71,482	76.97
76.98	07698	62,686	0	62,686	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	82,984	0	82,984	90.00
91.00	09100	1,945,339	0	1,945,339	91.00
92.00	09200		0		92.00
92.01	09201	74,078	0	74,078	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	9,823	0	9,823	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		21,129,477	0	21,129,477	118.00
NONREIMBURSABLE COST CENTERS					
194.00	07950	0	0	0	194.00
194.01	07951	5	0	5	194.01
194.03	07952	681	0	681	194.03
194.04	07953	1,051	0	1,051	194.04
194.05	07954	60,699	0	60,699	194.05
194.06	07955	10,253	0	10,253	194.06
194.07	07956	0	0	0	194.07
200.00		54,624	0	54,624	200.00
201.00		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/24/2022 5:22 pm
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118 through 201)	21,256,790	0	21,256,790	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	523,355				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,864,458			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,403	0	154,485,488		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	26,911	2,210,785	9,189,202	-66,951,924	339,666,541
6.00 00600	MAINTENANCE & REPAIRS	1,663	7,197	222,208	0	836,362
7.00 00700	OPERATION OF PLANT	8,317	359,795	3,384,184	0	11,900,429
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,070,546
9.00 00900	HOUSEKEEPING	6,103	7,414	4,261,632	0	6,692,729
10.00 01000	DIETARY	10,836	37,746	2,593,199	0	5,284,246
11.00 01100	CAFETERIA	9,018	6,634	594,131	0	542,926
13.00 01300	NURSING ADMINISTRATION	4,411	554,979	4,916,674	0	7,211,711
14.00 01400	CENTRAL SERVICES & SUPPLY	20,730	214,404	1,800,329	0	4,418,306
15.00 01500	PHARMACY	5,412	51,664	5,272,431	0	7,374,259
16.00 01600	MEDICAL RECORDS & LIBRARY	8,026	20	2,720,521	0	4,202,357
17.00 01700	SOCIAL SERVICE	0	0	2,638,953	0	4,680,622
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	774,712	0	1,010,721
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	326,028	0	1,603,606
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	225,540	0	303,376
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	111,837	66,346	29,736,942	0	55,962,222
31.00 03100	INTENSIVE CARE UNIT	61,586	86,403	21,481,791	0	29,155,124
34.00 03400	SURGICAL INTENSIVE CARE UNIT	4,749	10,292	2,745,933	0	3,699,960
43.00 04300	NURSERY	6,679	11,452	2,567,961	0	3,519,535
44.00 04400	SKILLED NURSING FACILITY	8,632	1,709	1,455,431	0	2,858,218
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,058	1,779,322	7,045,300	0	14,929,683
51.00 05100	RECOVERY ROOM	4,860	25,826	1,423,425	0	1,870,998
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,650	35,574	3,197,664	0	4,440,068
52.01 03190	OP INFUSION	8,360	0	1,469,234	0	2,055,786
53.00 05300	ANESTHESIOLOGY	1,000	4,235	79,136	0	176,370
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,696	660,934	5,098,938	0	9,598,600
55.00 05500	RADIOLOGY-THERAPEUTIC	14,504	378,228	3,477,389	0	8,771,983
56.00 05600	RADIOISOTOPE	500	158,962	478,613	0	1,674,263
57.00 05700	CT SCAN	750	0	1,278,000	0	2,338,351
58.00 05800	MRI	2,966	308,441	694,168	0	1,473,630
59.00 05900	CARDIAC CATHETERIZATION	21,106	317,431	2,773,500	0	5,030,986
60.00 06000	LABORATORY	12,806	11,804	5,086,204	0	15,635,036
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	500	0	0	0	2,139,729
65.00 06500	RESPIRATORY THERAPY	1,882	143,843	2,736,362	0	3,957,670
66.00 06600	PHYSICAL THERAPY	5,355	20,471	3,089,398	0	4,081,324
67.00 06700	OCCUPATIONAL THERAPY	268	0	936,288	0	1,140,903
68.00 06800	SPEECH PATHOLOGY	838	1,800	226,135	0	297,218
69.00 06900	ELECTROCARDIOLOGY	4,445	47,081	2,154,140	0	3,374,714
70.00 07000	ELECTROENCEPHALOGRAPHY	9,280	94,581	625,423	0	1,397,040
70.01 07001	SLEEP LAB	0	0	5,199	0	941
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	18,138,715
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,435,721
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	45,607,293
76.97 07697	CARDIAC REHABILITATION	2,446	1,608	314,789	0	445,671
76.98 07698	HYPERBARIC OXYGEN THERAPY	2,600	0	0	0	354,865
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	9,755	415,601	0	1,110,633
91.00 09100	EMERGENCY	57,172	180,564	11,654,194	0	17,645,208
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	2,843,228	0	3,855,168
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	997,103
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	523,355	7,807,300	154,010,130	-66,951,924	339,302,925
NONREIMBURSABLE COST CENTERS						
194.00 07950	MISCELLANEOUS	0	0	0	0	0
194.01 07951	PUBLIC RELATIONS	0	0	0	0	551
194.03 07952	LIGHTHOUSE	0	0	43,486	0	60,203
194.04 07953	KIDS & FAMILY	0	0	0	0	834
194.05 07954	OTHER NON REIMBURABLE	0	48,585	431,872	0	291,334
194.06 07955	GRANTS/TRIALS	0	8,573	0	0	10,694
194.07 07956	RETAIL PHARMACY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	10,893,642	9,305,419	32,834,977		66,951,924	202.00
203.00	20.815015	1.183224	0.212544		0.197111	203.00
204.00			112,464		3,346,479	204.00
205.00			0.000728		0.009852	205.00
206.00						206.00
207.00						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	489,378					6.00
7.00	00700	8,317	481,061				7.00
8.00	00800	0	0	1,897,864			8.00
9.00	00900	6,103	6,103	0	6,142		9.00
10.00	01000	10,836	10,836	18,299	37	407,965	10.00
11.00	01100	9,018	9,018	0	31	0	11.00
13.00	01300	4,411	4,411	0	0	0	13.00
14.00	01400	20,730	20,730	21,454	106	0	14.00
15.00	01500	5,412	5,412	0	33	0	15.00
16.00	01600	8,026	8,026	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	111,837	111,837	519,424	2,838	230,982	30.00
31.00	03100	61,586	61,586	400,580	568	155,358	31.00
34.00	03400	4,749	4,749	32,836	107	11,791	34.00
43.00	04300	6,679	6,679	0	11	0	43.00
44.00	04400	8,632	8,632	32,901	0	9,834	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	34,058	34,058	112,633	130	0	50.00
51.00	05100	4,860	4,860	22,359	0	0	51.00
52.00	05200	15,650	15,650	58,340	205	0	52.00
52.01	03190	8,360	8,360	19,685	417	0	52.01
53.00	05300	1,000	1,000	0	0	0	53.00
54.00	05400	21,696	21,696	71,233	116	0	54.00
55.00	05500	14,504	14,504	0	52	0	55.00
56.00	05600	500	500	15,843	28	0	56.00
57.00	05700	750	750	0	42	0	57.00
58.00	05800	2,966	2,966	14,786	163	0	58.00
59.00	05900	21,106	21,106	16,619	323	0	59.00
60.00	06000	12,806	12,806	3,042	63	0	60.00
63.00	06300	500	500	0	0	0	63.00
65.00	06500	1,882	1,882	0	14	0	65.00
66.00	06600	5,355	5,355	18,972	0	0	66.00
67.00	06700	268	268	0	0	0	67.00
68.00	06800	838	838	0	0	0	68.00
69.00	06900	4,445	4,445	16,779	0	0	69.00
70.00	07000	9,280	9,280	11,361	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.97	07697	2,446	2,446	0	0	0	76.97
76.98	07698	2,600	2,600	25,870	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	57,172	57,172	464,848	858	0	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		489,378	481,061	1,897,864	6,142	407,965	118.00
NONREIMBURSABLE COST CENTERS							
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.05	07954	0	0	0	0	0	194.05
194.06	07955	0	0	0	0	0	194.06
194.07	07956	0	0	0	0	0	194.07
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,001,218	14,263,150	1,281,562	8,205,376	6,731,065	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.045899	29.649358	0.675265	1,335.945295	16.499124	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	51,533	774,253	10,547	219,319	355,803	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.105303	1.609469	0.005557	35.708076	0.872141	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	160,825					11.00
13.00	01300	4,014	1,334,767				13.00
14.00	01400	3,500	0	36,789,307			14.00
15.00	01500	5,712	0	156,606	45,609,863		15.00
16.00	01600	4,237	16,300	0	0	10,000	16.00
17.00	01700	2,812	36,812	0	0	0	17.00
21.00	02100	1,255	0	0	0	0	21.00
22.00	02200	347	0	0	0	0	22.00
23.00	02300	364	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	37,791	461,098	365,434	0	3,391	30.00
31.00	03100	25,194	310,885	326,598	0	253	31.00
34.00	03400	2,834	46,684	22,753	0	204	34.00
43.00	04300	2,389	17,014	0	0	229	43.00
44.00	04400	1,674	15,322	16,178	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,383	96,776	201,649	0	1,498	50.00
51.00	05100	1,188	24,678	2,925	0	0	51.00
52.00	05200	3,344	52,268	51,135	0	226	52.00
52.01	03190	1,676	19,853	13,599	0	0	52.01
53.00	05300	172	0	81	0	0	53.00
54.00	05400	6,418	13,486	49,636	0	0	54.00
55.00	05500	3,573	12,517	2,498	0	0	55.00
56.00	05600	401	0	1,650	0	0	56.00
57.00	05700	1,483	0	0	0	0	57.00
58.00	05800	763	0	0	0	0	58.00
59.00	05900	2,438	31,872	43,894	0	0	59.00
60.00	06000	7,675	40	60,639	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,017	0	4,946	0	0	65.00
66.00	06600	3,865	0	1,169	0	0	66.00
67.00	06700	869	0	0	0	0	67.00
68.00	06800	249	0	0	0	0	68.00
69.00	06900	2,966	14,012	8,044	0	0	69.00
70.00	07000	769	291	61,811	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	19,099,122	0	0	71.00
72.00	07200	0	0	15,885,781	0	0	72.00
73.00	07300	0	0	0	45,609,863	0	73.00
76.97	07697	299	5,263	840	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	351	3,304	5,158	0	2,299	90.00
91.00	09100	15,529	115,862	357,987	0	1,900	91.00
92.00	09200						92.00
92.01	09201	3,463	40,424	48,037	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		160,014	1,334,761	36,788,170	45,609,863	10,000	118.00
NONREIMBURSABLE COST CENTERS							
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.03	07952	41	0	0	0	0	194.03
194.04	07953	770	0	0	0	0	194.04
194.05	07954	0	0	1,137	0	0	194.05
194.06	07955	0	6	0	0	0	194.06
194.07	07956	0	0	0	0	0	194.07
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	977,185	8,797,415	6,123,608	9,104,201	5,418,251	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.076076	6.590974	0.166451	0.199610	541.825100	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	217,913	838,240	903,520	275,745	250,190	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.354970	0.628005	0.024559	0.006046	25.019000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	SOCIAL SERVICE (SQUARE FEET)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	416,525				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	36,187			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		36,187		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			1,141	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	111,837	18,824	18,824	0	30.00
31.00 03100	INTENSIVE CARE UNIT	61,586	3,952	3,952	0	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	4,749	0	0	0	34.00
43.00 04300	NURSERY	6,679	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	8,632	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,058	0	0	0	50.00
51.00 05100	RECOVERY ROOM	4,860	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,650	470	470	0	52.00
52.01 03190	OP INFUSION	8,360	554	554	0	52.01
53.00 05300	ANESTHESIOLOGY	1,000	1,216	1,216	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,696	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	14,504	0	0	0	55.00
56.00 05600	RADIOISOTOPE	500	0	0	0	56.00
57.00 05700	CT SCAN	750	0	0	0	57.00
58.00 05800	MRI	2,966	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	21,106	0	0	0	59.00
60.00 06000	LABORATORY	12,806	0	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	500	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,882	448	448	0	65.00
66.00 06600	PHYSICAL THERAPY	5,355	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	268	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	838	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	4,445	1,136	1,136	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	9,280	0	0	0	70.00
70.01 07001	SLEEP LAB	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,141	73.00
76.97 07697	CARDIAC REHABILITATION	2,446	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	2,600	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	784	784	0	90.00
91.00 09100	EMERGENCY	57,172	8,803	8,803	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	416,525	36,187	36,187	1,141	118.00
NONREIMBURSABLE COST CENTERS						
194.00 07950	MISCELLANEOUS	0	0	0	0	194.00
194.01 07951	PUBLIC RELATIONS	0	0	0	0	194.01
194.03 07952	LIGHTHOUSE	0	0	0	0	194.03
194.04 07953	KIDS & FAMILY	0	0	0	0	194.04
194.05 07954	OTHER NON REIMBURABLE	0	0	0	0	194.05
194.06 07955	GRANTS/TRIALS	0	0	0	0	194.06
194.07 07956	RETAIL PHARMACY	0	0	0	0	194.07
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description	SOCIAL SERVICE (SQUARE FEET)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,862,937	1,217,570	1,921,802	365,387	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.075835	33.646613	53.107525	320.234005	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	74,962	34,472	16,506	3,646	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.179970	0.952607	0.456131	3.195443	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/24/2022 5:22 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	86,864,891	86,864,891	2,222	86,867,113	30.00
31.00	03100 INTENSIVE CARE UNIT	44,049,777	44,049,777	0	44,049,777	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	5,445,522	5,445,522	0	5,445,522	34.00
43.00	04300 NURSERY	4,784,408	4,784,408	0	4,784,408	43.00
44.00	04400 SKILLED NURSING FACILITY	4,115,020	4,115,020	0	4,115,020	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	21,209,017	21,209,017	0	21,209,017	50.00
51.00	05100 RECOVERY ROOM	2,647,695	2,647,695	0	2,647,695	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,881,388	6,881,388	0	6,881,388	52.00
52.01	03190 OP INFUSION	3,605,394	3,605,394	0	3,605,394	52.01
53.00	05300 ANESTHESIOLOGY	363,456	363,456	0	363,456	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,822,854	12,822,854	0	12,822,854	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,338,995	11,338,995	0	11,338,995	55.00
56.00	05600 RADIOISOTOPE	2,077,981	2,077,981	0	2,077,981	56.00
57.00	05700 CT SCAN	2,898,715	2,898,715	0	2,898,715	57.00
58.00	05800 MRI	2,132,235	2,132,235	0	2,132,235	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,663,613	7,663,613	0	7,663,613	59.00
60.00	06000 LABORATORY	19,446,229	19,446,229	0	19,446,229	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,584,379	2,584,379	0	2,584,379	63.00
65.00	06500 RESPIRATORY THERAPY	4,900,635	4,900,635	0	4,900,635	65.00
66.00	06600 PHYSICAL THERAPY	5,167,392	5,167,392	0	5,167,392	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,383,334	1,383,334	0	1,383,334	67.00
68.00	06800 SPEECH PATHOLOGY	395,672	395,672	0	395,672	68.00
69.00	06900 ELECTROCARDIOLOGY	4,464,956	4,464,956	23,543	4,488,499	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,121,720	2,121,720	0	2,121,720	70.00
70.01	07001 SLEEP LAB	1,126	1,126	0	1,126	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	24,893,113	24,893,113	0	24,893,113	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,925,364	19,925,364	0	19,925,364	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,066,580	64,066,580	0	64,066,580	73.00
76.97	07697 CARDIAC REHABILITATION	682,118	682,118	0	682,118	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	561,286	561,286	0	561,286	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2,667,991	2,667,991	0	2,667,991	90.00
91.00	09100 EMERGENCY	27,910,985	27,910,985	0	27,910,985	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	372,410	372,410	0	372,410	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	4,910,535	4,910,535	0	4,910,535	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	1,193,643	1,193,643	0	1,193,643	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	406,550,429	406,550,429	25,765	406,576,194	200.00
201.00	Less Observation Beds	372,410	372,410		372,410	201.00
202.00	Total (see instructions)	406,178,019	406,178,019	25,765	406,203,784	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/24/2022 5:22 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	468,622,647		468,622,647				30.00
31.00	03100	INTENSIVE CARE UNIT	389,348,300		389,348,300				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	36,778,200		36,778,200				34.00
43.00	04300	NURSERY	22,284,514		22,284,514				43.00
44.00	04400	SKILLED NURSING FACILITY	9,463,184		9,463,184				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	36,380,535	35,970,370	72,350,905	0.293141	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,903,851	9,068,927	15,972,778	0.165763	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,924,634	7,219,619	28,144,253	0.244504	0.000000		52.00
52.01	03190	OP INFUSION	45,544	13,306,251	13,351,795	0.270031	0.000000		52.01
53.00	05300	ANESTHESIOLOGY	3,210,766	5,543,469	8,754,235	0.041518	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,281,624	38,499,201	67,780,825	0.189181	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,276,338	76,325,246	78,601,584	0.144259	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,568,641	3,779,815	6,348,456	0.327321	0.000000		56.00
57.00	05700	CT SCAN	52,037,334	51,508,747	103,546,081	0.027994	0.000000		57.00
58.00	05800	MRI	15,408,589	12,927,658	28,336,247	0.075248	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	28,292,208	30,775,699	59,067,907	0.129742	0.000000		59.00
60.00	06000	LABORATORY	116,786,097	99,698,919	216,485,016	0.089827	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,500,723	3,490,864	16,991,587	0.152098	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	25,149,197	1,758,517	26,907,714	0.182128	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	14,004,723	7,305,550	21,310,273	0.242484	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	8,124,210	1,691,037	9,815,247	0.140937	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,643,771	506,739	2,150,510	0.183990	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	22,553,670	41,097,195	63,650,865	0.070148	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,145,003	6,774,962	8,919,965	0.237862	0.000000		70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,405,355	8,528,849	17,934,204	1.388024	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,042,526	11,608,706	24,651,232	0.808291	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,538,384	57,275,937	100,814,321	0.635491	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0	2,832,637	2,832,637	0.240807	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,369,774	3,369,774	0.166565	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	90,534	10,409,829	10,500,363	0.254086	0.000000		90.00
91.00	09100	EMERGENCY	93,017,140	136,062,600	229,079,740	0.121840	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	975,600	900,050	1,875,650	0.198550	0.000000		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	31,401,150	60,590,550	91,991,700	0.053380	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	120,280	120,280	9.923869	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,519,204,992	738,947,997	2,258,152,989				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,519,204,992	738,947,997	2,258,152,989				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/24/2022 5:22 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.293141		50.00
51.00	05100 RECOVERY ROOM	0.165763		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.244504		52.00
52.01	03190 OP INFUSION	0.270031		52.01
53.00	05300 ANESTHESIOLOGY	0.041518		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189181		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.144259		55.00
56.00	05600 RADIOISOTOPE	0.327321		56.00
57.00	05700 CT SCAN	0.027994		57.00
58.00	05800 MRI	0.075248		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129742		59.00
60.00	06000 LABORATORY	0.089827		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.152098		63.00
65.00	06500 RESPIRATORY THERAPY	0.182128		65.00
66.00	06600 PHYSICAL THERAPY	0.242484		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.140937		67.00
68.00	06800 SPEECH PATHOLOGY	0.183990		68.00
69.00	06900 ELECTROCARDIOLOGY	0.070517		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.237862		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.388024		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.808291		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.635491		73.00
76.97	07697 CARDIAC REHABILITATION	0.240807		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.166565		76.98
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.254086		90.00
91.00	09100 EMERGENCY	0.121840		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198550		92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.053380		92.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	9.923869		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

		Title XIX		Hospital		TEFRA	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		86,864,891	2,222	86,867,113	30.00
31.00	03100	INTENSIVE CARE UNIT		44,049,777	0	44,049,777	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		5,445,522	0	5,445,522	34.00
43.00	04300	NURSERY		4,784,408	0	4,784,408	43.00
44.00	04400	SKILLED NURSING FACILITY		4,115,020	0	4,115,020	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		21,209,017	0	21,209,017	50.00
51.00	05100	RECOVERY ROOM		2,647,695	0	2,647,695	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,881,388	0	6,881,388	52.00
52.01	03190	OP INFUSION		3,605,394	0	3,605,394	52.01
53.00	05300	ANESTHESIOLOGY		363,456	0	363,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		12,822,854	0	12,822,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		11,338,995	0	11,338,995	55.00
56.00	05600	RADIOISOTOPE		2,077,981	0	2,077,981	56.00
57.00	05700	CT SCAN		2,898,715	0	2,898,715	57.00
58.00	05800	MRI		2,132,235	0	2,132,235	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,663,613	0	7,663,613	59.00
60.00	06000	LABORATORY		19,446,229	0	19,446,229	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		2,584,379	0	2,584,379	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,900,635	0	4,900,635	65.00
66.00	06600	PHYSICAL THERAPY	0	5,167,392	0	5,167,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,383,334	0	1,383,334	67.00
68.00	06800	SPEECH PATHOLOGY	0	395,672	0	395,672	68.00
69.00	06900	ELECTROCARDIOLOGY		4,464,956	23,543	4,488,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,121,720	0	2,121,720	70.00
70.01	07001	SLEEP LAB		1,126	0	1,126	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		24,893,113	0	24,893,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		19,925,364	0	19,925,364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		64,066,580	0	64,066,580	73.00
76.97	07697	CARDIAC REHABILITATION		682,118	0	682,118	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		561,286	0	561,286	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		2,667,991	0	2,667,991	90.00
91.00	09100	EMERGENCY		27,910,985	0	27,910,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		372,410	0	372,410	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		4,910,535	0	4,910,535	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		1,193,643	0	1,193,643	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	406,550,429	25,765	406,576,194	200.00
201.00		Less Observation Beds		372,410		372,410	201.00
202.00		Total (see instructions)	0	406,178,019	25,765	406,203,784	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/24/2022 5:22 pm	
			Title XIX		Hospital		TEFRA	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	468,622,647		468,622,647			30.00
31.00	03100	INTENSIVE CARE UNIT	389,348,300		389,348,300			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	36,778,200		36,778,200			34.00
43.00	04300	NURSERY	22,284,514		22,284,514			43.00
44.00	04400	SKILLED NURSING FACILITY	9,463,184		9,463,184			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,380,535	35,970,370	72,350,905	0.293141	0.293141	50.00
51.00	05100	RECOVERY ROOM	6,903,851	9,068,927	15,972,778	0.165763	0.165763	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,924,634	7,219,619	28,144,253	0.244504	0.244504	52.00
52.01	03190	OP INFUSION	45,544	13,306,251	13,351,795	0.270031	0.270031	52.01
53.00	05300	ANESTHESIOLOGY	3,210,766	5,543,469	8,754,235	0.041518	0.041518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,281,624	38,499,201	67,780,825	0.189181	0.189181	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,276,338	76,325,246	78,601,584	0.144259	0.144259	55.00
56.00	05600	RADIOISOTOPE	2,568,641	3,779,815	6,348,456	0.327321	0.327321	56.00
57.00	05700	CT SCAN	52,037,334	51,508,747	103,546,081	0.027994	0.027994	57.00
58.00	05800	MRI	15,408,589	12,927,658	28,336,247	0.075248	0.075248	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,292,208	30,775,699	59,067,907	0.129742	0.129742	59.00
60.00	06000	LABORATORY	116,786,097	99,698,919	216,485,016	0.089827	0.089827	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,500,723	3,490,864	16,991,587	0.152098	0.152098	63.00
65.00	06500	RESPIRATORY THERAPY	25,149,197	1,758,517	26,907,714	0.182128	0.182128	65.00
66.00	06600	PHYSICAL THERAPY	14,004,723	7,305,550	21,310,273	0.242484	0.242484	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,124,210	1,691,037	9,815,247	0.140937	0.140937	67.00
68.00	06800	SPEECH PATHOLOGY	1,643,771	506,739	2,150,510	0.183990	0.183990	68.00
69.00	06900	ELECTROCARDIOLOGY	22,553,670	41,097,195	63,650,865	0.070148	0.070148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,145,003	6,774,962	8,919,965	0.237862	0.237862	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,405,355	8,528,849	17,934,204	1.388024	1.388024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,042,526	11,608,706	24,651,232	0.808291	0.808291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,538,384	57,275,937	100,814,321	0.635491	0.635491	73.00
76.97	07697	CARDIAC REHABILITATION	0	2,832,637	2,832,637	0.240807	0.240807	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,369,774	3,369,774	0.166565	0.166565	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	90,534	10,409,829	10,500,363	0.254086	0.254086	90.00
91.00	09100	EMERGENCY	93,017,140	136,062,600	229,079,740	0.121840	0.121840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	975,600	900,050	1,875,650	0.198550	0.198550	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	31,401,150	60,590,550	91,991,700	0.053380	0.053380	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	120,280	120,280	9.923869	9.923869	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,519,204,992	738,947,997	2,258,152,989			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,519,204,992	738,947,997	2,258,152,989			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/24/2022 5:22 pm
			Title XIX	Hospital	TEFRA
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
52.01	03190	OP INFUSION	0.000000		52.01
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	SLEEP LAB	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 31-0041

Period: From 01/01/2021 To 12/31/2021

Worksheet C Part II Date/Time Prepared: 5/24/2022 5:22 pm

Cost Center Description		Title XIX			Hospital	TEFRA		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,209,017	3,380,468	17,828,549	338,047	1,034,056	50.00
51.00	05100	RECOVERY ROOM	2,647,695	179,954	2,467,741	17,995	143,129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,881,388	501,382	6,380,006	50,138	370,040	52.00
52.01	03190	OP INFUSION	3,605,394	271,435	3,333,959	27,144	193,370	52.01
53.00	05300	ANESTHESIOLOGY	363,456	30,480	332,976	3,048	19,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,822,854	1,426,062	11,396,792	142,606	661,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,338,995	888,722	10,450,273	88,872	606,116	55.00
56.00	05600	RADIOISOTOPE	2,077,981	219,429	1,858,552	21,943	107,796	56.00
57.00	05700	CT SCAN	2,898,715	51,002	2,847,713	5,100	165,167	57.00
58.00	05800	MRI	2,132,235	454,271	1,677,964	45,427	97,322	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,663,613	951,345	6,712,268	95,135	389,312	59.00
60.00	06000	LABORATORY	19,446,229	637,450	18,808,779	63,745	1,090,909	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,584,379	32,437	2,551,942	3,244	148,013	63.00
65.00	06500	RESPIRATORY THERAPY	4,900,635	289,238	4,611,397	28,924	267,461	65.00
66.00	06600	PHYSICAL THERAPY	5,167,392	203,177	4,964,215	20,318	287,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,383,334	19,184	1,364,150	1,918	79,121	67.00
68.00	06800	SPEECH PATHOLOGY	395,672	24,591	371,081	2,459	21,523	68.00
69.00	06900	ELECTROCARDIOLOGY	4,464,956	214,645	4,250,311	21,465	246,518	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,121,720	339,802	1,781,918	33,980	103,351	70.00
70.01	07001	SLEEP LAB	1,126	13	1,113	1	65	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,893,113	647,768	24,245,345	64,777	1,406,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,925,364	532,360	19,393,004	53,236	1,124,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,066,580	725,068	63,341,512	72,507	3,673,808	73.00
76.97	07697	CARDIAC REHABILITATION	682,118	71,482	610,636	7,148	35,417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	561,286	62,686	498,600	6,269	28,919	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,667,991	82,984	2,585,007	8,298	149,930	90.00
91.00	09100	EMERGENCY	27,910,985	1,945,339	25,965,646	194,534	1,506,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	372,410	16,961	355,449	1,696	20,616	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,910,535	74,078	4,836,457	7,408	280,515	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,193,643	9,823	1,183,820	982	68,662	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	261,290,811	14,283,636	247,007,175	1,428,364	14,326,418	200.00
201.00		Less Observation Beds	372,410	16,961	355,449	1,696	20,616	201.00
202.00		Total (line 200 minus line 201)	260,918,401	14,266,675	246,651,726	1,426,668	14,305,802	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Title XIX			Hospital	TEFRA
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,836,914	72,350,905	0.274176	50.00
51.00	05100	RECOVERY ROOM	2,486,571	15,972,778	0.155676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,461,210	28,144,253	0.229575	52.00
52.01	03190	OP INFUSION	3,384,880	13,351,795	0.253515	52.01
53.00	05300	ANESTHESIOLOGY	341,095	8,754,235	0.038963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,019,234	67,780,825	0.177325	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,644,007	78,601,584	0.135417	55.00
56.00	05600	RADIOISOTOPE	1,948,242	6,348,456	0.306884	56.00
57.00	05700	CT SCAN	2,728,448	103,546,081	0.026350	57.00
58.00	05800	MRI	1,989,486	28,336,247	0.070210	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,179,166	59,067,907	0.121541	59.00
60.00	06000	LABORATORY	18,291,575	216,485,016	0.084493	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,433,122	16,991,587	0.143196	63.00
65.00	06500	RESPIRATORY THERAPY	4,604,250	26,907,714	0.171113	65.00
66.00	06600	PHYSICAL THERAPY	4,859,150	21,310,273	0.228019	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,302,295	9,815,247	0.132681	67.00
68.00	06800	SPEECH PATHOLOGY	371,690	2,150,510	0.172838	68.00
69.00	06900	ELECTROCARDIOLOGY	4,196,973	63,650,865	0.065937	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,984,389	8,919,965	0.222466	70.00
70.01	07001	SLEEP LAB	1,060	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,422,106	17,934,204	1.306002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,747,334	24,651,232	0.760503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,320,265	100,814,321	0.598330	73.00
76.97	07697	CARDIAC REHABILITATION	639,553	2,832,637	0.225780	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	526,098	3,369,774	0.156123	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,509,763	10,500,363	0.239017	90.00
91.00	09100	EMERGENCY	26,210,444	229,079,740	0.114416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	350,098	1,875,650	0.186654	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,622,612	91,991,700	0.050250	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,123,999	120,280	9.344854	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	245,536,029	1,331,656,144		200.00
201.00		Less Observation Beds	350,098	0		201.00
202.00		Total (line 200 minus line 201)	245,185,931	1,331,656,144		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,956,373	0	3,956,373	64,612	61.23	30.00
31.00	INTENSIVE CARE UNIT	2,221,199		2,221,199	43,880	50.62	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	215,008		215,008	3,347	64.24	34.00
43.00	NURSERY	221,815		221,815	4,846	45.77	43.00
44.00	SKILLED NURSING FACILITY	248,407		248,407	2,770	89.68	44.00
200.00	Total (lines 30 through 199)	6,862,802		6,862,802	119,455		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	47,475	2,906,894				
31.00	INTENSIVE CARE UNIT	4,397	222,576				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	1,992	178,643				
200.00	Total (lines 30 through 199)	53,864	3,308,113				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,380,468	72,350,905	0.046723	20,424,639	954,300	50.00
51.00	05100	RECOVERY ROOM	179,954	15,972,778	0.011266	3,674,454	41,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	501,382	28,144,253	0.017815	25,718	458	52.00
52.01	03190	OP INFUSION	271,435	13,351,795	0.020329	0	0	52.01
53.00	05300	ANESTHESIOLOGY	30,480	8,754,235	0.003482	1,323,506	4,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,426,062	67,780,825	0.021039	10,116,478	212,841	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	888,722	78,601,584	0.011307	1,156,048	13,071	55.00
56.00	05600	RADIOISOTOPE	219,429	6,348,456	0.034564	1,086,060	37,539	56.00
57.00	05700	CT SCAN	51,002	103,546,081	0.000493	23,940,694	11,803	57.00
58.00	05800	MRI	454,271	28,336,247	0.016031	6,704,911	107,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	951,345	59,067,907	0.016106	5,517,138	88,859	59.00
60.00	06000	LABORATORY	637,450	216,485,016	0.002945	55,116,999	162,320	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,437	16,991,587	0.001909	6,377,902	12,175	63.00
65.00	06500	RESPIRATORY THERAPY	289,238	26,907,714	0.010749	10,355,679	111,313	65.00
66.00	06600	PHYSICAL THERAPY	203,177	21,310,273	0.009534	7,555,110	72,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,184	9,815,247	0.001955	4,141,131	8,096	67.00
68.00	06800	SPEECH PATHOLOGY	24,591	2,150,510	0.011435	928,139	10,613	68.00
69.00	06900	ELECTROCARDIOLOGY	214,645	63,650,865	0.003372	13,254,865	44,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	339,802	8,919,965	0.038095	1,029,727	39,227	70.00
70.01	07001	SLEEP LAB	13	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	647,768	17,934,204	0.036119	3,652,394	131,921	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	532,360	24,651,232	0.021596	5,959,659	128,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	725,068	100,814,321	0.007192	23,978,714	172,455	73.00
76.97	07697	CARDIAC REHABILITATION	71,482	2,832,637	0.025235	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	62,686	3,369,774	0.018602	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	82,984	10,500,363	0.007903	2,265	18	90.00
91.00	09100	EMERGENCY	1,945,339	229,079,740	0.008492	24,353,133	206,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,961	1,875,650	0.009043	502,558	4,545	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	74,078	91,991,700	0.000805	8,945,524	7,201	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,273,813	1,331,535,864		240,123,445	2,584,482	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,633,059	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	342,852	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,975,911	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,633,059	64,612	25.27	47,475	30.00
31.00	03100	INTENSIVE CARE UNIT		342,852	43,880	7.81	4,397	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	3,347	0.00	0	34.00
43.00	04300	NURSERY		0	4,846	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	2,770	0.00	1,992	44.00
200.00		Total (lines 30 through 199)		1,975,911	119,455		53,864	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,199,693					30.00
31.00	03100	INTENSIVE CARE UNIT	34,341					31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	1,234,034					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description	Title XVIII					Hospital		
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	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
52.01	03190	OP INFUSION	0	0	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
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	365,387	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	365,387	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	72,350,905	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	15,972,778	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	40,775	40,775	40,775	28,144,253	0.001449	52.00
52.01 03190 OP INFUSION	48,062	48,062	48,062	13,351,795	0.003600	52.01
53.00 05300 ANESTHESIOLOGY	105,493	105,493	105,493	8,754,235	0.012051	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,780,825	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	78,601,584	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	6,348,456	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	103,546,081	0.000000	57.00
58.00 05800 MRI	0	0	0	28,336,247	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59,067,907	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	216,485,016	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,991,587	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	38,866	38,866	38,866	26,907,714	0.001444	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	21,310,273	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	9,815,247	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,150,510	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	98,553	98,553	98,553	63,650,865	0.001548	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,919,965	0.000000	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0.000000	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,934,204	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,651,232	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	365,387	365,387	100,814,321	0.003624	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,832,637	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	3,369,774	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	68,015	68,015	68,015	10,500,363	0.006477	90.00
91.00 09100 EMERGENCY	763,697	763,697	763,697	229,079,740	0.003334	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	7,001	7,001	7,001	1,875,650	0.003733	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	91,991,700	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	1,170,462	1,535,849	1,535,849	1,331,535,864		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	20,424,639	0	13,018,370	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	3,674,454	0	2,785,841	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.001449	25,718	37	3,066	4	52.00	
52.01	03190 OP INFUSION	0.003600	0	0	0	0	52.01	
53.00	05300 ANESTHESIOLOGY	0.012051	1,323,506	15,950	1,471,634	17,735	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	10,116,478	0	7,409,735	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,156,048	0	37,341,442	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	1,086,060	0	1,113,229	0	56.00	
57.00	05700 CT SCAN	0.000000	23,940,694	0	16,277,475	0	57.00	
58.00	05800 MRI	0.000000	6,704,911	0	4,039,610	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,517,138	0	8,338,046	0	59.00	
60.00	06000 LABORATORY	0.000000	55,116,999	0	14,802,585	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	6,377,902	0	1,298,368	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.001444	10,355,679	14,954	1,374,424	1,985	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	7,555,110	0	172,073	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	4,141,131	0	13,829	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	928,139	0	4,169	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.001548	13,254,865	20,519	17,586,672	27,224	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,029,727	0	1,804,931	0	70.00	
70.01	07001 SLEEP LAB	0.000000	0	0	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,652,394	0	2,698,128	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,959,659	0	4,191,999	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003624	23,978,714	86,899	34,823,035	126,199	73.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	1,363,484	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.006477	2,265	15	159,511	1,033	90.00	
91.00	09100 EMERGENCY	0.003334	24,353,133	81,193	31,908,543	106,383	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.003733	502,558	1,876	228,278	852	92.00	
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	8,945,524	0	19,860,167	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		240,123,445	221,443	224,088,644	281,415	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.293141	13,018,370	0	0	3,816,218	50.00
51.00 05100 RECOVERY ROOM	0.165763	2,785,841	0	0	461,789	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.244504	3,066	0	0	750	52.00
52.01 03190 OP INFUSION	0.270031	0	0	0	0	52.01
53.00 05300 ANESTHESIOLOGY	0.041518	1,471,634	0	0	61,099	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.189181	7,409,735	0	0	1,401,781	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.144259	37,341,442	0	0	5,386,839	55.00
56.00 05600 RADIO SOTOPE	0.327321	1,113,229	0	0	364,383	56.00
57.00 05700 CT SCAN	0.027994	16,277,475	0	0	455,672	57.00
58.00 05800 MRI	0.075248	4,039,610	0	0	303,973	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.129742	8,338,046	0	0	1,081,795	59.00
60.00 06000 LABORATORY	0.089827	14,802,585	0	0	1,329,672	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.152098	1,298,368	0	0	197,479	63.00
65.00 06500 RESPIRATORY THERAPY	0.182128	1,374,424	0	0	250,321	65.00
66.00 06600 PHYSICAL THERAPY	0.242484	172,073	0	0	41,725	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.140937	13,829	0	0	1,949	67.00
68.00 06800 SPEECH PATHOLOGY	0.183990	4,169	0	0	767	68.00
69.00 06900 ELECTROCARDIOLOGY	0.070148	17,586,672	0	0	1,233,670	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.237862	1,804,931	0	0	429,324	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.388024	2,698,128	0	0	3,745,066	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.808291	4,191,999	0	0	3,388,355	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.635491	34,823,035	0	71,202	22,129,725	73.00
76.97 07697 CARDIAC REHABILITATION	0.240807	1,363,484	0	0	328,336	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.166565	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.254086	159,511	0	0	40,530	90.00
91.00 09100 EMERGENCY	0.121840	31,908,543	15,800	0	3,887,737	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.198550	228,278	0	0	45,325	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0.053380	19,860,167	0	0	1,060,136	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	9.923869		0			95.00
200.00 Subtotal (see instructions)		224,088,644	15,800	71,202	51,444,416	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		224,088,644	15,800	71,202	51,444,416	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 5:22 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.01 03190 OP INFUSION	0	0		52.01
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	45,248		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	1,925	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	1,925	45,248		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,925	45,248		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 31-0041 Component CCN: 31-5490	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 5:22 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.293141	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.165763	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.244504	0	0	0	0	0	52.00
52.01 03190 OP INFUSION	0.270031	0	0	0	0	0	52.01
53.00 05300 ANESTHESIOLOGY	0.041518	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.189181	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.144259	0	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.327321	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.027994	0	0	0	0	0	57.00
58.00 05800 MRI	0.075248	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.129742	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.089827	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.152098	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.182128	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.242484	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.140937	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.183990	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.070148	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.237862	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.388024	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.808291	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.635491	0	0	0	4,381	0	73.00
76.97 07697 CARDIAC REHABILITATION	0.240807	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.166565	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.254086	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.121840	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.198550	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0.053380	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	9.923869	0	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	0	4,381	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	0	4,381	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 31-0041 Component CCN: 31-5490	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 5:22 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.01 03190 OP INFUSION	0	0		52.01
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,784		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	2,784		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	2,784		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Title XIX			Hospital	TEFRA	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,956,373	0	3,956,373	64,612	61.23	30.00
31.00	INTENSIVE CARE UNIT	2,221,199		2,221,199	43,880	50.62	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	215,008		215,008	3,347	64.24	34.00
43.00	NURSERY	221,815		221,815	4,846	45.77	43.00
44.00	SKILLED NURSING FACILITY	248,407		248,407	2,770	89.68	44.00
200.00	Total (lines 30 through 199)	6,862,802		6,862,802	119,455		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	681	41,698				30.00
31.00	INTENSIVE CARE UNIT	695	35,181				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	58	3,726				34.00
43.00	NURSERY	2,235	102,296				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	3,669	182,901				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Title XIX			Hospital	TEFRA	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,380,468	72,350,905	0.046723	219,900	10,274	50.00
51.00	05100 RECOVERY ROOM	179,954	15,972,778	0.011266	45,214	509	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	501,382	28,144,253	0.017815	1,117,566	19,909	52.00
52.01	03190 OP INFUSION	271,435	13,351,795	0.020329	0	0	52.01
53.00	05300 ANESTHESIOLOGY	30,480	8,754,235	0.003482	21,992	77	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,426,062	67,780,825	0.021039	368,505	7,753	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	888,722	78,601,584	0.011307	14,255	161	55.00
56.00	05600 RADIOISOTOPE	219,429	6,348,456	0.034564	33,392	1,154	56.00
57.00	05700 CT SCAN	51,002	103,546,081	0.000493	555,507	274	57.00
58.00	05800 MRI	454,271	28,336,247	0.016031	151,507	2,429	58.00
59.00	05900 CARDIAC CATHETERIZATION	951,345	59,067,907	0.016106	352,259	5,673	59.00
60.00	06000 LABORATORY	637,450	216,485,016	0.002945	1,624,471	4,784	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	32,437	16,991,587	0.001909	134,250	256	63.00
65.00	06500 RESPIRATORY THERAPY	289,238	26,907,714	0.010749	261,750	2,814	65.00
66.00	06600 PHYSICAL THERAPY	203,177	21,310,273	0.009534	68,372	652	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,184	9,815,247	0.001955	44,282	87	67.00
68.00	06800 SPEECH PATHOLOGY	24,591	2,150,510	0.011435	19,486	223	68.00
69.00	06900 ELECTROCARDIOLOGY	214,645	63,650,865	0.003372	230,520	777	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	339,802	8,919,965	0.038095	17,072	650	70.00
70.01	07001 SLEEP LAB	13	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	647,768	17,934,204	0.036119	103,867	3,752	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	532,360	24,651,232	0.021596	59,401	1,283	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	725,068	100,814,321	0.007192	339,631	2,443	73.00
76.97	07697 CARDIAC REHABILITATION	71,482	2,832,637	0.025235	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	62,686	3,369,774	0.018602	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	82,984	10,500,363	0.007903	3,412	27	90.00
91.00	09100 EMERGENCY	1,945,339	229,079,740	0.008492	618,841	5,255	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16,961	1,875,650	0.009043	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	74,078	91,991,700	0.000805	94,906	76	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	14,273,813	1,331,535,864		6,500,358	71,292	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	1,633,059	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	342,852	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	1,975,911	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	1,633,059	64,612	25.27	681	30.00	
31.00	03100	INTENSIVE CARE UNIT		342,852	43,880	7.81	695	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	3,347	0.00	58	34.00	
43.00	04300	NURSERY		0	4,846	0.00	2,235	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	2,770	0.00	0	44.00	
200.00		Total (lines 30 through 199)		1,975,911	119,455		3,669	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	17,209						30.00
31.00	03100	INTENSIVE CARE UNIT	5,428						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	22,637						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description	Title XIX			Hospital		
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
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
52.01 03190 OP INFUSION	0	0	0	0	0	52.01
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
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	365,387	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	365,387	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description	Title XIX			Hospital	TEFRA	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	72,350,905	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	15,972,778	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	40,775	40,775	40,775	28,144,253	0.001449	52.00
52.01 03190 OP INFUSION	48,062	48,062	48,062	13,351,795	0.003600	52.01
53.00 05300 ANESTHESIOLOGY	105,493	105,493	105,493	8,754,235	0.012051	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,780,825	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	78,601,584	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	6,348,456	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	103,546,081	0.000000	57.00
58.00 05800 MRI	0	0	0	28,336,247	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59,067,907	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	216,485,016	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,991,587	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	38,866	38,866	38,866	26,907,714	0.001444	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	21,310,273	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	9,815,247	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,150,510	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	98,553	98,553	98,553	63,650,865	0.001548	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,919,965	0.000000	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0.000000	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,934,204	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,651,232	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	365,387	365,387	100,814,321	0.003624	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,832,637	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	3,369,774	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	68,015	68,015	68,015	10,500,363	0.006477	90.00
91.00 09100 EMERGENCY	763,697	763,697	763,697	229,079,740	0.003334	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	7,001	7,001	7,001	1,875,650	0.003733	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	91,991,700	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	1,170,462	1,535,849	1,535,849	1,331,535,864		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 5:22 pm
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Cost Center Description		Title XIX			Hospital		TEFRA	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	219,900	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	45,214	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.001449	1,117,566	1,619	0	0	0	52.00
52.01	03190 OP INFUSION	0.003600	0	0	0	0	0	52.01
53.00	05300 ANESTHESIOLOGY	0.012051	21,992	265	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	368,505	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	14,255	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	33,392	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	555,507	0	0	0	0	57.00
58.00	05800 MRI	0.000000	151,507	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	352,259	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,624,471	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	134,250	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.001444	261,750	378	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	68,372	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	44,282	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	19,486	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.001548	230,520	357	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	17,072	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	103,867	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	59,401	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003624	339,631	1,231	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.006477	3,412	22	0	0	0	90.00
91.00	09100 EMERGENCY	0.003334	618,841	2,063	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.003733	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	94,906	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES							95.00
200.00	Total (lines 50 through 199)		6,500,358	5,935	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 5:22 pm
	Title XIX	Hospital	TEFRA

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.274176	0	40,054	0	0
51.00 05100 RECOVERY ROOM	0.155676	0	10,548	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.229575	0	511,074	0	0
52.01 03190 OP INFUSION	0.253515	0	5,631	0	0
53.00 05300 ANESTHESIOLOGY	0.038963	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.177325	0	188,790	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.135417	0	93,130	0	0
56.00 05600 RADIO SOTOPE	0.306884	0	11,287	0	0
57.00 05700 CT SCAN	0.026350	0	202,359	0	0
58.00 05800 MRI	0.070210	0	74,626	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.121541	0	0	0	0
60.00 06000 LABORATORY	0.084493	0	75,877	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.143196	0	301	0	0
65.00 06500 RESPIRATORY THERAPY	0.171113	0	2,116	0	0
66.00 06600 PHYSICAL THERAPY	0.228019	0	11,020	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.132681	0	3,459	0	0
68.00 06800 SPEECH PATHOLOGY	0.172838	0	3,543	0	0
69.00 06900 ELECTROCARDIOLOGY	0.065937	0	64,340	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.222466	0	2,028	0	0
70.01 07001 SLEEP LAB	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.306002	0	9,162	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.760503	0	978	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.598330	0	65,662	0	0
76.97 07697 CARDIAC REHABILITATION	0.225780	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.156123	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.239017	0	3,657	0	0
91.00 09100 EMERGENCY	0.114416	0	1,422,257	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.186654	0	10,788	0	0
92.01 09201 OBSERVATION BEDS-DISTINCT	0.050250	0	391,819	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	9.344854	0	89,710	0	0
200.00	Subtotal (see instructions)	0	3,294,216	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)	0	3,294,216	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 5:22 pm
	Title XIX	Hospital	TEFRA

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	10,982	0		50.00
51.00 05100 RECOVERY ROOM	1,642	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	117,330	0		52.00
52.01 03190 OP INFUSION	1,428	0		52.01
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	33,477	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	12,611	0		55.00
56.00 05600 RADIOISOTOPE	3,464	0		56.00
57.00 05700 CT SCAN	5,332	0		57.00
58.00 05800 MRI	5,239	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	6,411	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	43	0		63.00
65.00 06500 RESPIRATORY THERAPY	362	0		65.00
66.00 06600 PHYSICAL THERAPY	2,513	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	459	0		67.00
68.00 06800 SPEECH PATHOLOGY	612	0		68.00
69.00 06900 ELECTROCARDIOLOGY	4,242	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	451	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,966	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	744	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	39,288	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	874	0		90.00
91.00 09100 EMERGENCY	162,729	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,014	0		92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	19,689	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	838,327	0		95.00
200.00 Subtotal (see instructions)	1,282,229	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	1,282,229	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2022 5:22 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,612	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,612	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		64,335	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		47,475	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		86,867,113	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		86,867,113	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		86,867,113	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,344.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		63,827,289	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		63,827,289	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	44,049,777	43,880	1,003.87	4,397	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	5,445,522	3,347	1,626.99	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				51,227,472	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				119,468,777	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				4,363,504	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,805,925	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				7,169,429	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				112,299,348	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				277	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,344.44	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				372,410	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,956,373	86,867,113	0.045545	372,410	16,961	90.00
91.00	Nursing Program cost	0	86,867,113	0.000000	372,410	0	91.00
92.00	Allied health cost	0	86,867,113	0.000000	372,410	0	92.00
93.00	All other Medical Education	1,633,059	86,867,113	0.018800	372,410	7,001	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041 Component CCN: 31-5490	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,770	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,770	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,770	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,992	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,115,020	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,115,020	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,115,020	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041 Component CCN: 31-5490		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					4,115,020	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					1,485.57	71.00
72.00	Program routine service cost (line 9 x line 71)					2,959,255	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					2,959,255	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					2,959,255	83.00
84.00	Program inpatient ancillary services (see instructions)					517,741	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,476,996	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041 Component CCN: 31-5490		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 5:22 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2022 5:22 pm
Cost Center Description				TEFRA
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,612	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,612	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		64,335	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		681	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,846	15.00
16.00	Nursery days (title V or XIX only)		2,235	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		86,864,891	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		86,864,891	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		86,864,891	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,344.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		915,543	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		915,543	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description		Title XIX		Hospital		TEFRA	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	
	Intensive Care Type Inpatient Hospital Units	4,784,408	4,846	987.29	2,235	2,206,593	42.00
43.00	INTENSIVE CARE UNIT	44,049,777	43,880	1,003.87	695	697,690	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	5,445,522	3,347	1,626.99	58	94,365	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,251,471	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,165,662	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					205,538	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					77,227	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					282,765	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,882,897	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					459	54.00
55.00	Target amount per discharge					4,284.54	55.00
56.00	Target amount (line 54 x line 55)					1,966,604	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-2,916,293	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					196,660	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					2,446,029	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					277	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,344.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					372,402	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0041		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,956,373	86,864,891	0.045546	372,402	16,961	90.00
91.00	Nursing Program cost	0	86,864,891	0.000000	372,402	0	91.00
92.00	Allied health cost	0	86,864,891	0.000000	372,402	0	92.00
93.00	All other Medical Education	1,633,059	86,864,891	0.018800	372,402	7,001	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		364,448,738	30.00
31.00	03100	INTENSIVE CARE UNIT		75,170,300	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293141	20,424,639	50.00
51.00	05100	RECOVERY ROOM	0.165763	3,674,454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244504	25,718	52.00
52.01	03190	OP INFUSION	0.270031	0	52.01
53.00	05300	ANESTHESIOLOGY	0.041518	1,323,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189181	10,116,478	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144259	1,156,048	55.00
56.00	05600	RADIOISOTOPE	0.327321	1,086,060	56.00
57.00	05700	CT SCAN	0.027994	23,940,694	57.00
58.00	05800	MRI	0.075248	6,704,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	5,517,138	59.00
60.00	06000	LABORATORY	0.089827	55,116,999	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152098	6,377,902	63.00
65.00	06500	RESPIRATORY THERAPY	0.182128	10,355,679	65.00
66.00	06600	PHYSICAL THERAPY	0.242484	7,555,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.140937	4,141,131	67.00
68.00	06800	SPEECH PATHOLOGY	0.183990	928,139	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070517	13,254,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237862	1,029,727	70.00
70.01	07001	SLEEP LAB	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.388024	3,652,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.808291	5,959,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.635491	23,978,714	73.00
76.97	07697	CARDIAC REHABILITATION	0.240807	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.166565	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.254086	2,265	90.00
91.00	09100	EMERGENCY	0.121840	24,353,133	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198550	502,558	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.053380	8,945,524	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		240,123,445	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		240,123,445	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0041 Component CCN: 31-5490	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 5:22 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293141	0	50.00
51.00	05100	RECOVERY ROOM	0.165763	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244504	0	52.00
52.01	03190	OP INFUSION	0.270031	0	52.01
53.00	05300	ANESTHESIOLOGY	0.041518	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189181	2,909	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144259	0	55.00
56.00	05600	RADIOISOTOPE	0.327321	3,036	56.00
57.00	05700	CT SCAN	0.027994	0	57.00
58.00	05800	MRI	0.075248	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	0	59.00
60.00	06000	LABORATORY	0.089827	415,407	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152098	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.182128	5,143	65.00
66.00	06600	PHYSICAL THERAPY	0.242484	997,904	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.140937	763,700	67.00
68.00	06800	SPEECH PATHOLOGY	0.183990	6,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070517	3,671	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237862	0	70.00
70.01	07001	SLEEP LAB	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.388024	100	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.808291	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.635491	199,465	73.00
76.97	07697	CARDIAC REHABILITATION	0.240807	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.166565	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.254086	0	90.00
91.00	09100	EMERGENCY	0.121840	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.198550	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.053380	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,397,743	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,397,743	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 5:22 pm	
Cost Center Description		Title XIX	Hospital	TEFRA	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,599,735	30.00
31.00	03100	INTENSIVE CARE UNIT		6,614,016	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		522,033	34.00
43.00	04300	NURSERY		1,609,910	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293141	219,900	50.00
51.00	05100	RECOVERY ROOM	0.165763	45,214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244504	1,117,566	52.00
52.01	03190	OP INFUSION	0.270031	0	52.01
53.00	05300	ANESTHESIOLOGY	0.041518	21,992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189181	368,505	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144259	14,255	55.00
56.00	05600	RADIOISOTOPE	0.327321	33,392	56.00
57.00	05700	CT SCAN	0.027994	555,507	57.00
58.00	05800	MRI	0.075248	151,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	352,259	59.00
60.00	06000	LABORATORY	0.089827	1,624,471	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.152098	134,250	63.00
65.00	06500	RESPIRATORY THERAPY	0.182128	261,750	65.00
66.00	06600	PHYSICAL THERAPY	0.242484	68,372	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.140937	44,282	67.00
68.00	06800	SPEECH PATHOLOGY	0.183990	19,486	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070148	230,520	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237862	17,072	70.00
70.01	07001	SLEEP LAB	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.388024	103,867	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.808291	59,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.635491	339,631	73.00
76.97	07697	CARDIAC REHABILITATION	0.240807	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.166565	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.254086	3,412	90.00
91.00	09100	EMERGENCY	0.121840	618,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198550	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.053380	94,906	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,500,358	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		6,500,358	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		70,156,405	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		22,874,406	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		427,978	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		229,932	2.04
3.00	Managed Care Simulated Payments		48,740,496	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		412.24	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		12.14	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		12.14	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.029449	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.029449	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.029449	21.00
22.00	IME payment adjustment (see instructions)		1,484,958	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		777,996	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,484,958	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		777,996	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.23	31.00
32.00	Sum of lines 30 and 31		14.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000291743	0.000600364	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	95,173,679		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		95,951,675	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		7,361,326	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		30,899	53.00
54.00	Special add-on payments for new technologies		983,035	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		1,234,034	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		221,443	58.00
59.00	Total (sum of amounts on lines 49 through 58)		105,782,412	59.00
60.00	Primary payer payments		17,465	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		105,764,947	61.00
62.00	Deductibles billed to program beneficiaries		8,629,852	62.00
63.00	Coinurance billed to program beneficiaries		493,783	63.00
64.00	Allowable bad debts (see instructions)		1,867,799	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,214,069	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		462,673	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		97,855,381	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-747,226	70.93
70.94	HRR adjustment amount (see instructions)		-1,011,213	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 5:22 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			254,800	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			95,842,142	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			99,430,576	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-3,588,434	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			8,641,420	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)				90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2022 5:22 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	70,156,405	0	70,156,405		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,874,406	0		22,874,406	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	427,978	0	427,978		2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	229,932	0		229,932	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	48,740,496	0	36,250,100	12,490,396	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.029449	0.029449	0.029449	0.029449	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,484,958	0	1,119,837	365,121	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	777,996	0	578,624	199,372	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,484,958	0	1,119,837	365,121	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	777,996	0	578,624	199,372	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00	
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	95,173,679	0	71,704,220	23,469,459	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	95,951,675	0	72,282,844	23,668,831	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,361,326	0	5,553,003	1,808,323	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2022 5:22 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	983,035	0	756,064	226,970	983,034	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	78,591,911	25,704,124	104,296,035	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,049,849	0	5,320,512	1,729,337	7,049,849	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	21,024	0	13,287	7,737	21,024	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0111	0.0111	0.0111	0.0111		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	78,253	0	59,057	19,196	78,253	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0301	0.0301	0.0301	0.0301		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	212,200	0	160,147	52,053	212,200	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,361,326	0	5,553,003	1,808,323	7,361,326	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2022 5:22 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	70,156,405	70,156,405		70,156,405	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,874,406		22,874,406	22,874,406	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	427,978	427,978		427,978	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	229,932		229,932	229,932	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	48,740,496	36,250,100	12,490,396	48,740,496	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.029449	0.029449	0.029449		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,484,958	1,119,837	365,121	1,484,958	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	777,996	578,624	199,372	777,996	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,484,958	1,119,837	365,121	1,484,958	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	777,996	578,624	199,372	777,996	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	95,173,679	71,704,220	23,469,459	95,173,679	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	95,951,675	72,282,844	23,668,831	95,951,675	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,361,326	5,553,003	1,808,323	7,361,326	16.00
17.00	Special add-on payments for new technologies	54.00	983,035	756,065	226,970	983,035	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			78,591,912	25,704,124	104,296,036	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	7,049,849	5,320,512	1,729,337	7,049,849	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	21,024	13,287	7,737	21,024	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0111	0.0111	0.0111		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	78,253	59,057	19,196	78,253	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0301	0.0301	0.0301		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	212,200	160,147	52,053	212,200	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,361,326	5,553,003	1,808,323	7,361,326	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-747,226	-747,226	0	-747,226	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,011,213	-787,128	-224,085	-1,011,213	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	254,800	254,800	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		47,173	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		51,163,001	2.00
3.00	OPPS payments		46,877,484	3.00
4.00	Outlier payment (see instructions)		42,698	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		281,415	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		47,173	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		87,002	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		87,002	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		87,002	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		39,829	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		47,173	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		47,201,597	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,160	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,291,266	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		39,954,344	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		39,954,344	30.00
31.00	Primary payer payments		26,486	31.00
32.00	Subtotal (line 30 minus line 31)		39,927,858	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		728,696	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		473,652	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		282,108	36.00
37.00	Subtotal (see instructions)		40,401,510	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1,914	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		40,403,424	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		39,609,140	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		794,284	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041 Component CCN: 31-5490	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,784	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,784	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,381	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		4,381	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,381	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,597	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		2,784	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,784	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,784	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,784	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,784	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,784	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		4,381	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-1,597	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		98,144,482		39,609,140	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	06/29/2021	1,546,290		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	12/17/2021	260,196		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,286,094		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		99,430,576		39,609,140	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		794,284	6.01	
6.02	SETTLEMENT TO PROGRAM		3,588,434		0	6.02	
7.00	Total Medicare program liability (see instructions)		95,842,142		40,403,424	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 31-0041
Component CCN: 31-5490

Period:
From 01/01/2021
To 12/31/2021

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2022 5:22 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,363,579		4,381	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,363,579		4,381	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		1,597	6.02
7.00	Total Medicare program liability (see instructions)		1,363,578		2,784	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041 Component CCN: 31-5490	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VI Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,387,879	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,387,879	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		24,301	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,363,578	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.98	Recovery of accelerated depreciation.		0	14.98
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,363,578	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		1,363,579	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		-1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2022 5:22 pm	
		Title XIX	Hospital	TEFRA	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,446,029		1.00
2.00	Medical and other services			1,282,229	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,446,029	1,282,229	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,446,029	1,282,229	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		6,500,358	3,294,216	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		6,500,358	3,294,216	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		6,500,358	3,294,216	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,054,329	2,011,987	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,446,029	1,282,229	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,446,029	1,282,229	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,446,029	1,282,229	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,446,029	1,282,229	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,446,029	1,282,229	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,446,029	1,282,229	40.00
41.00	Interim payments		2,766,510	509,680	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-320,481	772,549	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0041 Component CCN: 31-5490	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2022 5:22 pm
		Title XIX	Skilled Nursing Facility	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/24/2022 5:22 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	5.86	6.53		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	51,872	28,335		26.00
27.00	Total Inpatient Days (see instructions)	112,741	112,741		27.00
28.00	Ratio of inpatient days to total inpatient days	0.460099	0.251328		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		123,815,911	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		17,465	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		123,798,446	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		51,494,373	42.00
43.00	Primary payer payments (see instructions)		26,486	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		51,467,887	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		175,266,333	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.706345	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.293655	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/24/2022 5:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	10,025	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	60,012,583	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,734,113	0	0	0	6.00
7.00	Inventory	9,646,571	0	0	0	7.00
8.00	Prepaid expenses	3,419,050	0	0	0	8.00
9.00	Other current assets	12,046,395	0	0	0	9.00
10.00	Due from other funds	386,117,146	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	455,517,657	0	0	0	11.00
FIXED ASSETS						
12.00	Land	198,713	0	0	0	12.00
13.00	Land improvements	2,567,723	0	0	0	13.00
14.00	Accumulated depreciation	-2,184,051	0	0	0	14.00
15.00	Buildings	274,635,092	0	0	0	15.00
16.00	Accumulated depreciation	-128,409,547	0	0	0	16.00
17.00	Leasehold improvements	5,183,612	0	0	0	17.00
18.00	Accumulated depreciation	-5,181,987	0	0	0	18.00
19.00	Fixed equipment	77,147,012	0	0	0	19.00
20.00	Accumulated depreciation	-71,426,208	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	135,375,201	0	0	0	23.00
24.00	Accumulated depreciation	-105,903,541	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	182,002,019	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	500	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	26,330,242	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	26,330,742	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	663,850,418	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,947,152	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,574,070	0	0	0	38.00
39.00	Payroll taxes payable	4,336,875	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	257,376	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	774,120	0	0	0	43.00
44.00	Other current liabilities	71,030,432	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	111,920,025	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	157,724,369	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	157,724,369	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	269,644,394	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	394,206,024				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	394,206,024	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	663,850,418	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/24/2022 5:22 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		394,351,605		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,242,231			2.00
3.00	Total (sum of line 1 and line 2)		390,109,374		0	3.00
4.00	OTHER	4,441,893		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		4,441,893		0	10.00
11.00	Subtotal (line 3 plus line 10)		394,551,267		0	11.00
12.00	NON-OPERATING REVENUE	345,243		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		345,243		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		394,206,024		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	OTHER		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	NON-OPERATING REVENUE		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2022 5:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	496,471,665		496,471,665	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	9,563,244		9,563,244	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	506,034,909		506,034,909	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	392,947,700		392,947,700	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	37,015,900		37,015,900	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	429,963,600		429,963,600	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	935,998,509		935,998,509	17.00
18.00	Ancillary services	473,507,138	550,231,535	1,023,738,673	18.00
19.00	Outpatient services	126,573,114	211,857,897	338,431,011	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,536,078,761	762,089,432	2,298,168,193	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		463,561,648		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		463,561,648		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 31-0041

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/24/2022 5:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,298,168,193	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,854,961,793	2.00
3.00	Net patient revenues (line 1 minus line 2)	443,206,400	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	463,561,648	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-20,355,248	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,479,209	24.00
24.01	FEMA C-19	10,132,316	24.01
24.50	COVID-19 PHE Funding	2,501,492	24.50
25.00	Total other income (sum of lines 6-24)	16,113,017	25.00
26.00	Total (line 5 plus line 25)	-4,242,231	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,242,231	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 31-0041	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/24/2022 5:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,049,849	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		21,024	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		312.54	3.00
4.00	Number of interns & residents (see instructions)		12.14	4.00
5.00	Indirect medical education percentage (see instructions)		1.11	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		78,253	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.23	8.00
9.00	Sum of lines 7 and 8		14.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.01	10.00
11.00	Disproportionate share adjustment (see instructions)		212,200	11.00
12.00	Total prospective capital payments (see instructions)		7,361,326	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00