

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: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/25/2022 1:03 pm
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically prepared cost report Date: 5/25/2022 Time: 1:03 pm  
 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 6. Date Received:  
 (1) As Submitted 7. Contractor No. 10. NPR Date:  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4  
 (3) Settled with Audit 9.  Final Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**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 CLARA MAASS MEDICAL CENTER ( 31-0009 ) 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	<b>Rich Henwood</b>	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		05/25/2022 01:03:39 PM	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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	2,040,922	408,527	0	-419,421	1.00
2.00 Subprovider - IPF	0	628	1		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	0		0	7.00
200.00 Total	0	2,041,549	408,528	0	-419,421	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: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 1:03 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1 CLARA MAASS DRIVE	PO Box:		1.00
2.00	City: BELLEVILLE	State: NJ	Zip Code: 07109-3550	2.00
			County: ESSEX	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CLARA MAASS MEDICAL CENTER	310009	35084	1	09/10/1966	N	P	T	3.00
4.00	Subprovider - IPF	PSYCH EXCLUDED UNIT	31S009	35084	4	01/01/1994	N	P	N	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	TRANSITIONAL CARE UNIT	315505	50084		10/07/2009	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0009			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 1:03 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.	4,267	1,035	173	226	20,354	499		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.								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)					Y	N		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
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
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.									57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N				59.00

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

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			Unweighted FTEs Nonprovi der Site	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 Site	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	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	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)			0.00	0.00	0.000000	

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
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.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
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	
<b>Long Term Care Hospital PPS</b>						
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
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
					V	XIX
					1.00	2.00
<b>Title V and XIX Services</b>						
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
<b>Rural Providers</b>						
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: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 1:03 pm
			V 1.00	XI X 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	
		Physical 1.00	Occupational 2.00	Speech 3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			Respiratory 4.00
				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	
			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	
			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	
			1.00	2.00
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		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		
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	
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	3,632,081	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	
119.00	DO NOT USE THIS LINE			
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	
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	
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	
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.			
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.			
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.			
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.			
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.			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 1:03 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.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 1:03 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: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/25/2022 1:03 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N			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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/01/2022	Y	03/01/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/25/2022 1:03 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
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.	0732-923-8074		RI CH. HENWOOD@RWJBH. ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/25/2022 1:03 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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 OR 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: 31-0009

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 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	290	105,850	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)		290	105,850	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	32	11,680	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		322	117,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	20	7,300		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)		342				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: 31-0009

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,894	1,947	73,833			1.00
2.00 HMO and other (see instructions)	21,333	19,563				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)	19,894	1,947	73,833			7.00
8.00 INTENSIVE CARE UNIT	1,471	1,716	8,553			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		3,306	4,113			13.00
14.00 Total (see instructions)	21,365	6,969	86,499	0.00	1,380.88	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	2,255	0	4,677	0.00	28.34	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)				0.00	1,409.22	27.00
28.00 Observation Bed Days		0	123			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			427			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	22	1,267			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: 31-0009

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 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	2,428	673	13,505	1.00
2.00 HMO and other (see instructions)			2,535	4,778		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	2,428	673	13,505	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	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: 31-0009

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2022 1:03 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	118,915,873	0	118,915,873	2,931,188.72	40.57
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		56,878	0	56,878	1,055.00	53.91
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		6,632,897	0	6,632,897	44,460.00	149.19
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,255,379	0	2,255,379	58,953.95	38.26
10.00	Excluded area salaries (see instructions)		645,160	268,629	913,789	183,565.66	4.98
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		19,440,705	0	19,440,705	124,073.00	156.69
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		15,234,731	0	15,234,731	219,711.64	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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		29,228,250	0	29,228,250		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,619,002	0	2,619,002		
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		8,530	0	8,530		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		435,142	0	435,142		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,755,687	0	3,755,687		
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: 31-0009

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2022 1:03 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	758,791	0	758,791	12,865.84	58.98	26.00
27.00	Administrative & General	9,544,974	0	9,544,974	245,943.19	38.81	27.00
28.00	Administrative & General under contract (see inst.)	2,662,248	0	2,662,248	9,215.00	288.90	28.00
29.00	Maintenance & Repairs	115,963	0	115,963	1,950.00	59.47	29.00
30.00	Operation of Plant	2,618,232	0	2,618,232	104,400.46	25.08	30.00
31.00	Laundry & Linen Service	242,754	0	242,754	12,349.92	19.66	31.00
32.00	Housekeeping	2,891,421	0	2,891,421	153,682.00	18.81	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,220,656	-826,546	1,394,110	71,302.59	19.55	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	826,546	826,546	50,012.00	16.53	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,796,638	0	5,796,638	126,522.70	45.82	38.00
39.00	Central Services and Supply	669,119	0	669,119	25,308.55	26.44	39.00
40.00	Pharmacy	4,577,368	-268,629	4,308,739	88,427.57	48.73	40.00
41.00	Medical Records & Medical Records Library	1,041,796	0	1,041,796	33,706.97	30.91	41.00
42.00	Social Service	1,653,422	0	1,653,422	32,120.96	51.47	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 31-0009

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2022 1:03 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	114,945,224	0	114,945,224	2,895,943.72	39.69	1.00
2.00	Excluded area salaries (see instructions)	2,900,539	268,629	3,169,168	242,519.61	13.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	112,044,685	-268,629	111,776,056	2,653,424.11	42.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	34,675,436	0	34,675,436	343,784.64	100.86	4.00
5.00	Subtotal wage-related costs (see inst.)	32,992,467	0	32,992,467	0.00	29.52	5.00
6.00	Total (sum of lines 3 thru 5)	179,712,588	-268,629	179,443,959	2,997,208.75	59.87	6.00
7.00	Total overhead cost (see instructions)	34,793,382	-268,629	34,524,753	967,807.75	35.67	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 31-0009

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/25/2022 1:03 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	4,371,080	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	311,856	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,351,774	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	173,925	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
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)	14,031,239	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	308,633	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	90,747	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)	389,492	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	112,014	14.00
15.00	'Workers' Compensation Insurance	1,013,311	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	8,652,569	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	531,746	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	315,916	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,654,302	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 31-0009

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	31,654,302	1.00
2.00	Hospital	0	31,654,302	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/25/2022 1:03 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.188265	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			62,415,528	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			4,562,657	5.00	
6.00	Medicaid charges			444,266,248	6.00	
7.00	Medicaid cost (line 1 times line 6)			83,639,785	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)			16,661,600	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			517,178	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			6,791,108	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			1,278,528	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)			761,350	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>						
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)			17,422,950	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	119,087,019	29,137,733	148,224,752	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	22,419,918	29,137,733	51,557,651	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)	22,419,918	29,137,733	51,557,651	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			14,484,264	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,108,962	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,706,095	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			12,778,169	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,002,815	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			54,560,466	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			71,983,416	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/25/2022 1:03 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		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,664,198	7,664,198	3,459,700	11,123,898	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,159,062	6,159,062	2,774,631	8,933,693	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	758,791	26,076,177	26,834,968	0	26,834,968	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,544,974	79,261,165	88,806,139	-15,997,158	72,808,981	5.00
6.00	00600	MAINTENANCE & REPAIRS	115,963	28,213	144,176	0	144,176	6.00
7.00	00700	OPERATION OF PLANT	2,618,232	6,642,622	9,260,854	-6,959	9,253,895	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	242,754	361,082	603,836	-2,275	601,561	8.00
9.00	00900	HOUSEKEEPING	2,891,421	1,379,567	4,270,988	-15,257	4,255,731	9.00
10.00	01000	DIETARY	2,220,656	4,777,979	6,998,635	-2,605,977	4,392,658	10.00
11.00	01100	CAFETERIA	0	0	0	2,604,339	2,604,339	11.00
13.00	01300	NURSING ADMINISTRATION	5,796,638	376,656	6,173,294	3,034	6,176,328	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	669,119	519,391	1,188,510	-317,799	870,711	14.00
15.00	01500	PHARMACY	4,577,368	16,765,294	21,342,662	-16,304,553	5,038,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,041,796	987,455	2,029,251	-176	2,029,075	16.00
17.00	01700	SOCIAL SERVICE	1,653,422	1,174,973	2,828,395	-675	2,827,720	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	274,522	274,522	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	29,567,103	8,317,720	37,884,823	12,351,651	50,236,474	30.00
31.00	03100	INTENSIVE CARE UNIT	7,682,185	2,894,983	10,577,168	-940,060	9,637,108	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,524,026	129,048	1,653,074	1,246,502	2,899,576	43.00
44.00	04400	SKILLED NURSING FACILITY	2,255,379	768,056	3,023,435	-590,397	2,433,038	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,698,973	26,723,434	35,422,407	-20,479,792	14,942,615	50.00
51.00	05100	RECOVERY ROOM	1,792,761	302,595	2,095,356	-95,675	1,999,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,686,181	688,037	3,374,218	-535,409	2,838,809	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,367,220	1,965,762	5,332,982	-272,514	5,060,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,696,780	917,367	2,614,147	-28,554	2,585,593	55.00
56.00	05600	RADIOISOTOPE	633,470	555,759	1,189,229	-4,823	1,184,406	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	359,792	18,314	378,106	-3,035	375,071	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,683,378	2,516,653	4,200,031	-2,042,646	2,157,385	59.00
60.00	06000	LABORATORY	3,134,673	7,431,070	10,565,743	-1,086,083	9,479,660	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,038,801	1,038,801	63.00
65.00	06500	RESPIRATORY THERAPY	2,472,355	769,446	3,241,801	-419,517	2,822,284	65.00
66.00	06600	PHYSICAL THERAPY	979,069	787,068	1,766,137	-136,034	1,630,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	162,755	1,435	164,190	64,621	228,811	67.00
68.00	06800	SPEECH PATHOLOGY	219,503	5,820	225,323	56,672	281,995	68.00
69.00	06900	ELECTROCARDIOLOGY	576,650	22,827	599,477	-7,727	591,750	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	167,417	24,252	191,669	-4,615	186,994	70.00
70.01	07001	SLEEP LAB	16,848	144,786	161,634	-6,271	155,363	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,826,974	16,826,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,262,302	11,262,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,979,945	18,979,945	73.00
74.00	07400	RENAL DIALYSIS	12,000	2,058,097	2,070,097	-40,471	2,029,626	74.00
76.97	07697	CARDIAC REHABILITATION	204,405	12,489	216,894	-1,189	215,705	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	961,071	579,696	1,540,767	4,800	1,545,567	90.00
90.01	09001	WOUND CARE CENTER	742,371	966,246	1,708,617	-467,096	1,241,521	90.01
90.02	09002	CLINIC - BARIATRIC	316,453	318,430	634,883	4,287	639,170	90.02
90.03	09004	VACCINATION CENTER	33,627	6,493	40,120	-309	39,811	90.03
90.22	09003	SAFE HOUSE	888,552	364,452	1,253,004	0	1,253,004	90.22
91.00	09100	EMERGENCY	11,794,694	5,190,770	16,985,464	-2,291,707	14,693,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1,509,888	560,458	2,070,346	-155,968	1,914,378	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	950,812	950,812	-475,953	474,859	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		6,095,262	6,095,262	-6,095,262	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,270,713	224,261,471	342,532,184	-479,215	342,052,969	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
194.00	07950	MISCELLANEOUS	0	0	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	0	0	0	0	194.01
194.05	07952	OTHER NON REIMBURSABLE	491,067	28,529	519,596	0	519,596	194.05
194.06	07953	GRANTS/TRIALS	154,093	409,959	564,052	0	564,052	194.06
194.07	07954	RETAIL PHARMACY	0	357,990	357,990	0	357,990	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	0	0	0	479,215	479,215	194.12
200.00		TOTAL (SUM OF LINES 118 through 199)	118,915,873	225,057,949	343,973,822	0	343,973,822	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 31-0009

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

Worksheet A  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-31,841	11,092,057	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-25,588	8,908,105	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	157,358	26,992,326	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,864,522	51,944,459	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	144,176	6.00
7.00	00700	OPERATION OF PLANT	-339,902	8,913,993	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	601,561	8.00
9.00	00900	HOUSEKEEPING	0	4,255,731	9.00
10.00	01000	DIETARY	-849	4,391,809	10.00
11.00	01100	CAFETERIA	-465,554	2,138,785	11.00
13.00	01300	NURSING ADMINISTRATION	-407	6,175,921	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	870,711	14.00
15.00	01500	PHARMACY	-14,100	5,024,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-887	2,028,188	16.00
17.00	01700	SOCIAL SERVICE	0	2,827,720	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	274,522	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-4,976,966	45,259,508	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,135,864	7,501,244	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
43.00	04300	NURSERY	-169,743	2,729,833	43.00
44.00	04400	SKILLED NURSING FACILITY	-38,473	2,394,565	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-3,214,642	11,727,973	50.00
51.00	05100	RECOVERY ROOM	-390	1,999,291	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-188	2,838,621	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-414,625	4,645,843	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-722,135	1,863,458	55.00
56.00	05600	RADIOISOTOPE	-328	1,184,078	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-195	374,876	58.00
59.00	05900	CARDIAC CATHETERIZATION	-398,867	1,758,518	59.00
60.00	06000	LABORATORY	-48,881	9,430,779	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,038,801	63.00
65.00	06500	RESPIRATORY THERAPY	-14,733	2,807,551	65.00
66.00	06600	PHYSICAL THERAPY	-760	1,629,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	-78	228,733	67.00
68.00	06800	SPEECH PATHOLOGY	-11	281,984	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,507	590,243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-10	186,984	70.00
70.01	07001	SLEEP LAB	-18,498	136,865	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-424	16,826,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-448	11,261,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-708	18,979,237	73.00
74.00	07400	RENAL DIALYSIS	-14,545	2,015,081	74.00
76.97	07697	CARDIAC REHABILITATION	-58	215,647	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-646,263	899,304	90.00
90.01	09001	WOUND CARE CENTER	-42,067	1,199,454	90.01
90.02	09002	CLINIC - BARIATRIC	-382,115	257,055	90.02
90.03	09004	VACCINATION CENTER	0	39,811	90.03
90.22	09003	SAFE HOUSE	-84	1,252,920	90.22
91.00	09100	EMERGENCY	-2,083,081	12,610,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	-161	1,914,217	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	14,500	489,359	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,898,640	305,154,329	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
194.00	07950	MISCELLANEOUS	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	0	194.01
194.05	07952	OTHER NON REIMBURSABLE	-150,216	369,380	194.05
194.06	07953	GRANTS/TRIALS	0	564,052	194.06
194.07	07954	RETAIL PHARMACY	0	357,990	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	0	479,215	194.12
200.00		TOTAL (SUM OF LINES 118 through 199)	-37,048,856	306,924,966	200.00

RECLASSIFICATIONS

Provider CCN: 31-0009

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

Worksheet A-6

Date/Time Prepared:  
5/25/2022 1:03 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - MEDICAL SURGICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,826,974	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	<b>0</b>		<b>0</b>	<b>16,826,974</b>	
<b>B - IMPLANTABLES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,262,302	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
	<b>0</b>		<b>0</b>	<b>11,262,302</b>	
<b>C - DRUGS AND IV SOLUTIONS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,979,945	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



RECLASSIFICATIONS

Provider CCN: 31-0009

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

Worksheet A-6

Date/Time Prepared:  
5/25/2022 1:03 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
			0	18,979,945	
<b>D - BLOOD</b>					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00		1,038,801	1.00
2.00	NURSING ADMINISTRATION	13.00		7,989	2.00
			0	1,046,790	
<b>E - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,379,469	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,715,793	2.00
			0	6,095,262	
<b>F - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	80,231	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	58,838	2.00
			0	139,069	
<b>G - DIETARY</b>					
1.00	CAFETERIA	11.00	826,546	1,777,793	1.00
			826,546	1,777,793	
<b>H - UNALLOWABLE TRANSPORTATION</b>					
1.00	NON ALLOWABLE TRANSPORTATION	194.12	0	479,215	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
			0	479,215	
<b>K - DIRECTOR EXPENSE</b>					
1.00	OCCUPATIONAL THERAPY	67.00	65,817	0	1.00
2.00	SPEECH PATHOLOGY	68.00	57,488	0	2.00
			123,305	0	
<b>M - MALPRACTICE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,320	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	101,206	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	176,068	3.00
4.00	SKILLED NURSING FACILITY	44.00	0	3,458	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	22,675	5.00
6.00	RESPIRATORY THERAPY	65.00	0	1,186	6.00
7.00	RENAL DIALYSIS	74.00	0	1,183	7.00
8.00	CLINIC	90.00	0	11,616	8.00
9.00	WOUND CARE CENTER	90.01	0	3,458	9.00
10.00	CLINIC - BARIATRIC	90.02	0	6,770	10.00
11.00	EMERGENCY	91.00	0	119,951	11.00
			0	478,891	
<b>R - PHARMACY RESIDENTS</b>					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	268,629	5,893	1.00
			268,629	5,893	
<b>S - MOTHERBABY</b>					
1.00	NURSERY	43.00	1,119,163	196,927	1.00
	TOTALS		1,119,163	196,927	
<b>V - RADIOLOGY SUPPORT</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	13,105	0	1.00
2.00	RADIOISOTOPE	56.00	7,849	0	2.00
			20,954	0	
<b>X - COVID-19- CONTRACT LABOR</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	15,117,157	1.00
	TOTALS		0	15,117,157	
500.00	Grand Total: Increases		2,358,597	72,406,218	500.00

RECLASSIFICATIONS

Provider CCN: 31-0009

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2022 1:03 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - MEDICAL SURGICAL SUPPLIES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	272,510	0	1.00
2.00	OPERATION OF PLANT	7.00	0	6,959	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	2,275	0	3.00
4.00	HOUSEKEEPING	9.00	0	15,257	0	4.00
5.00	DIETARY	10.00	0	1,638	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	4,278	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	313,270	0	7.00
8.00	PHARMACY	15.00	0	80,065	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	176	0	9.00
10.00	SOCIAL SERVICE	17.00	0	675	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,292,791	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	992,402	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	38,958	0	13.00
14.00	NURSERY	43.00	0	64,693	0	14.00
15.00	SKILLED NURSING FACILITY	44.00	0	45,714	0	15.00
16.00	OPERATING ROOM	50.00	0	10,977,680	0	16.00
17.00	RECOVERY ROOM	51.00	0	84,982	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	474,665	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,300	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	30,384	0	20.00
21.00	RADIOISOTOPE	56.00	0	9,197	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,548	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	484,244	0	23.00
24.00	LABORATORY	60.00	0	7,655	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0	221,469	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	12,671	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	1,196	0	27.00
28.00	SPEECH PATHOLOGY	68.00	0	816	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	5,524	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,675	0	30.00
31.00	SLEEP LAB	70.01	0	5,431	0	31.00
32.00	RENAL DIALYSIS	74.00	0	25,175	0	32.00
33.00	CARDIAC REHABILITATION	76.97	0	1,189	0	33.00
34.00	CLINIC	90.00	0	6,759	0	34.00
35.00	WOUND CARE CENTER	90.01	0	148,801	0	35.00
36.00	CLINIC - BARIATRIC	90.02	0	2,483	0	36.00
37.00	VACCINATION CENTER	90.03	0	309	0	37.00
38.00	EMERGENCY	91.00	0	894,644	0	38.00
39.00	OBSERVATION BEDS-DISTINCT	92.01	0	121,516	0	39.00
O				16,826,974		
<b>B - IMPLANTABLES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,885	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,197	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	9,093	0	3.00
4.00	OPERATING ROOM	50.00	0	9,263,753	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	73,642	0	5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	72	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	1,570,728	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	1,485	0	8.00
9.00	PHYSICAL THERAPY	66.00	0	58	0	9.00
10.00	WOUND CARE CENTER	90.01	0	319,873	0	10.00
11.00	EMERGENCY	91.00	0	13,516	0	11.00
O				11,262,302		
<b>C - DRUGS AND IV SOLUTIONS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,966	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	514	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	332	0	3.00
4.00	PHARMACY	15.00	0	15,949,966	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	217,917	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	114,623	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	353	0	7.00
8.00	NURSERY	43.00	0	4,895	0	8.00
9.00	SKILLED NURSING FACILITY	44.00	0	548,141	0	9.00
10.00	OPERATING ROOM	50.00	0	218,637	0	10.00
11.00	RECOVERY ROOM	51.00	0	10,693	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	60,744	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,618	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,275	0	14.00
15.00	RADIOISOTOPE	56.00	0	3,475	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	415	0	16.00

RECLASSIFICATIONS

Provider CCN: 31-0009

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2022 1:03 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	CARDIAC CATHETERIZATION	59.00	0	10,349	0	17.00	
18.00	LABORATORY	60.00	0	51,360	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	197,749	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	2,203	0	20.00	
21.00	SLEEP LAB	70.01	0	840	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	16,479	0	22.00	
23.00	CLINIC	90.00	0	57	0	23.00	
24.00	WOUND CARE CENTER	90.01	0	1,880	0	24.00	
25.00	EMERGENCY	91.00	0	1,501,012	0	25.00	
26.00	OBSERVATION BEDS-DISTRICT	92.01	0	34,452	0	26.00	
	O		0	18,979,945			
<b>D - BLOOD</b>							
1.00	OPERATING ROOM	50.00		19,722	0	1.00	
2.00	LABORATORY	60.00		1,027,068	0	2.00	
	O		0	1,046,790			
<b>E - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	6,095,262	11	1.00	
2.00		0.00		0	11	2.00	
	O		0	6,095,262			
<b>F - PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00		139,069	12	1.00	
2.00		0.00		0	12	2.00	
	O		0	139,069			
<b>G - DIETARY</b>							
1.00	DIETARY	10.00	826,546	1,777,793	0	1.00	
	O		826,546	1,777,793			
<b>H - UNALLOWABLE TRANSPORTATION</b>							
1.00	NURSING ADMINISTRATION	13.00	0	163	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	45	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	10	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	558	0	4.00	
5.00	EMERGENCY	91.00	0	2,486	0	5.00	
6.00	AMBULANCE SERVICES	95.00	0	475,953	0	6.00	
	O		0	479,215			
<b>K - DIRECTOR EXPENSE</b>							
1.00	PHYSICAL THERAPY	66.00	123,305	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		123,305	0			
<b>M - MALPRACTICE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	478,891	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	478,891			
<b>R - PHARMACY RESIDENTS</b>							
1.00	PHARMACY	15.00	268,629	5,893	0	1.00	
	O		268,629	5,893			
<b>S - MOTHERBABY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,119,163	196,927	0	1.00	
	TOTALS		1,119,163	196,927			
<b>V - RADIOLOGY SUPPORT</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	20,954	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		20,954	0			
<b>X - COVID-19- CONTRACT LABOR</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,117,157	0	1.00	
	TOTALS		0	15,117,157			
500.00	Grand Total: Decreases		2,358,597	72,406,218		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0009

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	458,886	0	0	0	1.00
2.00	Land Improvements	2,188,133	0	0	0	2.00
3.00	Buildings and Fixtures	180,074,819	7,639,843	0	7,639,843	3.00
4.00	Building Improvements	336,692	0	0	0	4.00
5.00	Fixed Equipment	24,036,290	0	0	0	5.00
6.00	Movable Equipment	114,685,612	1,981,038	0	1,981,038	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	321,780,432	9,620,881	0	9,620,881	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	321,780,432	9,620,881	0	9,620,881	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	458,886	1,393,446			1.00
2.00	Land Improvements	2,188,133	39,827,059			2.00
3.00	Buildings and Fixtures	187,714,117	252,960			3.00
4.00	Building Improvements	336,692	12,258,707			4.00
5.00	Fixed Equipment	24,036,290	0			5.00
6.00	Movable Equipment	115,477,436	43,344,963			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	330,211,554	97,077,135			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	330,211,554	97,077,135			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0009

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/25/2022 1:03 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	7,664,198	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,159,062	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,823,260	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	7,664,198				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,159,062				2.00
3.00	Total (sum of lines 1-2)	0	13,823,260				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0009

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/25/2022 1:03 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	214,734,117	0	214,734,117	0.650293	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	115,477,435	0	115,477,435	0.349707	0	2.00
3.00	Total (sum of lines 1-2)	330,211,552	0	330,211,552	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,664,198	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,159,062	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,823,260	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	3,347,628	80,231	0	0	11,092,057	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,690,205	58,838	0	0	8,908,105	2.00
3.00	Total (sum of lines 1-2)	6,037,833	139,069	0	0	20,000,162	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 31-0009

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

Worksheet A-8

Date/Time Prepared:  
5/25/2022 1:03 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	-31,841	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-25,588	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)	A	-39,139	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-73,847	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)	B	-106,056	OPERATION OF PLANT		7.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-13,961,703				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	-10,995,651				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-465,554	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	-887	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	B	-24,538	OPERATION OF PLANT		7.00	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 X-RAY COPY FEES	B	-7,250	RADIOLOGY-DIAGNOSTIC		54.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 31-0009

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

Worksheet A-8

Date/Time Prepared:  
5/25/2022 1:03 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	LABORATORY OTHER REVENUE	B	-30,838	LABORATORY	60.00	0 33.01
33.02	DRUGS SOLD TO NON-PATIENTS	B	-3,635	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.02
33.03	OTHER MISCELLANEOUS REVENUE	B	-20,861	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04	OTHER MISCELLANEOUS REVENUE	B	-5,335	OPERATION OF PLANT	7.00	0 33.04
33.05	OTHER MISCELLANEOUS REVENUE	B	-750	DIETARY	10.00	0 33.05
33.06	OTHER MISCELLANEOUS REVENUE	B	-14,100	PHARMACY	15.00	0 33.06
33.07	OTHER MISCELLANEOUS REVENUE	B	-136	RADIOLOGY-DIAGNOSTIC	54.00	0 33.07
33.08	OTHER MISCELLANEOUS REVENUE	B	-10	RADIOLOGY-THERAPEUTIC	55.00	0 33.08
33.09	OTHER MISCELLANEOUS REVENUE	B	-15,600	LABORATORY	60.00	0 33.09
33.10	OTHER MISCELLANEOUS REVENUE	B	-1,100	ELECTROCARDIOLOGY	69.00	0 33.10
33.11	OTHER MISCELLANEOUS REVENUE	B	-6,450	CLINIC	90.00	0 33.11
33.12	OTHER MISCELLANEOUS REVENUE	B	-21,620	EMERGENCY	91.00	0 33.12
33.13	EMPLOYEE - HEALTH PAYMENTS	B	-2,999	ADULTS & PEDIATRICS	30.00	0 33.13
33.14	EMPLOYEE - HEALTH PAYMENTS	B	-808	INTENSIVE CARE UNIT	31.00	0 33.14
33.15	EMPLOYEE - HEALTH PAYMENTS	B	-268	ADULTS & PEDIATRICS	30.00	0 33.15
33.16	EMPLOYEE - HEALTH PAYMENTS	B	-155	NURSERY	43.00	0 33.16
33.17	EMPLOYEE - HEALTH PAYMENTS	B	-2,673	OPERATING ROOM	50.00	0 33.17
33.18	EMPLOYEE - HEALTH PAYMENTS	B	-390	RECOVERY ROOM	51.00	0 33.18
33.19	EMPLOYEE - HEALTH PAYMENTS	B	-188	DELIVERY ROOM & LABOR ROOM	52.00	0 33.19
33.20	EMPLOYEE - HEALTH PAYMENTS	B	-1,048	RADIOLOGY-DIAGNOSTIC	54.00	0 33.20
33.21	EMPLOYEE - HEALTH PAYMENTS	B	-562	RADIOLOGY-THERAPEUTIC	55.00	0 33.21
33.22	EMPLOYEE - HEALTH PAYMENTS	B	-328	RADIOISOTOPE	56.00	0 33.22
33.23	EMPLOYEE - HEALTH PAYMENTS	B	-195	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.23
33.24	EMPLOYEE - HEALTH PAYMENTS	B	-336	CARDIAC CATHETERIZATION	59.00	0 33.24
33.25	EMPLOYEE - HEALTH PAYMENTS	B	-2,443	LABORATORY	60.00	0 33.25
33.26	EMPLOYEE - HEALTH PAYMENTS	B	-198	RESPIRATORY THERAPY	65.00	0 33.26
33.27	EMPLOYEE - HEALTH PAYMENTS	B	-760	PHYSICAL THERAPY	66.00	0 33.27
33.28	EMPLOYEE - HEALTH PAYMENTS	B	-78	OCCUPATIONAL THERAPY	67.00	0 33.28
33.29	EMPLOYEE - HEALTH PAYMENTS	B	-11	SPEECH PATHOLOGY	68.00	0 33.29
33.30	EMPLOYEE - HEALTH PAYMENTS	B	-407	ELECTROCARDIOLOGY	69.00	0 33.30
33.31	EMPLOYEE - HEALTH PAYMENTS	B	-10	ELECTROENCEPHALOGRAPHY	70.00	0 33.31
33.32	EMPLOYEE - HEALTH PAYMENTS	B	-24	SLEEP LAB	70.01	0 33.32
33.33	EMPLOYEE - HEALTH PAYMENTS	B	-424	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.33
33.34	EMPLOYEE - HEALTH PAYMENTS	B	-448	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.34
33.35	EMPLOYEE - HEALTH PAYMENTS	B	-708	DRUGS CHARGED TO PATIENTS	73.00	0 33.35
33.36	EMPLOYEE - HEALTH PAYMENTS	B	-204	RENAL DIALYSIS	74.00	0 33.36
33.37	EMPLOYEE - HEALTH PAYMENTS	B	-58	CARDIAC REHABILITATION	76.97	0 33.37
33.38	EMPLOYEE - HEALTH PAYMENTS	B	-15	CLINIC	90.00	0 33.38
33.39	EMPLOYEE - HEALTH PAYMENTS	B	-139	WOUND CARE CENTER	90.01	0 33.39
33.40	EMPLOYEE - HEALTH PAYMENTS	B	-12	CLINIC - BARIATRIC	90.02	0 33.40
33.41	EMPLOYEE - HEALTH PAYMENTS	B	-2,946	EMERGENCY	91.00	0 33.41
33.42	EMPLOYEE - HEALTH PAYMENTS	B	-878	ADULTS & PEDIATRICS	30.00	0 33.42
33.43	EMPLOYEE - HEALTH PAYMENTS	B	-161	OBSERVATION BEDS-DISTINCT	92.01	0 33.43
33.44	RENTAL INCOME	B	-81,973	ADMINISTRATIVE & GENERAL	5.00	0 33.44
33.45	FOUNDATION SUBSIDY	B	-12,552	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.45
33.46	FOUNDATION SUBSIDY	B	-356,115	ADMINISTRATIVE & GENERAL	5.00	0 33.46
33.47	OTHER REV-RENDINA	B	-130,126	OPERATION OF PLANT	7.00	0 33.47
33.48	NON ALLOW FOOD AND BEVERAGE	A	-380	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.48
33.49	NON ALLOW FOOD AND BEVERAGE	A	-18,172	ADMINISTRATIVE & GENERAL	5.00	0 33.49
33.50	NON ALLOW FOOD AND BEVERAGE	A	-99	DIETARY	10.00	0 33.50
33.51	NON ALLOW FOOD AND BEVERAGE	A	-110	NURSING ADMINISTRATIVE	13.00	0 33.51
33.52	NON ALLOW FOOD AND BEVERAGE	A	-3,211	OPERATING ROOM	50.00	0 33.52
33.53	NON ALLOW FOOD AND BEVERAGE	A	-156	RESPIRATORY THERAPY	65.00	0 33.53
33.54	NON ALLOW FOOD AND BEVERAGE	A	-84	SAFE HOUSE	90.22	0 33.54
33.55	NON ALLOW FOOD AND BEVERAGE	A	-5,724	EMERGENCY	91.00	0 33.55
33.56	NON ALLOW GIFTS AND DONATIONS	A	-62,836	ADMINISTRATIVE & GENERAL	5.00	0 33.56
33.57	LOBBYING	A	-7,337	ADMINISTRATIVE & GENERAL	5.00	0 33.57
33.58	BHMG/MMG	A	-6,811,600	ADMINISTRATIVE & GENERAL	5.00	0 33.58
33.59	ADDITIONAL CAPTIVE PHYS PRACTICE	A	-1,380,733	ADULTS & PEDIATRICS	30.00	0 33.59
33.60	NURSE PRACTITIONERS (INCLUDES FRINGES)	A	-2,007,476	ADMINISTRATIVE & GENERAL	5.00	0 33.60
33.61	NURSE PRACTITIONERS (INCLUDES FRINGES)	A	-297	NURSING ADMINISTRATIVE	13.00	0 33.61
33.62	NURSE PRACTITIONERS (INCLUDES FRINGES)	A	-282,748	ADULTS & PEDIATRICS	30.00	0 33.62



ADJUSTMENTS TO EXPENSES

Provider CCN: 31-0009

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

Worksheet A-8

Date/Time Prepared:  
5/25/2022 1:03 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		
33.63 NURSE PRACTITIONERS (INCLUDES FRINGES)	A	-150,216	OTHER NON REIMBURSABLE	194.05	0	33.63
33.64 PENSION ADMINISTRATION COSTS	A	173,925	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.64
33.65 HPB OFFSET	A	-38,473	SKILLED NURSING FACILITY	44.00	0	33.65
33.66 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	33.66
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,048,856				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: 31-0009      Period: From 01/01/2021 To 12/31/2021      Worksheet A-8-1  
 Date/Time Prepared: 5/25/2022 1:03 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		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:</b>						
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	31,924,730	42,934,881	1.00
2.00	0.00			0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	CLARA MAASS FOUNDATION	39,864	39,864	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	ST BARNABAS CORP	304,952	304,952	3.01
3.02	95.00	AMBULANCE SERVICES	AMBULANCE ADD ON	14,500	0	3.02
3.03	0.00			0	0	3.03
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			32,284,046	43,279,697	5.00

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

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

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: 31-0009

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2022 1:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-11,010,151	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	14,500	0		3.02
3.03	0	0		3.03
4.00	0	0		4.00
5.00	-10,995,651			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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: 31-0009

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2022 1:03 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	451,105	440,763	10,342	211,500	15	1.00
2.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	3,366,970	3,309,340	57,630	211,500	1,040	2.00
3.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	2,135,056	2,135,056	0	197,500	0	3.00
4.00	43.00 AGGREGATE-NURSERY	169,588	169,588	0	0	0	4.00
5.00	50.00 AGGREGATE-OPERATING ROOM	3,208,758	3,208,758	0	0	0	5.00
6.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	406,191	406,191	0	0	0	6.00
7.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	721,563	721,563	0	0	0	7.00
8.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	398,531	398,531	0	211,500	0	8.00
9.00	60.00 AGGREGATE-LABORATORY	36,670	0	36,670	211,500	386	9.00
10.00	65.00 AGGREGATE-RESPIRATORY THERAPY	14,379	14,379	0	211,500	0	10.00
11.00	70.01 AGGREGATE-SLEEP LAB	18,474	18,474	0	211,500	0	11.00
12.00	74.00 AGGREGATE-RENAL DIALYSIS	14,341	14,341	0	0	0	12.00
13.00	90.00 AGGREGATE-CLINIC	639,798	639,798	0	0	0	13.00
14.00	90.01 AGGREGATE-WOUND CARE CENTER	41,928	41,928	0	211,500	0	14.00
15.00	90.02 AGGREGATE-CLINIC - BARIATRIC	382,103	382,103	0	0	0	15.00
16.00	91.00 AGGREGATE-EMERGENCY	2,052,791	2,052,791	0	0	0	16.00
200.00		14,058,246	13,953,604	104,642		1,441	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	1,525	76	0	0	31,320	1.00
2.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	105,750	5,288	0	0	101,206	2.00
3.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	176,068	3.00
4.00	43.00 AGGREGATE-NURSERY	0	0	0	0	0	4.00
5.00	50.00 AGGREGATE-OPERATING ROOM	0	0	0	0	3,458	5.00
6.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	22,675	8.00
9.00	60.00 AGGREGATE-LABORATORY	39,250	1,963	0	0	0	9.00
10.00	65.00 AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	1,186	10.00
11.00	70.01 AGGREGATE-SLEEP LAB	0	0	0	0	0	11.00
12.00	74.00 AGGREGATE-RENAL DIALYSIS	0	0	0	0	1,183	12.00
13.00	90.00 AGGREGATE-CLINIC	0	0	0	0	11,616	13.00
14.00	90.01 AGGREGATE-WOUND CARE CENTER	0	0	0	0	3,458	14.00
15.00	90.02 AGGREGATE-CLINIC - BARIATRIC	0	0	0	0	6,770	15.00
16.00	91.00 AGGREGATE-EMERGENCY	0	0	0	0	119,951	16.00
200.00		146,525	7,327	0	0	478,891	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	718	2,243	8,099	448,862	1.00
2.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	1,732	107,482	0	3,309,340	2.00
3.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	0	0	0	2,135,056	3.00
4.00	43.00 AGGREGATE-NURSERY	0	0	0	169,588	4.00
5.00	50.00 AGGREGATE-OPERATING ROOM	0	0	0	3,208,758	5.00
6.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	406,191	6.00
7.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	721,563	7.00
8.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	398,531	8.00
9.00	60.00 AGGREGATE-LABORATORY	0	39,250	0	0	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 31-0009

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2022 1:03 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		
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	14,379		10.00
11.00	70.01	AGGREGATE-SLEEP LAB	0	0	0	18,474		11.00
12.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	14,341		12.00
13.00	90.00	AGGREGATE-CLINIC	0	0	0	639,798		13.00
14.00	90.01	AGGREGATE-WOUND CARE CENTER	0	0	0	41,928		14.00
15.00	90.02	AGGREGATE-CLINIC - BARIATRIC	0	0	0	382,103		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	2,052,791		16.00
200.00			2,450	148,975	8,099	13,961,703		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0009

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,092,057	11,092,057			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,908,105		8,908,105		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,992,326	195,441	566	27,188,333	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	51,944,459	861,455	4,095,287	2,196,327	59,097,528 5.00
6.00 00600	MAINTENANCE & REPAIRS	144,176	442,185	66,674	26,683	679,718 6.00
7.00 00700	OPERATION OF PLANT	8,913,993	316,956	211,737	602,463	10,045,149 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	601,561	101,141	0	55,858	758,560 8.00
9.00 00900	HOUSEKEEPING	4,255,731	37,476	12,069	665,325	4,970,601 9.00
10.00 01000	DIETARY	4,391,809	302,372	69,117	320,789	5,084,087 10.00
11.00 01100	CAFETERIA	2,138,785	86,629	0	190,191	2,415,605 11.00
13.00 01300	NURSING ADMINISTRATION	6,175,921	25,139	148,253	1,333,824	7,683,137 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	870,711	145,604	73,085	153,966	1,243,366 14.00
15.00 01500	PHARMACY	5,024,009	101,092	10,183	991,454	6,126,738 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,028,188	28,388	15,162	239,720	2,311,458 16.00
17.00 01700	SOCIAL SERVICE	2,827,720	0	0	380,457	3,208,177 17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	274,522	0	0	61,812	336,334 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	45,259,508	2,940,140	92,897	6,545,993	54,838,538 30.00
31.00 03100	INTENSIVE CARE UNIT	7,501,244	659,613	160,339	1,767,694	10,088,890 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	2,729,833	72,533	9,281	608,206	3,419,853 43.00
44.00 04400	SKILLED NURSING FACILITY	2,394,565	297,950	1,183	518,969	3,212,667 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	11,727,973	996,431	1,541,536	2,001,660	16,267,600 50.00
51.00 05100	RECOVERY ROOM	1,999,291	149,317	1,041	412,520	2,562,169 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,838,621	167,395	25,030	618,098	3,649,144 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,645,843	404,978	532,908	769,986	6,353,715 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,863,458	318,935	783,789	393,450	3,359,632 55.00
56.00 05600	RADIOISOTOPE	1,184,078	121,784	230,921	147,569	1,684,352 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	374,876	0	0	82,789	457,665 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,758,518	90,929	85,840	387,350	2,322,637 59.00
60.00 06000	LABORATORY	9,430,779	131,190	12,960	721,298	10,296,227 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,038,801	0	0	0	1,038,801 63.00
65.00 06500	RESPIRATORY THERAPY	2,807,551	29,585	155,007	568,896	3,561,039 65.00
66.00 06600	PHYSICAL THERAPY	1,629,343	96,670	4,868	196,914	1,927,795 66.00
67.00 06700	OCCUPATIONAL THERAPY	228,733	3,518	0	52,595	284,846 67.00
68.00 06800	SPEECH PATHOLOGY	281,984	12,093	3,838	63,736	361,651 68.00
69.00 06900	ELECTROCARDIOLOGY	590,243	56,092	119,181	132,689	898,205 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	186,984	4,642	19,165	38,523	249,314 70.00
70.01 07001	SLEEP LAB	136,865	39,919	5,069	3,877	185,730 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,826,550	0	0	0	16,826,550 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,261,854	0	0	0	11,261,854 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	18,979,237	0	0	0	18,979,237 73.00
74.00 07400	RENAL DIALYSIS	2,015,081	151,613	0	2,761	2,169,455 74.00
76.97 07697	CARDIAC REHABILITATION	215,647	28,290	1,657	47,034	292,628 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	899,304	166,320	2,737	221,145	1,289,506 90.00
90.01 09001	WOUND CARE CENTER	1,199,454	159,284	15,380	170,822	1,544,940 90.01
90.02 09002	CLINIC - BARIATRIC	257,055	54,968	745	72,817	385,585 90.02
90.03 09004	VACCINATION CENTER	39,811	0	0	7,738	47,549 90.03
90.22 09003	SAFE HOUSE	1,252,920	0	7,634	204,458	1,465,012 90.22
91.00 09100	EMERGENCY	12,610,676	469,352	392,102	2,713,994	16,186,124 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	1,914,217	444,017	0	347,430	2,705,664 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	489,359	0	0	0	489,359 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	305,154,329	10,711,436	8,907,241	27,039,880	304,624,391 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 07950	MISCELLANEOUS	0	0	0	0	0 194.00
194.01 07951	PUBLIC RELATIONS	0	3,518	0	0	3,518 194.01
194.05 07952	OTHER NON REIMBURSABLE	369,380	356,313	864	112,996	839,553 194.05
194.06 07953	GRANTS/TRIALS	564,052	0	0	35,457	599,509 194.06
194.07 07954	RETAIL PHARMACY	357,990	20,790	0	0	378,780 194.07
194.12 07955	NON ALLOWABLE TRANSPORTATION	479,215	0	0	0	479,215 194.12
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0009

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 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	2.00	4.00	4A	
202.00   TOTAL (sum lines 118 through 201)	306,924,966	11,092,057	8,908,105	27,188,333	306,924,966	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/25/2022 1:03 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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	59,097,528					5.00
6.00	00600	MAINTENANCE & REPAIRS	162,087	841,805				6.00
7.00	00700	OPERATION OF PLANT	2,395,386	27,814	12,468,349			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	180,888	8,875	135,948	1,084,271		8.00
9.00	00900	HOUSEKEEPING	1,185,299	3,289	50,373	0	6,209,562	9.00
10.00	01000	DIETARY	1,212,362	26,534	406,432	0	0	10.00
11.00	01100	CAFETERIA	576,030	7,602	116,443	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,832,136	2,206	33,790	0	6,998	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	296,496	12,777	195,713	0	83,981	14.00
15.00	01500	PHARMACY	1,460,994	8,871	135,882	0	62,986	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	551,195	2,491	38,157	0	41,991	16.00
17.00	01700	SOCIAL SERVICE	765,028	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	80,203	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,077,005	258,002	3,951,987	435,390	2,743,746	30.00
31.00	03100	INTENSIVE CARE UNIT	2,405,817	57,883	886,618	93,570	393,313	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	815,505	6,365	97,495	23,467	41,991	43.00
44.00	04400	SKILLED NURSING FACILITY	766,099	26,146	400,489	16,189	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,879,204	87,439	1,339,352	90,588	766,331	50.00
51.00	05100	RECOVERY ROOM	610,980	13,103	200,704	30,953	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	870,182	14,689	225,004	53,765	152,216	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,515,120	35,538	544,351	25,596	99,378	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	801,145	27,987	428,696	4,426	108,476	55.00
56.00	05600	RADIOISOTOPE	401,654	10,687	163,696	6,032	52,488	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	109,136	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	553,861	7,979	122,222	6,428	26,244	59.00
60.00	06000	LABORATORY	2,455,259	11,512	176,339	0	74,366	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	247,715	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	849,172	2,596	39,766	0	0	65.00
66.00	06600	PHYSICAL THERAPY	459,706	8,483	129,939	6,451	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,925	309	4,729	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	86,240	1,061	16,255	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	214,188	4,922	75,395	3,290	19,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59,452	407	6,239	0	0	70.00
70.01	07001	SLEEP LAB	44,290	3,503	53,657	159	20,995	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,012,493	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,685,524	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,525,827	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	517,333	13,304	203,791	4,472	0	74.00
76.97	07697	CARDIAC REHABILITATION	69,781	2,483	38,026	0	20,995	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	307,498	14,595	223,559	1,708	27,994	90.00
90.01	09001	WOUND CARE CENTER	368,409	13,978	214,102	4,649	62,986	90.01
90.02	09002	CLINIC - BARIATRIC	91,947	4,824	73,885	0	27,994	90.02
90.03	09004	VACCINATION CENTER	11,339	0	0	0	0	90.03
90.22	09003	SAFE HOUSE	349,350	0	0	0	0	90.22
91.00	09100	EMERGENCY	3,859,776	41,187	630,878	238,127	1,322,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	645,198	38,964	596,825	39,011	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	116,694	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,548,928	808,405	11,956,737	1,084,271	6,157,773	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
194.00	07950	MISCELLANEOUS	0	0	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	839	309	4,729	0	0	194.01
194.05	07952	OTHER NON REIMBURSABLE	200,201	31,267	478,938	0	51,789	194.05
194.06	07953	GRANTS/TRIALS	142,960	0	0	0	0	194.06
194.07	07954	RETAIL PHARMACY	90,325	1,824	27,945	0	0	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	114,275	0	0	0	0	194.12
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)	59,097,528	841,805	12,468,349	1,084,271	6,209,562	202.00



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/25/2022 1:03 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	6,729,415				10.00
11.00	01100	CAFETERIA	0	3,115,680			11.00
13.00	01300	NURSING ADMINISTRATION	0	173,002	9,731,269		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,612	0	1,866,945	14.00
15.00	01500	PHARMACY	0	120,899	0	1,556	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,102	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	43,912	106,037	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	8,560	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,537,737	938,524	4,222,527	23,896	30.00
31.00	03100	INTENSIVE CARE UNIT	624,211	173,457	1,078,263	11,784	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	61,232	242,118	1,025	43.00
44.00	04400	SKILLED NURSING FACILITY	361,078	80,600	195,923	1,752	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	206,389	255,251	1,178,313	12,154	50.00
51.00	05100	RECOVERY ROOM	0	46,102	294,887	631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	74,997	447,727	2,934	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	104,233	46,456	1,961	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,266	106,991	1,993	55.00
56.00	05600	RADIOISOTOPE	0	17,917	0	269	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,750	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,399	132,210	1,548	59.00
60.00	06000	LABORATORY	0	116,121	0	1,470	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	72,494	0	689	65.00
66.00	06600	PHYSICAL THERAPY	0	25,426	0	230	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,314	0	14	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,300	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,164	7,202	217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,432	0	2	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,066,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	713,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	983	74.00
76.97	07697	CARDIAC REHABILITATION	0	4,977	39,482	210	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	28,810	140,258	493	90.00
90.01	09001	WOUND CARE CENTER	0	25,596	86,187	581	90.01
90.02	09002	CLINIC - BARIATRIC	0	9,926	0	0	90.02
90.03	09004	VACCINATION CENTER	0	1,251	4,718	9	90.03
90.22	09003	SAFE HOUSE	0	43,798	21,151	0	90.22
91.00	09100	EMERGENCY	0	401,263	1,135,772	17,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	51,278	223,549	2,984	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,729,415	3,084,965	9,709,771	1,866,918	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
194.00	07950	MISCELLANEOUS	0	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	0	0	0	194.01
194.05	07952	OTHER NON REIMBURSABLE	0	23,349	21,498	27	194.05
194.06	07953	GRANTS/TRIALS	0	7,366	0	0	194.06
194.07	07954	RETAIL PHARMACY	0	0	0	0	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	0	0	0	0	194.12
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,729,415	3,115,680	9,731,269	1,866,945	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0009

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	2,991,394					16.00
17.00	01700	SOCIAL SERVICE	0	4,123,154				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	425,097			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	986,553	3,834,533	0	90,848,438	0	30.00
31.00	03100	INTENSIVE CARE UNIT	162,087	0	0	15,975,893	0	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	38,793	0	0	4,747,844	0	43.00
44.00	04400	SKILLED NURSING FACILITY	23,441	0	0	5,084,384	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	229,808	0	0	24,312,429	0	50.00
51.00	05100	RECOVERY ROOM	43,351	0	0	3,802,880	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,470	0	0	5,535,128	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,144	0	0	8,888,492	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	45,306	0	0	4,919,918	0	55.00
56.00	05600	RADIOISOTOPE	27,137	0	0	2,364,232	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,569	0	0	598,120	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,089	0	0	3,257,617	0	59.00
60.00	06000	LABORATORY	227,632	0	0	13,358,926	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,752	0	0	1,316,268	0	63.00
65.00	06500	RESPIRATORY THERAPY	35,051	0	0	4,560,807	0	65.00
66.00	06600	PHYSICAL THERAPY	26,051	0	0	2,584,081	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,785	0	0	367,922	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,040	0	0	477,547	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,215	0	0	1,289,394	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,360	0	0	326,206	0	70.00
70.01	07001	SLEEP LAB	3,317	0	0	311,651	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,061	0	0	21,954,246	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,314	0	0	14,690,263	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,221	0	425,097	31,942,308	0	73.00
74.00	07400	RENAL DIALYSIS	15,967	0	0	2,925,305	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,298	0	0	470,880	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	9,622	123,695	0	2,167,738	0	90.00
90.01	09001	WOUND CARE CENTER	24,858	0	0	2,346,286	0	90.01
90.02	09002	CLINIC - BARIATRIC	1,276	0	0	595,437	0	90.02
90.03	09004	VACCINATION CENTER	1,300	0	0	66,166	0	90.03
90.22	09003	SAFE HOUSE	0	0	0	1,879,311	0	90.22
91.00	09100	EMERGENCY	436,046	164,926	0	24,434,627	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	116,356	0	0	4,419,829	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	124	0	0	606,177	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,991,394	4,123,154	425,097	303,426,750	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
194.00	07950	MISCELLANEOUS	0	0	0	0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	0	0	9,395	0	194.01
194.05	07952	OTHER NON REIMBURSABLE	0	0	0	1,646,622	0	194.05
194.06	07953	GRANTS/TRIALS	0	0	0	749,835	0	194.06
194.07	07954	RETAIL PHARMACY	0	0	0	498,874	0	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	0	0	0	593,490	0	194.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,991,394	4,123,154	425,097	306,924,966	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/25/2022 1:03 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I/PF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE CENTER	90.01
90.02	09002	CLINIC - BARIATRIC	90.02
90.03	09004	VACCINATION CENTER	90.03
90.22	09003	SAFE HOUSE	90.22
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500	AMBULANCE SERVICES	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
194.00	07950	MISCELLANEOUS	194.00
194.01	07951	PUBLIC RELATIONS	194.01
194.05	07952	OTHER NON REIMBURSABLE	194.05
194.06	07953	GRANTS/TRIALS	194.06
194.07	07954	RETAIL PHARMACY	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	194.12
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/25/2022 1:03 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	195,441	566	196,007	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	128,394	861,455	4,095,287	5,085,136	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	442,185	66,674	508,859	6.00
7.00 00700	OPERATION OF PLANT	13,830	316,956	211,737	542,523	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	10,282	101,141	0	111,423	8.00
9.00 00900	HOUSEKEEPING	5,049	37,476	12,069	54,594	9.00
10.00 01000	DIETARY	16,945	302,372	69,117	388,434	10.00
11.00 01100	CAFETERIA	0	86,629	0	86,629	11.00
13.00 01300	NURSING ADMINISTRATION	1,021	25,139	148,253	174,413	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	112,588	145,604	73,085	331,277	14.00
15.00 01500	PHARMACY	12,863	101,092	10,183	124,138	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	28,388	15,162	43,550	16.00
17.00 01700	SOCIAL SERVICE	510	0	0	510	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	121,158	2,940,140	92,897	3,154,195	30.00
31.00 03100	INTENSIVE CARE UNIT	917	659,613	160,339	820,869	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00 04300	NURSERY	435	72,533	9,281	82,249	43.00
44.00 04400	SKILLED NURSING FACILITY	842	297,950	1,183	299,975	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	337,648	996,431	1,541,536	2,875,615	50.00
51.00 05100	RECOVERY ROOM	0	149,317	1,041	150,358	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,541	167,395	25,030	193,966	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	119	404,978	532,908	938,005	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	15,086	318,935	783,789	1,117,810	55.00
56.00 05600	RADIOISOTOPE	3,433	121,784	230,921	356,138	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	39,541	90,929	85,840	216,310	59.00
60.00 06000	LABORATORY	75,662	131,190	12,960	219,812	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	10,341	29,585	155,007	194,933	65.00
66.00 06600	PHYSICAL THERAPY	3,242	96,670	4,868	104,780	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,518	0	3,518	67.00
68.00 06800	SPEECH PATHOLOGY	715	12,093	3,838	16,646	68.00
69.00 06900	ELECTROCARDIOLOGY	0	56,092	119,181	175,273	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	4,642	19,165	23,807	70.00
70.01 07001	SLEEP LAB	0	39,919	5,069	44,988	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
74.00 07400	RENAL DIALYSIS	0	151,613	0	151,613	74.00
76.97 07697	CARDIAC REHABILITATION	0	28,290	1,657	29,947	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	166,320	2,737	169,057	90.00
90.01 09001	WOUND CARE CENTER	14,449	159,284	15,380	189,113	90.01
90.02 09002	CLINIC - BARIATRIC	0	54,968	745	55,713	90.02
90.03 09004	VACCINATION CENTER	0	0	0	0	90.03
90.22 09003	SAFE HOUSE	0	0	7,634	7,634	90.22
91.00 09100	EMERGENCY	27,529	469,352	392,102	888,983	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	873	444,017	0	444,890	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	955,013	10,711,436	8,907,241	20,573,690	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 07950	MISCELLANEOUS	0	0	0	0	194.00
194.01 07951	PUBLIC RELATIONS	0	3,518	0	3,518	194.01
194.05 07952	OTHER NON REIMBURSABLE	0	356,313	864	357,177	194.05
194.06 07953	GRANTS/TRIALS	0	0	0	0	194.06
194.07 07954	RETAIL PHARMACY	0	20,790	0	20,790	194.07
194.12 07955	NON ALLOWABLE TRANSPORTATION	0	0	0	0	194.12
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	955,013	11,092,057	8,908,105	20,955,175	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/25/2022 1:03 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
<b>GENERAL SERVICE COST CENTERS</b>							
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	5,100,971				5.00
6.00	00600	MAINTENANCE & REPAIRS	13,991	523,042			6.00
7.00	00700	OPERATION OF PLANT	206,759	17,282	770,908		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,613	5,515	8,406	141,360	8.00
9.00	00900	HOUSEKEEPING	102,310	2,043	3,115	0	166,859
10.00	01000	DIETARY	104,646	16,486	25,129	0	0
11.00	01100	CAFETERIA	49,720	4,723	7,200	0	0
13.00	01300	NURSING ADMINISTRATION	158,142	1,371	2,089	0	188
14.00	01400	CENTRAL SERVICES & SUPPLY	25,592	7,939	12,101	0	2,257
15.00	01500	PHARMACY	126,107	5,512	8,402	0	1,693
16.00	01600	MEDICAL RECORDS & LIBRARY	47,577	1,548	2,359	0	1,128
17.00	01700	SOCIAL SERVICE	66,034	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	6,923	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,128,678	160,307	244,347	56,764	73,729
31.00	03100	INTENSIVE CARE UNIT	207,660	35,964	54,819	12,199	10,569
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	70,391	3,955	6,028	3,059	1,128
44.00	04400	SKILLED NURSING FACILITY	66,126	16,245	24,762	2,111	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	334,836	54,329	82,811	11,810	20,592
51.00	05100	RECOVERY ROOM	52,737	8,141	12,409	4,035	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,110	9,127	13,912	7,010	4,090
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,779	22,081	33,657	3,337	2,670
55.00	05500	RADIOLOGY-THERAPEUTIC	69,151	17,389	26,506	577	2,915
56.00	05600	RADIOISOTOPE	34,669	6,640	10,121	786	1,410
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,420	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	47,807	4,958	7,557	838	705
60.00	06000	LABORATORY	211,927	7,153	10,903	0	1,998
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,382	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	73,297	1,613	2,459	0	0
66.00	06600	PHYSICAL THERAPY	39,680	5,271	8,034	841	0
67.00	06700	OCCUPATIONAL THERAPY	5,863	192	292	0	0
68.00	06800	SPEECH PATHOLOGY	7,444	659	1,005	0	0
69.00	06900	ELECTROCARDIOLOGY	18,488	3,058	4,662	429	527
70.00	07000	ELECTROENCEPHALOGRAPHY	5,132	253	386	0	0
70.01	07001	SLEEP LAB	3,823	2,177	3,318	21	564
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	346,341	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	231,803	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	390,650	0	0	0	0
74.00	07400	RENAL DIALYSIS	44,654	8,266	12,600	583	0
76.97	07697	CARDIAC REHABILITATION	6,023	1,542	2,351	0	564
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	26,542	9,068	13,822	223	752
90.01	09001	WOUND CARE CENTER	31,800	8,685	13,238	606	1,693
90.02	09002	CLINIC - BARIATRIC	7,936	2,997	4,568	0	752
90.03	09004	VACCINATION CENTER	979	0	0	0	0
90.22	09003	SAFE HOUSE	30,154	0	0	0	0
91.00	09100	EMERGENCY	333,159	25,591	39,007	31,045	35,543
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS-DISTINCT	55,691	24,209	36,901	5,086	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	10,072	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,053,618	502,289	739,276	141,360	165,467
<b>NONREIMBURSABLE COST CENTERS</b>							
194.00	07950	MISCELLANEOUS	0	0	0	0	0
194.01	07951	PUBLIC RELATIONS	72	192	292	0	0
194.05	07952	OTHER NON REIMBURSABLE	17,281	19,427	29,612	0	1,392
194.06	07953	GRANTS/TRIALS	12,340	0	0	0	0
194.07	07954	RETAIL PHARMACY	7,796	1,134	1,728	0	0
194.12	07955	NON ALLOWABLE TRANSPORTATION	9,864	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)	5,100,971	523,042	770,908	141,360	166,859

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/25/2022 1:03 pm							
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY					
		10.00	11.00	13.00	14.00	15.00					
<b>GENERAL SERVICE COST CENTERS</b>											
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	537,008				10.00					
11.00	01100	0	149,643			11.00					
13.00	01300	0	8,309	354,129		13.00					
14.00	01400	0	1,662	0	381,938	14.00					
15.00	01500	0	5,807	0	318	279,125	15.00				
16.00	01600	0	2,214	0	0	0	16.00				
17.00	01700	0	2,109	3,859	0	0	17.00				
23.00	02300	0	411	0	0	0	23.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>											
30.00	03000	441,912	45,078	153,661	4,889	0	30.00				
31.00	03100	49,812	8,331	39,239	2,411	0	31.00				
40.00	04000	0	0	0	0	0	40.00				
43.00	04300	0	2,941	8,811	210	0	43.00				
44.00	04400	28,814	3,871	7,130	358	0	44.00				
<b>ANCILLARY SERVICE COST CENTERS</b>											
50.00	05000	16,470	12,259	42,880	2,486	0	50.00				
51.00	05100	0	2,214	10,731	129	0	51.00				
52.00	05200	0	3,602	16,293	600	0	52.00				
54.00	05400	0	5,006	1,691	401	0	54.00				
55.00	05500	0	1,694	3,893	408	0	55.00				
56.00	05600	0	861	0	55	0	56.00				
58.00	05800	0	516	0	0	0	58.00				
59.00	05900	0	1,796	4,811	317	0	59.00				
60.00	06000	0	5,577	0	301	0	60.00				
63.00	06300	0	0	0	0	0	63.00				
65.00	06500	0	3,482	0	141	0	65.00				
66.00	06600	0	1,221	0	47	0	66.00				
67.00	06700	0	303	0	3	0	67.00				
68.00	06800	0	447	0	0	0	68.00				
69.00	06900	0	968	262	44	0	69.00				
70.00	07000	0	261	0	0	0	70.00				
70.01	07001	0	0	0	0	0	70.01				
71.00	07100	0	0	0	218,109	0	71.00				
72.00	07200	0	0	0	145,983	0	72.00				
73.00	07300	0	0	0	0	279,125	73.00				
74.00	07400	0	0	0	201	0	74.00				
76.97	07697	0	239	1,437	43	0	76.97				
<b>OUTPATIENT SERVICE COST CENTERS</b>											
90.00	09000	0	1,384	5,104	101	0	90.00				
90.01	09001	0	1,229	3,136	119	0	90.01				
90.02	09002	0	477	0	0	0	90.02				
90.03	09004	0	60	172	2	0	90.03				
90.22	09003	0	2,104	770	0	0	90.22				
91.00	09100	0	19,272	41,332	3,646	0	91.00				
92.00	09200	0	0	0	0	0	92.00				
92.01	09201	0	2,463	8,135	610	0	92.01				
<b>OTHER REIMBURSABLE COST CENTERS</b>											
95.00	09500	0	0	0	0	0	95.00				
<b>SPECIAL PURPOSE COST CENTERS</b>											
113.00	11300	0	0	0	0	0	113.00				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					537,008	148,168	353,347	381,932	279,125	118.00
<b>NONREIMBURSABLE COST CENTERS</b>											
194.00	07950	0	0	0	0	0	194.00				
194.01	07951	0	0	0	0	0	194.01				
194.05	07952	0	1,121	782	6	0	194.05				
194.06	07953	0	354	0	0	0	194.06				
194.07	07954	0	0	0	0	0	194.07				
194.12	07955	0	0	0	0	0	194.12				
200.00	Cross Foot Adjustments					0	0	0	200.00		
201.00	Negative Cost Centers					0	0	0	201.00		
202.00	TOTAL (sum lines 118 through 201)					537,008	149,643	354,129	381,938	279,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/25/2022 1:03 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	100,104					16.00
17.00	01700	SOCIAL SERVICE	0	75,255				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	7,780			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	33,133	69,987		5,613,857	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,415	0		1,260,033	0	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0		0	0	40.00
43.00	04300	NURSERY	1,296	0		184,453	0	43.00
44.00	04400	SKILLED NURSING FACILITY	783	0		453,917	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,677	0		3,476,197	0	50.00
51.00	05100	RECOVERY ROOM	1,448	0		245,176	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,486	0		329,652	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,416	0		1,148,594	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,513	0		1,244,693	0	55.00
56.00	05600	RADIOISOTOPE	907	0		412,651	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	687	0		11,220	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,573	0		289,465	0	59.00
60.00	06000	LABORATORY	7,604	0		470,475	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	994	0		22,376	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,171	0		281,198	0	65.00
66.00	06600	PHYSICAL THERAPY	870	0		162,164	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	126	0		10,676	0	67.00
68.00	06800	SPEECH PATHOLOGY	102	0		26,763	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,544	0		206,212	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179	0		30,296	0	70.00
70.01	07001	SLEEP LAB	111	0		55,030	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,639	0		566,089	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	979	0		378,765	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,147	0		672,922	0	73.00
74.00	07400	RENAL DIALYSIS	533	0		218,470	0	74.00
76.97	07697	CARDIAC REHABILITATION	77	0		42,562	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	321	2,258		230,226	0	90.00
90.01	09001	WOUND CARE CENTER	830	0		251,681	0	90.01
90.02	09002	CLINIC - BARIATRIC	43	0		73,011	0	90.02
90.03	09004	VACCINATION CENTER	43	0		1,312	0	90.03
90.22	09003	SAFE HOUSE	0	0		42,136	0	90.22
91.00	09100	EMERGENCY	14,566	3,010		1,454,721	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,887	0		584,377	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4	0		10,076	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100,104	75,255	0	20,461,446	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
194.00	07950	MISCELLANEOUS	0	0		0	0	194.00
194.01	07951	PUBLIC RELATIONS	0	0		4,074	0	194.01
194.05	07952	OTHER NON REIMBURSABLE	0	0		427,613	0	194.05
194.06	07953	GRANTS/TRIALS	0	0		12,950	0	194.06
194.07	07954	RETAIL PHARMACY	0	0		31,448	0	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	0	0		9,864	0	194.12
200.00		Cross Foot Adjustments			7,780	7,780		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	100,104	75,255	7,780	20,955,175	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/25/2022 1:03 pm
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	5,613,857	30.00
31.00	03100	INTENSIVE CARE UNIT	1,260,033	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	184,453	43.00
44.00	04400	SKILLED NURSING FACILITY	453,917	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	3,476,197	50.00
51.00	05100	RECOVERY ROOM	245,176	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	329,652	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,148,594	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,244,693	55.00
56.00	05600	RADIOISOTOPE	412,651	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,220	58.00
59.00	05900	CARDIAC CATHETERIZATION	289,465	59.00
60.00	06000	LABORATORY	470,475	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,376	63.00
65.00	06500	RESPIRATORY THERAPY	281,198	65.00
66.00	06600	PHYSICAL THERAPY	162,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,676	67.00
68.00	06800	SPEECH PATHOLOGY	26,763	68.00
69.00	06900	ELECTROCARDIOLOGY	206,212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,296	70.00
70.01	07001	SLEEP LAB	55,030	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	566,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	378,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,922	73.00
74.00	07400	RENAL DIALYSIS	218,470	74.00
76.97	07697	CARDIAC REHABILITATION	42,562	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	230,226	90.00
90.01	09001	WOUND CARE CENTER	251,681	90.01
90.02	09002	CLINIC - BARIATRIC	73,011	90.02
90.03	09004	VACCINATION CENTER	1,312	90.03
90.22	09003	SAFE HOUSE	42,136	90.22
91.00	09100	EMERGENCY	1,454,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	584,377	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	10,076	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,461,446	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
194.00	07950	MISCELLANEOUS	0	194.00
194.01	07951	PUBLIC RELATIONS	4,074	194.01
194.05	07952	OTHER NON REIMBURSABLE	427,613	194.05
194.06	07953	GRANTS/TRIALS	12,950	194.06
194.07	07954	RETAIL PHARMACY	31,448	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	9,864	194.12
200.00		Cross Foot Adjustments	7,780	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,955,175	202.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0009

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2022 1:03 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				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	454,032				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,305,807			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,000	464	118,157,082		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,262	3,358,667	9,544,974	-59,097,528	247,827,438
6.00 00600	MAINTENANCE & REPAIRS	18,100	54,681	115,963	0	679,718
7.00 00700	OPERATION OF PLANT	12,974	173,652	2,618,232	0	10,045,149
8.00 00800	LAUNDRY & LINEN SERVICE	4,140	0	242,754	0	758,560
9.00 00900	HOUSEKEEPING	1,534	9,898	2,891,421	0	4,970,601
10.00 01000	DIETARY	12,377	56,685	1,394,110	0	5,084,087
11.00 01100	CAFETERIA	3,546	0	826,546	0	2,415,605
13.00 01300	NURSING ADMINISTRATION	1,029	121,587	5,796,638	0	7,683,137
14.00 01400	CENTRAL SERVICES & SUPPLY	5,960	59,939	669,119	0	1,243,366
15.00 01500	PHARMACY	4,138	8,351	4,308,739	0	6,126,738
16.00 01600	MEDICAL RECORDS & LIBRARY	1,162	12,435	1,041,796	0	2,311,458
17.00 01700	SOCIAL SERVICE	0	0	1,653,422	0	3,208,177
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	268,629	0	336,334
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	120,349	76,188	28,447,940	0	54,838,538
31.00 03100	INTENSIVE CARE UNIT	27,000	131,499	7,682,185	0	10,088,890
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	2,969	7,612	2,643,189	0	3,419,853
44.00 04400	SKILLED NURSING FACILITY	12,196	970	2,255,379	0	3,212,667
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	40,787	1,264,261	8,698,973	0	16,267,600
51.00 05100	RECOVERY ROOM	6,112	854	1,792,761	0	2,562,169
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,852	20,528	2,686,181	0	3,649,144
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,577	437,054	3,346,266	0	6,353,715
55.00 05500	RADIOLOGY-THERAPEUTIC	13,055	642,809	1,709,885	0	3,359,632
56.00 05600	RADIOISOTOPE	4,985	189,385	641,319	0	1,684,352
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	359,792	0	457,665
59.00 05900	CARDIAC CATHETERIZATION	3,722	70,400	1,683,378	0	2,322,637
60.00 06000	LABORATORY	5,370	10,629	3,134,673	0	10,296,227
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,038,801
65.00 06500	RESPIRATORY THERAPY	1,211	127,126	2,472,355	0	3,561,039
66.00 06600	PHYSICAL THERAPY	3,957	3,992	855,764	0	1,927,795
67.00 06700	OCCUPATIONAL THERAPY	144	0	228,572	0	284,846
68.00 06800	SPEECH PATHOLOGY	495	3,148	276,991	0	361,651
69.00 06900	ELECTROCARDIOLOGY	2,296	97,744	576,650	0	898,205
70.00 07000	ELECTROENCEPHALOGRAPHY	190	15,718	167,417	0	249,314
70.01 07001	SLEEP LAB	1,634	4,157	16,848	0	185,730
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,826,550
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,261,854
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,979,237
74.00 07400	RENAL DIALYSIS	6,206	0	12,000	0	2,169,455
76.97 07697	CARDIAC REHABILITATION	1,158	1,359	204,405	0	292,628
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	6,808	2,245	961,071	0	1,289,506
90.01 09001	WOUND CARE CENTER	6,520	12,614	742,371	0	1,544,940
90.02 09002	CLINIC - BARIATRIC	2,250	611	316,453	0	385,585
90.03 09004	VACCINATION CENTER	0	0	33,627	0	47,549
90.22 09003	SAFE HOUSE	0	6,261	888,552	0	1,465,012
91.00 09100	EMERGENCY	19,212	321,575	11,794,694	0	16,186,124
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS-DISTINCT	18,175	0	1,509,888	0	2,705,664
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	489,359
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	438,452	7,305,098	117,511,922	-59,097,528	245,526,863
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 07950	MISCELLANEOUS	0	0	0	0	0
194.01 07951	PUBLIC RELATIONS	144	0	0	0	3,518
194.05 07952	OTHER NON REIMBURSABLE	14,585	709	491,067	0	839,553
194.06 07953	GRANTS/TRIALS	0	0	154,093	0	599,509
194.07 07954	RETAIL PHARMACY	851	0	0	0	378,780
194.12 07955	NON ALLOWABLE TRANSPORTATION	0	0	0	0	479,215
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0009

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

Worksheet B-1

Date/Time Prepared:  
5/25/2022 1:03 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	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	11,092,057	8,908,105	27,188,333	5A	59,097,528	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.430122	1.219318	0.230103		0.238462	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			196,007		5,100,971	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001659		0.020583	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: 31-0009

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2022 1:03 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	392,670					6.00
7.00	00700	12,974	379,696				7.00
8.00	00800	4,140	4,140	1,362,264			8.00
9.00	00900	1,534	1,534	0	443,638		9.00
10.00	01000	12,377	12,377	0	0	261,496	10.00
11.00	01100	3,546	3,546	0	0	0	11.00
13.00	01300	1,029	1,029	0	500	0	13.00
14.00	01400	5,960	5,960	0	6,000	0	14.00
15.00	01500	4,138	4,138	0	4,500	0	15.00
16.00	01600	1,162	1,162	0	3,000	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	120,349	120,349	547,016	196,025	215,189	30.00
31.00	03100	27,000	27,000	117,560	28,100	24,256	31.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	2,969	2,969	29,484	3,000	0	43.00
44.00	04400	12,196	12,196	20,340	0	14,031	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	40,787	40,787	113,813	54,750	8,020	50.00
51.00	05100	6,112	6,112	38,889	0	0	51.00
52.00	05200	6,852	6,852	67,550	10,875	0	52.00
54.00	05400	16,577	16,577	32,159	7,100	0	54.00
55.00	05500	13,055	13,055	5,561	7,750	0	55.00
56.00	05600	4,985	4,985	7,578	3,750	0	56.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	3,722	3,722	8,076	1,875	0	59.00
60.00	06000	5,370	5,370	0	5,313	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,211	1,211	0	0	0	65.00
66.00	06600	3,957	3,957	8,105	0	0	66.00
67.00	06700	144	144	0	0	0	67.00
68.00	06800	495	495	0	0	0	68.00
69.00	06900	2,296	2,296	4,134	1,400	0	69.00
70.00	07000	190	190	0	0	0	70.00
70.01	07001	1,634	1,634	200	1,500	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
74.00	07400	6,206	6,206	5,619	0	0	74.00
76.97	07697	1,158	1,158	0	1,500	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	6,808	6,808	2,146	2,000	0	90.00
90.01	09001	6,520	6,520	5,841	4,500	0	90.01
90.02	09002	2,250	2,250	0	2,000	0	90.02
90.03	09004	0	0	0	0	0	90.03
90.22	09003	0	0	0	0	0	90.22
91.00	09100	19,212	19,212	299,180	94,500	0	91.00
92.00	09200						92.00
92.01	09201	18,175	18,175	49,013	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		377,090	364,116	1,362,264	439,938	261,496	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
194.00	07950	0	0	0	0	0	194.00
194.01	07951	144	144	0	0	0	194.01
194.05	07952	14,585	14,585	0	3,700	0	194.05
194.06	07953	0	0	0	0	0	194.06
194.07	07954	851	851	0	0	0	194.07
194.12	07955	0	0	0	0	0	194.12
200.00							200.00
201.00							201.00
202.00		841,805	12,468,349	1,084,271	6,209,562	6,729,415	202.00
203.00		2.143798	32.837715	0.795933	13.996912	25.734294	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0009

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From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/25/2022 1:03 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	
204.00	Cost to be allocated (per Wkst. B, Part II)	523,042	770,908	141,360	166,859	537,008	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.332014	2.030330	0.103768	0.376115	2.053599	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: 31-0009

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	109,552					11.00
13.00	01300	NURSING ADMINISTRATION	6,083	897,170				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,217	0	29,466,202			14.00
15.00	01500	PHARMACY	4,251	0	24,555	18,989,987		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,621	0	0	0	1,611,696,521	16.00
17.00	01700	SOCIAL SERVICE	1,544	9,776	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	301	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,000	389,294	377,160	0	531,502,411	30.00
31.00	03100	INTENSIVE CARE UNIT	6,099	99,410	185,980	0	87,331,264	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	2,153	22,322	16,182	0	20,901,473	43.00
44.00	04400	SKILLED NURSING FACILITY	2,834	18,063	27,648	0	12,629,862	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,975	108,634	191,822	0	123,818,898	50.00
51.00	05100	RECOVERY ROOM	1,621	27,187	9,958	0	23,357,370	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,637	41,278	46,313	0	23,960,062	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,665	4,283	30,955	0	87,362,245	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,240	9,864	31,453	0	24,410,532	55.00
56.00	05600	RADIOISOTOPE	630	0	4,238	0	14,621,047	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	378	0	0	0	11,082,691	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,315	12,189	24,429	0	25,371,066	59.00
60.00	06000	LABORATORY	4,083	0	23,209	0	122,646,575	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	16,030,237	63.00
65.00	06500	RESPIRATORY THERAPY	2,549	0	10,878	0	18,885,097	65.00
66.00	06600	PHYSICAL THERAPY	894	0	3,631	0	14,035,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	222	0	219	0	2,039,241	67.00
68.00	06800	SPEECH PATHOLOGY	327	0	0	0	1,637,792	68.00
69.00	06900	ELECTROCARDIOLOGY	709	664	3,422	0	24,900,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	191	0	30	0	2,887,882	70.00
70.01	07001	SLEEP LAB	0	0	0	0	1,787,096	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,827,081	0	26,433,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,262,353	0	15,794,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,989,987	50,765,728	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,509	0	8,602,674	74.00
76.97	07697	CARDIAC REHABILITATION	175	3,640	3,315	0	1,238,091	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,013	12,931	7,775	0	5,184,243	90.00
90.01	09001	WOUND CARE CENTER	900	7,946	9,169	0	13,393,269	90.01
90.02	09002	CLINIC - BARIATRIC	349	0	0	0	687,431	90.02
90.03	09004	VACCINATION CENTER	44	435	137	0	700,297	90.03
90.22	09003	SAFE HOUSE	1,540	1,950	0	0	0	90.22
91.00	09100	EMERGENCY	14,109	104,712	281,260	0	234,938,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1,803	20,610	47,089	0	62,691,850	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	66,905	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,472	895,188	29,465,770	18,989,987	1,611,696,521	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
194.05	07952	OTHER NON REIMBURSABLE	821	1,982	432	0	0	194.05
194.06	07953	GRANTS/TRIALS	259	0	0	0	0	194.06
194.07	07954	RETAIL PHARMACY	0	0	0	0	0	194.07
194.12	07955	NON ALLOWABLE TRANSPORTATION	0	0	0	0	0	194.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,115,680	9,731,269	1,866,945	7,917,926	2,991,394	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0009

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

Worksheet B-1

Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	28.440193	10.846628	0.063359	0.416953	0.001856	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	149,643	354,129	381,938	279,125	100,104	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.365954	0.394718	0.012962	0.014699	0.000062	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: 31-0009

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)		
		17.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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	100		17.00	
23.00	02300	0	2,860	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	93	0	30.00	
31.00	03100	0	0	31.00	
40.00	04000	0	0	40.00	
43.00	04300	0	0	43.00	
44.00	04400	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	50.00	
51.00	05100	0	0	51.00	
52.00	05200	0	0	52.00	
54.00	05400	0	0	54.00	
55.00	05500	0	0	55.00	
56.00	05600	0	0	56.00	
58.00	05800	0	0	58.00	
59.00	05900	0	0	59.00	
60.00	06000	0	0	60.00	
63.00	06300	0	0	63.00	
65.00	06500	0	0	65.00	
66.00	06600	0	0	66.00	
67.00	06700	0	0	67.00	
68.00	06800	0	0	68.00	
69.00	06900	0	0	69.00	
70.00	07000	0	0	70.00	
70.01	07001	0	0	70.01	
71.00	07100	0	0	71.00	
72.00	07200	0	0	72.00	
73.00	07300	0	2,860	73.00	
74.00	07400	0	0	74.00	
76.97	07697	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	3	0	90.00	
90.01	09001	0	0	90.01	
90.02	09002	0	0	90.02	
90.03	09004	0	0	90.03	
90.22	09003	0	0	90.22	
91.00	09100	4	0	91.00	
92.00	09200	0	0	92.00	
92.01	09201	0	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300			113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		100	2,860	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
194.00	07950	0	0	194.00	
194.01	07951	0	0	194.01	
194.05	07952	0	0	194.05	
194.06	07953	0	0	194.06	
194.07	07954	0	0	194.07	
194.12	07955	0	0	194.12	
200.00	Cross Foot Adjustments			200.00	
201.00	Negative Cost Centers			201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)		4,123,154	425,097	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		41,231.540000	148.635315	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0009

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

Worksheet B-1

Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM (ASSIGNED TIME)	
		17.00	23.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	75,255	7,780	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	752.550000	2.720280	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: 31-0009

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Dissallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	90,848,438		90,848,438	0	90,848,438	30.00
31.00	03100 INTENSIVE CARE UNIT	15,975,893		15,975,893	0	15,975,893	31.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	4,747,844		4,747,844	0	4,747,844	43.00
44.00	04400 SKILLED NURSING FACILITY	5,084,384		5,084,384	0	5,084,384	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	24,312,429		24,312,429	0	24,312,429	50.00
51.00	05100 RECOVERY ROOM	3,802,880		3,802,880	0	3,802,880	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,535,128		5,535,128	0	5,535,128	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,888,492		8,888,492	0	8,888,492	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,919,918		4,919,918	0	4,919,918	55.00
56.00	05600 RADIOISOTOPE	2,364,232		2,364,232	0	2,364,232	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	598,120		598,120	0	598,120	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,257,617		3,257,617	0	3,257,617	59.00
60.00	06000 LABORATORY	13,358,926		13,358,926	0	13,358,926	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,316,268		1,316,268	0	1,316,268	63.00
65.00	06500 RESPIRATORY THERAPY	4,560,807	0	4,560,807	0	4,560,807	65.00
66.00	06600 PHYSICAL THERAPY	2,584,081	0	2,584,081	0	2,584,081	66.00
67.00	06700 OCCUPATIONAL THERAPY	367,922	0	367,922	0	367,922	67.00
68.00	06800 SPEECH PATHOLOGY	477,547	0	477,547	0	477,547	68.00
69.00	06900 ELECTROCARDIOLOGY	1,289,394		1,289,394	0	1,289,394	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	326,206		326,206	0	326,206	70.00
70.01	07001 SLEEP LAB	311,651		311,651	0	311,651	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,954,246		21,954,246	0	21,954,246	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,690,263		14,690,263	0	14,690,263	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,942,308		31,942,308	0	31,942,308	73.00
74.00	07400 RENAL DIALYSIS	2,925,305		2,925,305	0	2,925,305	74.00
76.97	07697 CARDIAC REHABILITATION	470,880		470,880	0	470,880	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,167,738		2,167,738	0	2,167,738	90.00
90.01	09001 WOUND CARE CENTER	2,346,286		2,346,286	0	2,346,286	90.01
90.02	09002 CLINIC - BARIATRIC	595,437		595,437	0	595,437	90.02
90.03	09004 VACCINATION CENTER	66,166		66,166	0	66,166	90.03
90.22	09003 SAFE HOUSE	1,879,311		1,879,311	0	1,879,311	90.22
91.00	09100 EMERGENCY	24,434,627		24,434,627	0	24,434,627	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	151,094		151,094	0	151,094	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	4,419,829		4,419,829	0	4,419,829	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	606,177		606,177	0	606,177	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	303,577,844	0	303,577,844	0	303,577,844	200.00
201.00	Less Observation Beds	151,094		151,094		151,094	201.00
202.00	Total (see instructions)	303,426,750	0	303,426,750	0	303,426,750	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 31-0009

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	530,932,161		530,932,161		30.00
31.00	03100	INTENSIVE CARE UNIT	87,331,264		87,331,264		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	20,901,473		20,901,473		43.00
44.00	04400	SKILLED NURSING FACILITY	12,629,862		12,629,862		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	28,936,800	94,882,098	123,818,898	0.196355	50.00
51.00	05100	RECOVERY ROOM	6,428,885	16,928,485	23,357,370	0.162813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,744,868	7,215,194	23,960,062	0.231015	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,569,392	49,792,853	87,362,245	0.101743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	866,212	23,544,320	24,410,532	0.201549	55.00
56.00	05600	RADIOISOTOPE	4,381,715	10,239,332	14,621,047	0.161701	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,563,644	3,519,047	11,082,691	0.053969	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,267,652	11,103,414	25,371,066	0.128399	59.00
60.00	06000	LABORATORY	66,017,168	56,629,407	122,646,575	0.108922	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,845,659	2,184,578	16,030,237	0.082112	63.00
65.00	06500	RESPIRATORY THERAPY	18,052,097	833,000	18,885,097	0.241503	65.00
66.00	06600	PHYSICAL THERAPY	6,000,572	8,035,367	14,035,939	0.184105	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,085,357	953,884	2,039,241	0.180421	67.00
68.00	06800	SPEECH PATHOLOGY	1,541,371	96,421	1,637,792	0.291580	68.00
69.00	06900	ELECTROCARDIOLOGY	14,345,225	10,555,260	24,900,485	0.051782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,593,130	294,752	2,887,882	0.112957	70.00
70.01	07001	SLEEP LAB	0	1,787,096	1,787,096	0.174390	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,813,530	17,620,157	26,433,687	0.830540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,059,793	8,734,504	15,794,297	0.930099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,330,372	17,435,356	50,765,728	0.629210	73.00
74.00	07400	RENAL DIALYSIS	8,049,786	552,888	8,602,674	0.340046	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,238,091	1,238,091	0.380327	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	35,559	5,148,684	5,184,243	0.418140	90.00
90.01	09001	WOUND CARE CENTER	1,108,484	12,284,785	13,393,269	0.175184	90.01
90.02	09002	CLINIC - BARIATRIC	0	687,431	687,431	0.866177	90.02
90.03	09004	VACCINATION CENTER	3,183	697,114	700,297	0.094483	90.03
90.22	09003	SAFE HOUSE	0	0	0	0.000000	90.22
91.00	09100	EMERGENCY	63,698,179	171,240,605	234,938,784	0.104004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	24,150	546,100	570,250	0.264961	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	9,949,900	52,741,950	62,691,850	0.070501	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	66,905	66,905	9.060265	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,024,107,443	587,589,078	1,611,696,521		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,024,107,443	587,589,078	1,611,696,521		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/25/2022 1:03 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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.196355		50.00
51.00	05100	RECOVERY ROOM	0.162813		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231015		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101743		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.201549		55.00
56.00	05600	RADIOISOTOPE	0.161701		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053969		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128399		59.00
60.00	06000	LABORATORY	0.108922		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.082112		63.00
65.00	06500	RESPIRATORY THERAPY	0.241503		65.00
66.00	06600	PHYSICAL THERAPY	0.184105		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180421		67.00
68.00	06800	SPEECH PATHOLOGY	0.291580		68.00
69.00	06900	ELECTROCARDIOLOGY	0.051782		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112957		70.00
70.01	07001	SLEEP LAB	0.174390		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830540		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.930099		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629210		73.00
74.00	07400	RENAL DIALYSIS	0.340046		74.00
76.97	07697	CARDIAC REHABILITATION	0.380327		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.418140		90.00
90.01	09001	WOUND CARE CENTER	0.175184		90.01
90.02	09002	CLINIC - BARIATRIC	0.866177		90.02
90.03	09004	VACCINATION CENTER	0.094483		90.03
90.22	09003	SAFE HOUSE	0.000000		90.22
91.00	09100	EMERGENCY	0.104004		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.264961		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.070501		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	9.060265		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: 31-0009

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	90,848,438		90,848,438	0	90,848,438	30.00
31.00	03100 INTENSIVE CARE UNIT	15,975,893		15,975,893	0	15,975,893	31.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	4,747,844		4,747,844	0	4,747,844	43.00
44.00	04400 SKILLED NURSING FACILITY	5,084,384		5,084,384	0	5,084,384	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	24,312,429		24,312,429	0	24,312,429	50.00
51.00	05100 RECOVERY ROOM	3,802,880		3,802,880	0	3,802,880	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,535,128		5,535,128	0	5,535,128	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,888,492		8,888,492	0	8,888,492	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,919,918		4,919,918	0	4,919,918	55.00
56.00	05600 RADIOISOTOPE	2,364,232		2,364,232	0	2,364,232	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	598,120		598,120	0	598,120	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,257,617		3,257,617	0	3,257,617	59.00
60.00	06000 LABORATORY	13,358,926		13,358,926	0	13,358,926	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,316,268		1,316,268	0	1,316,268	63.00
65.00	06500 RESPIRATORY THERAPY	4,560,807	0	4,560,807	0	4,560,807	65.00
66.00	06600 PHYSICAL THERAPY	2,584,081	0	2,584,081	0	2,584,081	66.00
67.00	06700 OCCUPATIONAL THERAPY	367,922	0	367,922	0	367,922	67.00
68.00	06800 SPEECH PATHOLOGY	477,547	0	477,547	0	477,547	68.00
69.00	06900 ELECTROCARDIOLOGY	1,289,394		1,289,394	0	1,289,394	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	326,206		326,206	0	326,206	70.00
70.01	07001 SLEEP LAB	311,651		311,651	0	311,651	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,954,246		21,954,246	0	21,954,246	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,690,263		14,690,263	0	14,690,263	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,942,308		31,942,308	0	31,942,308	73.00
74.00	07400 RENAL DIALYSIS	2,925,305		2,925,305	0	2,925,305	74.00
76.97	07697 CARDIAC REHABILITATION	470,880		470,880	0	470,880	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,167,738		2,167,738	0	2,167,738	90.00
90.01	09001 WOUND CARE CENTER	2,346,286		2,346,286	0	2,346,286	90.01
90.02	09002 CLINIC - BARIATRIC	595,437		595,437	0	595,437	90.02
90.03	09004 VACCINATION CENTER	66,166		66,166	0	66,166	90.03
90.22	09003 SAFE HOUSE	1,879,311		1,879,311	0	1,879,311	90.22
91.00	09100 EMERGENCY	24,434,627		24,434,627	0	24,434,627	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	151,094		151,094	0	151,094	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	4,419,829		4,419,829	0	4,419,829	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	606,177		606,177	0	606,177	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	303,577,844	0	303,577,844	0	303,577,844	200.00
201.00	Less Observation Beds	151,094		151,094		151,094	201.00
202.00	Total (see instructions)	303,426,750	0	303,426,750	0	303,426,750	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/25/2022 1:03 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	530,932,161		530,932,161			30.00
31.00	03100	INTENSIVE CARE UNIT	87,331,264		87,331,264			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	20,901,473		20,901,473			43.00
44.00	04400	SKILLED NURSING FACILITY	12,629,862		12,629,862			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	28,936,800	94,882,098	123,818,898	0.196355	0.196355	50.00
51.00	05100	RECOVERY ROOM	6,428,885	16,928,485	23,357,370	0.162813	0.162813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,744,868	7,215,194	23,960,062	0.231015	0.231015	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,569,392	49,792,853	87,362,245	0.101743	0.101743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	866,212	23,544,320	24,410,532	0.201549	0.201549	55.00
56.00	05600	RADIOISOTOPE	4,381,715	10,239,332	14,621,047	0.161701	0.161701	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,563,644	3,519,047	11,082,691	0.053969	0.053969	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,267,652	11,103,414	25,371,066	0.128399	0.128399	59.00
60.00	06000	LABORATORY	66,017,168	56,629,407	122,646,575	0.108922	0.108922	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,845,659	2,184,578	16,030,237	0.082112	0.082112	63.00
65.00	06500	RESPIRATORY THERAPY	18,052,097	833,000	18,885,097	0.241503	0.241503	65.00
66.00	06600	PHYSICAL THERAPY	6,000,572	8,035,367	14,035,939	0.184105	0.184105	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,085,357	953,884	2,039,241	0.180421	0.180421	67.00
68.00	06800	SPEECH PATHOLOGY	1,541,371	96,421	1,637,792	0.291580	0.291580	68.00
69.00	06900	ELECTROCARDIOLOGY	14,345,225	10,555,260	24,900,485	0.051782	0.051782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,593,130	294,752	2,887,882	0.112957	0.112957	70.00
70.01	07001	SLEEP LAB	0	1,787,096	1,787,096	0.174390	0.174390	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,813,530	17,620,157	26,433,687	0.830540	0.830540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,059,793	8,734,504	15,794,297	0.930099	0.930099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,330,372	17,435,356	50,765,728	0.629210	0.629210	73.00
74.00	07400	RENAL DIALYSIS	8,049,786	552,888	8,602,674	0.340046	0.340046	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,238,091	1,238,091	0.380327	0.380327	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	35,559	5,148,684	5,184,243	0.418140	0.418140	90.00
90.01	09001	WOUND CARE CENTER	1,108,484	12,284,785	13,393,269	0.175184	0.175184	90.01
90.02	09002	CLINIC - BARIATRIC	0	687,431	687,431	0.866177	0.866177	90.02
90.03	09004	VACCINATION CENTER	3,183	697,114	700,297	0.094483	0.094483	90.03
90.22	09003	SAFE HOUSE	0	0	0	0.000000	0.000000	90.22
91.00	09100	EMERGENCY	63,698,179	171,240,605	234,938,784	0.104004	0.104004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	24,150	546,100	570,250	0.264961	0.264961	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	9,949,900	52,741,950	62,691,850	0.070501	0.070501	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	66,905	66,905	9.060265	9.060265	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,024,107,443	587,589,078	1,611,696,521			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,024,107,443	587,589,078	1,611,696,521			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/25/2022 1:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		TEFRA
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
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
58.00	05800 MAGNETIC RESONANCE IMAGING (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 STORAGE, 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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE CENTER	0.000000		90.01
90.02	09002 CLINIC - BARIATRIC	0.000000		90.02
90.03	09004 VACCINATION CENTER	0.000000		90.03
90.22	09003 SAFE HOUSE	0.000000		90.22
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 31-0009

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

Worksheet C Part II Date/Time Prepared: 5/25/2022 1:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,312,429	3,476,197	20,836,232	347,620	1,208,501	50.00
51.00	05100	RECOVERY ROOM	3,802,880	245,176	3,557,704	24,518	206,347	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,535,128	329,652	5,205,476	32,965	301,918	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,888,492	1,148,594	7,739,898	114,859	448,914	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,919,918	1,244,693	3,675,225	124,469	213,163	55.00
56.00	05600	RADIOISOTOPE	2,364,232	412,651	1,951,581	41,265	113,192	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	598,120	11,220	586,900	1,122	34,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,257,617	289,465	2,968,152	28,947	172,153	59.00
60.00	06000	LABORATORY	13,358,926	470,475	12,888,451	47,048	747,530	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,316,268	22,376	1,293,892	2,238	75,046	63.00
65.00	06500	RESPIRATORY THERAPY	4,560,807	281,198	4,279,609	28,120	248,217	65.00
66.00	06600	PHYSICAL THERAPY	2,584,081	162,164	2,421,917	16,216	140,471	66.00
67.00	06700	OCCUPATIONAL THERAPY	367,922	10,676	357,246	1,068	20,720	67.00
68.00	06800	SPEECH PATHOLOGY	477,547	26,763	450,784	2,676	26,145	68.00
69.00	06900	ELECTROCARDIOLOGY	1,289,394	206,212	1,083,182	20,621	62,825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	326,206	30,296	295,910	3,030	17,163	70.00
70.01	07001	SLEEP LAB	311,651	55,030	256,621	5,503	14,884	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,954,246	566,089	21,388,157	56,609	1,240,513	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,690,263	378,765	14,311,498	37,877	830,067	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,942,308	672,922	31,269,386	67,292	1,813,624	73.00
74.00	07400	RENAL DIALYSIS	2,925,305	218,470	2,706,835	21,847	156,996	74.00
76.97	07697	CARDIAC REHABILITATION	470,880	42,562	428,318	4,256	24,842	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,167,738	230,226	1,937,512	23,023	112,376	90.00
90.01	09001	WOUND CARE CENTER	2,346,286	251,681	2,094,605	25,168	121,487	90.01
90.02	09002	CLINIC - BARIATRIC	595,437	73,011	522,426	7,301	30,301	90.02
90.03	09004	VACCINATION CENTER	66,166	1,312	64,854	131	3,762	90.03
90.22	09003	SAFE HOUSE	1,879,311	42,136	1,837,175	4,214	106,556	90.22
91.00	09100	EMERGENCY	24,434,627	1,454,721	22,979,906	145,472	1,332,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	151,094	9,337	141,757	934	8,222	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,419,829	584,377	3,835,452	58,438	222,456	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	606,177	10,076	596,101	1,008	34,574	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	186,921,285	12,958,523	173,962,762	1,295,855	10,089,840	200.00
201.00		Less Observation Beds	151,094	9,337	141,757	934	8,222	201.00
202.00		Total (line 200 minus line 201)	186,770,191	12,949,186	173,821,005	1,294,921	10,081,618	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 5/25/2022 1:03 pm
		Title XIX	Hospital	TEFRA

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	22,756,308	123,818,898	0.183787	50.00
51.00 05100 RECOVERY ROOM	3,572,015	23,357,370	0.152929	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,200,245	23,960,062	0.217038	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,324,719	87,362,245	0.095290	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,582,286	24,410,532	0.187718	55.00
56.00 05600 RADIOISOTOPE	2,209,775	14,621,047	0.151137	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	562,958	11,082,691	0.050796	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,056,517	25,371,066	0.120473	59.00
60.00 06000 LABORATORY	12,564,348	122,646,575	0.102444	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,238,984	16,030,237	0.077290	63.00
65.00 06500 RESPIRATORY THERAPY	4,284,470	18,885,097	0.226870	65.00
66.00 06600 PHYSICAL THERAPY	2,427,394	14,035,939	0.172941	66.00
67.00 06700 OCCUPATIONAL THERAPY	346,134	2,039,241	0.169737	67.00
68.00 06800 SPEECH PATHOLOGY	448,726	1,637,792	0.273982	68.00
69.00 06900 ELECTROCARDIOLOGY	1,205,948	24,900,485	0.048431	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	306,013	2,887,882	0.105965	70.00
70.01 07001 SLEEP LAB	291,264	1,787,096	0.162982	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,657,124	26,433,687	0.781470	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	13,822,319	15,794,297	0.875146	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	30,061,392	50,765,728	0.592159	73.00
74.00 07400 RENAL DIALYSIS	2,746,462	8,602,674	0.319257	74.00
76.97 07697 CARDIAC REHABILITATION	441,782	1,238,091	0.356825	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	2,032,339	5,184,243	0.392022	90.00
90.01 09001 WOUND CARE CENTER	2,199,631	13,393,269	0.164234	90.01
90.02 09002 CLINIC - BARIATRIC	557,835	687,431	0.811478	90.02
90.03 09004 VACCINATION CENTER	62,273	700,297	0.088924	90.03
90.22 09003 SAFE HOUSE	1,768,541	0	0.000000	90.22
91.00 09100 EMERGENCY	22,956,320	234,938,784	0.097712	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	141,938	570,250	0.248905	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	4,138,935	62,691,850	0.066020	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	570,595	66,905	8.528436	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	175,535,590	959,901,761	200.00
201.00	Less Observation Beds	141,938	0	201.00
202.00	Total (line 200 minus line 201)	175,393,652	959,901,761	202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/25/2022 1:03 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	5,613,857	0	5,613,857	73,956	75.91	30.00
31.00	INTENSIVE CARE UNIT	1,260,033		1,260,033	8,553	147.32	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	184,453		184,453	4,113	44.85	43.00
44.00	SKILLED NURSING FACILITY	453,917		453,917	4,677	97.05	44.00
200.00	Total (lines 30 through 199)	7,512,260		7,512,260	91,299		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	19,894	1,510,154				
31.00	INTENSIVE CARE UNIT	1,471	216,708				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	2,255	218,848				
200.00	Total (lines 30 through 199)	23,620	1,945,710				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/25/2022 1:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,476,197	123,818,898	0.028075	7,502,431	210,631	50.00
51.00	05100	RECOVERY ROOM	245,176	23,357,370	0.010497	1,579,335	16,578	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	329,652	23,960,062	0.013758	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,148,594	87,362,245	0.013147	10,860,682	142,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,244,693	24,410,532	0.050990	252,745	12,887	55.00
56.00	05600	RADIOISOTOPE	412,651	14,621,047	0.028223	1,161,341	32,777	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,220	11,082,691	0.001012	1,994,202	2,018	58.00
59.00	05900	CARDIAC CATHETERIZATION	289,465	25,371,066	0.011409	3,357,038	38,300	59.00
60.00	06000	LABORATORY	470,475	122,646,575	0.003836	18,613,354	71,401	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,376	16,030,237	0.001396	2,683,920	3,747	63.00
65.00	06500	RESPIRATORY THERAPY	281,198	18,885,097	0.014890	4,607,257	68,602	65.00
66.00	06600	PHYSICAL THERAPY	162,164	14,035,939	0.011553	1,997,554	23,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,676	2,039,241	0.005235	389,228	2,038	67.00
68.00	06800	SPEECH PATHOLOGY	26,763	1,637,792	0.016341	400,306	6,541	68.00
69.00	06900	ELECTROCARDIOLOGY	206,212	24,900,485	0.008281	3,296,136	27,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,296	2,887,882	0.010491	738,271	7,745	70.00
70.01	07001	SLEEP LAB	55,030	1,787,096	0.030793	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	566,089	26,433,687	0.021415	1,681,007	35,999	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	378,765	15,794,297	0.023981	2,253,887	54,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,922	50,765,728	0.013255	7,733,710	102,510	73.00
74.00	07400	RENAL DIALYSIS	218,470	8,602,674	0.025396	2,981,646	75,722	74.00
76.97	07697	CARDIAC REHABILITATION	42,562	1,238,091	0.034377	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	230,226	5,184,243	0.044409	6,212	276	90.00
90.01	09001	WOUND CARE CENTER	251,681	13,393,269	0.018792	22,785	428	90.01
90.02	09002	CLINIC - BARIATRIC	73,011	687,431	0.106208	0	0	90.02
90.03	09004	VACCINATION CENTER	1,312	700,297	0.001873	0	0	90.03
90.22	09003	SAFE HOUSE	42,136	0	0.000000	0	0	90.22
91.00	09100	EMERGENCY	1,454,721	234,938,784	0.006192	8,197,094	50,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,337	570,250	0.016374	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	584,377	62,691,850	0.009321	2,755,450	25,684	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,948,447	959,834,856		85,065,591	1,011,848	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/25/2022 1:03 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
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	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	73,956	0.00	19,894	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,553	0.00	1,471	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
43.00	04300	NURSERY	0	0	4,113	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	4,677	0.00	2,255	44.00	
200.00		Total (lines 30 through 199)	0	0	91,299		23,620	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health Adjustments	Allied Health Adjustments	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	PPS			
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
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
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
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	425,097	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
90.02	09002	CLINIC - BARIATRIC	0	0	0	0	0	90.02
90.03	09004	VACCINATION CENTER	0	0	0	0	0	90.03
90.22	09003	SAFE HOUSE	0	0	0	0	0	90.22
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	425,097	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 pm
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Cost Center Description	Title XVIII				Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
	4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	123,818,898	0.000000	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	23,357,370	0.000000	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	23,960,062	0.000000	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	87,362,245	0.000000	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24,410,532	0.000000	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	14,621,047	0.000000	56.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,082,691	0.000000	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	25,371,066	0.000000	59.00	
60.00 06000 LABORATORY	0	0	0	122,646,575	0.000000	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,030,237	0.000000	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	18,885,097	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	14,035,939	0.000000	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,039,241	0.000000	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,637,792	0.000000	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,900,485	0.000000	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,887,882	0.000000	70.00	
70.01 07001 SLEEP LAB	0	0	0	1,787,096	0.000000	70.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,433,687	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,794,297	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	425,097	425,097	50,765,728	0.008374	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	8,602,674	0.000000	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,238,091	0.000000	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	5,184,243	0.000000	90.00	
90.01 09001 WOUND CARE CENTER	0	0	0	13,393,269	0.000000	90.01	
90.02 09002 CLINIC - BARIATRIC	0	0	0	687,431	0.000000	90.02	
90.03 09004 VACCINATION CENTER	0	0	0	700,297	0.000000	90.03	
90.22 09003 SAFE HOUSE	0	0	0	0	0.000000	90.22	
91.00 09100 EMERGENCY	0	0	0	234,938,784	0.000000	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	570,250	0.000000	92.00	
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	62,691,850	0.000000	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
200.00 Total (lines 50 through 199)	0	425,097	425,097	959,834,856		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	7,502,431	0	11,577,987	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,579,335	0	4,823,002	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	10,860,682	0	5,604,630	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	252,745	0	4,766,332	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	1,161,341	0	2,165,590	0	56.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,994,202	0	463,343	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,357,038	0	2,563,803	0	59.00	
60.00	06000 LABORATORY	0.000000	18,613,354	0	4,157,658	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,683,920	0	286,492	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,607,257	0	159,918	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,997,554	0	77,160	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	389,228	0	19,685	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	400,306	0	14,159	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,296,136	0	2,079,252	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	738,271	0	220,580	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	1,681,007	0	2,324,743	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,253,887	0	2,202,401	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.008374	7,733,710	64,762	3,033,494	25,402	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	2,981,646	0	24,134	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	6,212	0	466,353	0	90.00	
90.01	09001 WOUND CARE CENTER	0.000000	22,785	0	3,178,009	0	90.01	
90.02	09002 CLINIC - BARIATRIC	0.000000	0	0	0	0	90.02	
90.03	09004 VACCINATION CENTER	0.000000	0	0	417,255	0	90.03	
90.22	09003 SAFE HOUSE	0.000000	0	0	0	0	90.22	
91.00	09100 EMERGENCY	0.000000	8,197,094	0	10,364,369	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	2,755,450	0	6,005,150	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		85,065,591	64,762	66,995,499	25,402	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/25/2022 1:03 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.196355	11,577,987	0	0	2,273,396	50.00
51.00	05100	RECOVERY ROOM	0.162813	4,823,002	0	0	785,247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231015	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101743	5,604,630	0	0	570,232	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.201549	4,766,332	0	0	960,649	55.00
56.00	05600	RADIOISOTOPE	0.161701	2,165,590	0	0	350,178	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053969	463,343	0	0	25,006	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128399	2,563,803	0	0	329,190	59.00
60.00	06000	LABORATORY	0.108922	4,157,658	1,101	0	452,860	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.082112	286,492	0	0	23,524	63.00
65.00	06500	RESPIRATORY THERAPY	0.241503	159,918	0	0	38,621	65.00
66.00	06600	PHYSICAL THERAPY	0.184105	77,160	0	0	14,206	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180421	19,685	0	0	3,552	67.00
68.00	06800	SPEECH PATHOLOGY	0.291580	14,159	0	0	4,128	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051782	2,079,252	0	0	107,668	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112957	220,580	0	0	24,916	70.00
70.01	07001	SLEEP LAB	0.174390	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830540	2,324,743	0	0	1,930,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.930099	2,202,401	0	0	2,048,451	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629210	3,033,494	0	2,118	1,908,705	73.00
74.00	07400	RENAL DIALYSIS	0.340046	24,134	0	0	8,207	74.00
76.97	07697	CARDIAC REHABILITATION	0.380327	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.418140	466,353	0	0	195,001	90.00
90.01	09001	WOUND CARE CENTER	0.175184	3,178,009	0	0	556,736	90.01
90.02	09002	CLINIC - BARIATRIC	0.866177	0	0	0	0	90.02
90.03	09004	VACCINATION CENTER	0.094483	417,255	0	0	39,424	90.03
90.22	09003	SAFE HOUSE	0.000000	0	0	0	0	90.22
91.00	09100	EMERGENCY	0.104004	10,364,369	63,360	0	1,077,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.264961	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.070501	6,005,150	0	0	423,369	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	9.060265	0	0	0	0	95.00
200.00		Subtotal (see instructions)		66,995,499	64,461	2,118	14,151,994	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		66,995,499	64,461	2,118	14,151,994	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/25/2022 1:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
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
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	120	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	1,333		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0		90.01
90.02 09002 CLINIC - BARIATRIC	0	0		90.02
90.03 09004 VACCINATION CENTER	0	0		90.03
90.22 09003 SAFE HOUSE	0	0		90.22
91.00 09100 EMERGENCY	6,590	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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	6,710	1,333		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	6,710	1,333		202.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 31-0009 Component CCN: 31-S009		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/25/2022 1:03 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,476,197	123,818,898	0.028075	48,594	1,364	50.00
51.00	05100 RECOVERY ROOM	245,176	23,357,370	0.010497	34,706	364	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	329,652	23,960,062	0.013758	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,148,594	87,362,245	0.013147	103,082	1,355	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,244,693	24,410,532	0.050990	9,086	463	55.00
56.00	05600 RADIOISOTOPE	412,651	14,621,047	0.028223	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	11,220	11,082,691	0.001012	45,522	46	58.00
59.00	05900 CARDIAC CATHETERIZATION	289,465	25,371,066	0.011409	0	0	59.00
60.00	06000 LABORATORY	470,475	122,646,575	0.003836	355,172	1,362	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	22,376	16,030,237	0.001396	3,437	5	63.00
65.00	06500 RESPIRATORY THERAPY	281,198	18,885,097	0.014890	20,705	308	65.00
66.00	06600 PHYSICAL THERAPY	162,164	14,035,939	0.011553	70,365	813	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,676	2,039,241	0.005235	5,459	29	67.00
68.00	06800 SPEECH PATHOLOGY	26,763	1,637,792	0.016341	5,333	87	68.00
69.00	06900 ELECTROCARDIOLOGY	206,212	24,900,485	0.008281	34,927	289	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	30,296	2,887,882	0.010491	3,680	39	70.00
70.01	07001 SLEEP LAB	55,030	1,787,096	0.030793	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	566,089	26,433,687	0.021415	2,607	56	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	378,765	15,794,297	0.023981	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	672,922	50,765,728	0.013255	75,049	995	73.00
74.00	07400 RENAL DIALYSIS	218,470	8,602,674	0.025396	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	42,562	1,238,091	0.034377	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	230,226	5,184,243	0.044409	0	0	90.00
90.01	09001 WOUND CARE CENTER	251,681	13,393,269	0.018792	0	0	90.01
90.02	09002 CLINIC - BARIATRIC	73,011	687,431	0.106208	0	0	90.02
90.03	09004 VACCINATION CENTER	1,312	700,297	0.001873	0	0	90.03
90.22	09003 SAFE HOUSE	42,136	0	0.000000	0	0	90.22
91.00	09100 EMERGENCY	1,454,721	234,938,784	0.006192	422,026	2,613	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	570,250	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	584,377	62,691,850	0.009321	9,400	88	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	12,939,110	959,834,856		1,249,150	10,276	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	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	425,097	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	09002	CLINIC - BARIATRIC	0	0	0	0	90.02
90.03	09004	VACCINATION CENTER	0	0	0	0	90.03
90.22	09003	SAFE HOUSE	0	0	0	0	90.22
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	425,097	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	123,818,898	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	23,357,370	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	23,960,062	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	87,362,245	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24,410,532	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	14,621,047	0.000000	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,082,691	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	25,371,066	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	122,646,575	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,030,237	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	18,885,097	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	14,035,939	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,039,241	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,637,792	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,900,485	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,887,882	0.000000	70.00
70.01 07001 SLEEP LAB	0	0	0	1,787,096	0.000000	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,433,687	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,794,297	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	425,097	425,097	50,765,728	0.008374	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	8,602,674	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,238,091	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	5,184,243	0.000000	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	13,393,269	0.000000	90.01
90.02 09002 CLINIC - BARIATRIC	0	0	0	687,431	0.000000	90.02
90.03 09004 VACCINATION CENTER	0	0	0	700,297	0.000000	90.03
90.22 09003 SAFE HOUSE	0	0	0	0	0.000000	90.22
91.00 09100 EMERGENCY	0	0	0	234,938,784	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	570,250	0.000000	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	62,691,850	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	425,097	425,097	959,834,856		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 31-0009 Component CCN: 31-S009		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	48,594	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	34,706	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	103,082	0	6,234	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	9,086	0	154	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	45,522	0	3,392	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	355,172	0	620	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	3,437	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	20,705	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	70,365	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	5,459	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	5,333	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	34,927	0	512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,680	0	892	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,607	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.008374	75,049	628	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0.000000	0	0	0	90.01
90.02	09002	CLINIC - BARIATRIC	0.000000	0	0	0	90.02
90.03	09004	VACCINATION CENTER	0.000000	0	0	0	90.03
90.22	09003	SAFE HOUSE	0.000000	0	0	0	90.22
91.00	09100	EMERGENCY	0.000000	422,026	0	3,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	9,400	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		1,249,150	628	15,650	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/25/2022 1:03 pm
Title XVIII			Subprovider - IPF	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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.196355	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.162813	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231015	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101743	6,234	0	0	634	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.201549	154	0	0	31	55.00
56.00	05600	RADIOISOTOPE	0.161701	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053969	3,392	0	0	183	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128399	0	0	0	0	59.00
60.00	06000	LABORATORY	0.108922	620	0	0	68	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.082112	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.241503	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.184105	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180421	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.291580	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051782	512	0	0	27	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112957	892	0	0	101	70.00
70.01	07001	SLEEP LAB	0.174390	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830540	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.930099	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629210	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.340046	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.380327	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.418140	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0.175184	0	0	0	0	90.01
90.02	09002	CLINIC - BARIATRIC	0.866177	0	0	0	0	90.02
90.03	09004	VACCINATION CENTER	0.094483	0	0	0	0	90.03
90.22	09003	SAFE HOUSE	0.000000	0	0	0	0	90.22
91.00	09100	EMERGENCY	0.104004	3,846	0	0	400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.264961	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.070501	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	9.060265		0			95.00
200.00		Subtotal (see instructions)		15,650	0	0	1,444	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		15,650	0	0	1,444	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/25/2022 1:03 pm
Title XVIII			Subprovider - IPF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
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
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORAGE, 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	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0		90.01
90.02 09002 CLINIC - BARIATRIC	0	0		90.02
90.03 09004 VACCINATION CENTER	0	0		90.03
90.22 09003 SAFE HOUSE	0	0		90.22
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	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)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/25/2022 1:03 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	5,613,857	0	5,613,857	73,956	75.91	30.00
31.00	INTENSIVE CARE UNIT	1,260,033		1,260,033	8,553	147.32	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	184,453		184,453	4,113	44.85	43.00
44.00	SKILLED NURSING FACILITY	453,917		453,917	4,677	97.05	44.00
200.00	Total (lines 30 through 199)	7,512,260		7,512,260	91,299		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,947	147,797				
31.00	INTENSIVE CARE UNIT	1,716	252,801				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	3,306	148,274				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	6,969	548,872				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/25/2022 1:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,476,197	123,818,898	0.028075	496,201	13,931	50.00
51.00	05100	RECOVERY ROOM	245,176	23,357,370	0.010497	83,772	879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	329,652	23,960,062	0.013758	400,561	5,511	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,148,594	87,362,245	0.013147	1,149,822	15,117	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,244,693	24,410,532	0.050990	0	0	55.00
56.00	05600	RADIOISOTOPE	412,651	14,621,047	0.028223	131,531	3,712	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,220	11,082,691	0.001012	249,788	253	58.00
59.00	05900	CARDIAC CATHETERIZATION	289,465	25,371,066	0.011409	562,902	6,422	59.00
60.00	06000	LABORATORY	470,475	122,646,575	0.003836	2,353,193	9,027	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,376	16,030,237	0.001396	174,568	244	63.00
65.00	06500	RESPIRATORY THERAPY	281,198	18,885,097	0.014890	524,862	7,815	65.00
66.00	06600	PHYSICAL THERAPY	162,164	14,035,939	0.011553	148,050	1,710	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,676	2,039,241	0.005235	27,522	144	67.00
68.00	06800	SPEECH PATHOLOGY	26,763	1,637,792	0.016341	108,970	1,781	68.00
69.00	06900	ELECTROCARDIOLOGY	206,212	24,900,485	0.008281	421,074	3,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,296	2,887,882	0.010491	122,343	1,284	70.00
70.01	07001	SLEEP LAB	55,030	1,787,096	0.030793	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	566,089	26,433,687	0.021415	116,788	2,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	378,765	15,794,297	0.023981	85,310	2,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,922	50,765,728	0.013255	785,990	10,418	73.00
74.00	07400	RENAL DIALYSIS	218,470	8,602,674	0.025396	88,846	2,256	74.00
76.97	07697	CARDIAC REHABILITATION	42,562	1,238,091	0.034377	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	230,226	5,184,243	0.044409	2,108	94	90.00
90.01	09001	WOUND CARE CENTER	251,681	13,393,269	0.018792	23,344	439	90.01
90.02	09002	CLINIC - BARIATRIC	73,011	687,431	0.106208	0	0	90.02
90.03	09004	VACCINATION CENTER	1,312	700,297	0.001873	0	0	90.03
90.22	09003	SAFE HOUSE	42,136	0	0.000000	0	0	90.22
91.00	09100	EMERGENCY	1,454,721	234,938,784	0.006192	1,206,818	7,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,337	570,250	0.016374	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	584,377	62,691,850	0.009321	290,210	2,705	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,948,447	959,834,856		9,554,573	99,249	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/25/2022 1:03 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
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	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	73,956	0.00	1,947	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,553	0.00	1,716	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
43.00	04300	NURSERY	0	0	4,113	0.00	3,306	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	4,677	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	91,299	0.00	6,969	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 pm
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Cost Center Description	Title XIX			Hospital		Allied Health TEFRA
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
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
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	425,097	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	0	90.01
90.02 09002 CLINIC - BARIATRIC	0	0	0	0	0	90.02
90.03 09004 VACCINATION CENTER	0	0	0	0	0	90.03
90.22 09003 SAFE HOUSE	0	0	0	0	0	90.22
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	425,097	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 pm
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Cost Center Description	Title XIX			Hospital	TEFRA	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	123,818,898	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	23,357,370	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	23,960,062	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	87,362,245	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24,410,532	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	14,621,047	0.000000	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,082,691	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	25,371,066	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	122,646,575	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,030,237	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	18,885,097	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	14,035,939	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,039,241	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,637,792	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,900,485	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,887,882	0.000000	70.00
70.01 07001 SLEEP LAB	0	0	0	1,787,096	0.000000	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,433,687	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,794,297	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	425,097	425,097	50,765,728	0.008374	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	8,602,674	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,238,091	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	5,184,243	0.000000	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	13,393,269	0.000000	90.01
90.02 09002 CLINIC - BARIATRIC	0	0	0	687,431	0.000000	90.02
90.03 09004 VACCINATION CENTER	0	0	0	700,297	0.000000	90.03
90.22 09003 SAFE HOUSE	0	0	0	0	0.000000	90.22
91.00 09100 EMERGENCY	0	0	0	234,938,784	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	570,250	0.000000	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	62,691,850	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	425,097	425,097	959,834,856		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 1:03 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	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	496,201	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	83,772	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	400,561	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,149,822	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	131,531	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	249,788	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	562,902	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,353,193	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	174,568	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	524,862	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	148,050	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	27,522	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	108,970	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	421,074	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	122,343	0	0	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	116,788	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	85,310	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.008374	785,990	6,582	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	88,846	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	2,108	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0.000000	23,344	0	0	0	90.01
90.02	09002 CLINIC - BARIATRIC	0.000000	0	0	0	0	90.02
90.03	09004 VACCINATION CENTER	0.000000	0	0	0	0	90.03
90.22	09003 SAFE HOUSE	0.000000	0	0	0	0	90.22
91.00	09100 EMERGENCY	0.000000	1,206,818	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	290,210	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		9,554,573	6,582	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 31-0009

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/25/2022 1:03 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.183787	0	129,870	0	0	50.00
51.00	05100 RECOVERY ROOM	0.152929	0	24,391	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.217038	0	426,233	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.095290	0	587,274	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.187718	0	125,422	0	0	55.00
56.00	05600 RADIOISOTOPE	0.151137	0	35,081	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.050796	0	94,891	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.120473	0	0	0	0	59.00
60.00	06000 LABORATORY	0.102444	0	200,219	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.077290	0	1,203	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.226870	0	4,840	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.172941	0	16,204	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.169737	0	5,627	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.273982	0	1,506	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048431	0	78,489	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.105965	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0.162982	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.781470	0	16,516	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.875146	0	10,018	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.592159	0	71,241	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.319257	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.356825	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.392022	0	364,719	0	0	90.00
90.01	09001 WOUND CARE CENTER	0.164234	0	106,741	0	0	90.01
90.02	09002 CLINIC - BARIATRIC	0.811478	0	303	0	0	90.02
90.03	09004 VACCINATION CENTER	0.088924	0	0	0	0	90.03
90.22	09003 SAFE HOUSE	0.000000	0	0	0	0	90.22
91.00	09100 EMERGENCY	0.097712	0	2,328,407	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.248905	0	20,985	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.066020	0	839,689	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	8.528436	0	34,360	0	0	95.00
200.00	Subtotal (see instructions)		0	5,524,229	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	5,524,229	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/25/2022 1:03 pm
	Title XIX	Hospital	TEFRA

Cost Center Description	Costs		Hospital	TEFRA
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	23,868	0		50.00
51.00 05100 RECOVERY ROOM	3,730	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	92,509	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	55,961	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	23,544	0		55.00
56.00 05600 RADIOISOTOPE	5,302	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,820	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	20,511	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	93	0		63.00
65.00 06500 RESPIRATORY THERAPY	1,098	0		65.00
66.00 06600 PHYSICAL THERAPY	2,802	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	955	0		67.00
68.00 06800 SPEECH PATHOLOGY	413	0		68.00
69.00 06900 ELECTROCARDIOLOGY	3,801	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	12,907	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,767	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	42,186	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	142,978	0		90.00
90.01 09001 WOUND CARE CENTER	17,531	0		90.01
90.02 09002 CLINIC - BARIATRIC	246	0		90.02
90.03 09004 VACCINATION CENTER	0	0		90.03
90.22 09003 SAFE HOUSE	0	0		90.22
91.00 09100 EMERGENCY	227,513	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,223	0		92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	55,436	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	293,037	0		95.00
200.00 Subtotal (see instructions)	1,045,231	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)	1,045,231	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2022 1:03 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		73,956	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		73,956	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)		73,833	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)		19,894	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
<b>SWING BED ADJUSTMENT</b>				
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)		90,848,438	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)		90,848,438	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		90,848,438	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,228.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,437,989	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)		24,437,989	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,975,893	8,553	1,867.87	1,471	2,747,637	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)					18,207,791	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,393,417	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,726,862	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,076,610	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,803,472	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,589,945	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)					123	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,228.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					151,094	89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,613,857	90,848,438	0.061794	151,094	9,337	90.00
91.00	Nursing Program cost	0	90,848,438	0.000000	151,094	0	91.00
92.00	Allied health cost	0	90,848,438	0.000000	151,094	0	92.00
93.00	All other Medical Education	0	90,848,438	0.000000	151,094	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 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
<b>SWING BED ADJUSTMENT</b>				
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)			0 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)			0 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			0 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			0.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0009 Component CCN: 31-S009		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					185,599	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					185,599	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,904	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,904	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					174,695	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 31-0009 Component CCN: 31-S009		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 pm	
		Title XVIII		Subprovider - IPF		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: 31-0009 Component CCN: 31-5505	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,677	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,677	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,677	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)		2,255	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
<b>SWING BED ADJUSTMENT</b>				
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)		5,084,384	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)		5,084,384	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		5,084,384	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
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: 31-0009 Component CCN: 31-5505		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 pm		
		Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)						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)						5,084,384	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						1,087.10	71.00
72.00	Program routine service cost (line 9 x line 71)						2,451,411	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)						2,451,411	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)						2,451,411	83.00
84.00	Program inpatient ancillary services (see instructions)						289,658	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)						2,741,069	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: 31-0009 Component CCN: 31-5505		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 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: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 pm
Cost Center Description		Title XIX	Hospital	TEFRA
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		73,956	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		73,956	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)		73,833	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)		1,947	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)		4,113	15.00
16.00	Nursery days (title V or XIX only)		3,306	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		90,848,438	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)		90,848,438	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		90,848,438	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,228.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,391,714	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)		2,391,714	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 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	1.00	2.00	3.00	4.00	5.00	
42.00	4,747,844	4,113	1,154.35	3,306	3,816,281	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	15,975,893	8,553	1,867.87	1,716	3,205,265	43.00
44.00						44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,776,695	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				11,189,955	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)				548,872	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				105,831	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				654,703	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				10,535,252	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				673	54.00
55.00	Target amount per discharge				4,695.45	55.00
56.00	Target amount (line 54 x line 55)				3,160,038	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				-7,375,214	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)				316,004	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				4,130,745	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)				123	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,228.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				151,094	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 1:03 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	5,613,857	90,848,438	0.061794	151,094	9,337	90.00
91.00	Nursing Program cost	0	90,848,438	0.000000	151,094	0	91.00
92.00	Allied health cost	0	90,848,438	0.000000	151,094	0	92.00
93.00	All other Medical Education	0	90,848,438	0.000000	151,094	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 1:03 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		141,635,144	30.00
31.00	03100	INTENSIVE CARE UNIT		16,916,500	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.196355	7,502,431	50.00
51.00	05100	RECOVERY ROOM	0.162813	1,579,335	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231015	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101743	10,860,682	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.201549	252,745	55.00
56.00	05600	RADIOISOTOPE	0.161701	1,161,341	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053969	1,994,202	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128399	3,357,038	59.00
60.00	06000	LABORATORY	0.108922	18,613,354	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.082112	2,683,920	63.00
65.00	06500	RESPIRATORY THERAPY	0.241503	4,607,257	65.00
66.00	06600	PHYSICAL THERAPY	0.184105	1,997,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180421	389,228	67.00
68.00	06800	SPEECH PATHOLOGY	0.291580	400,306	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051782	3,296,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112957	738,271	70.00
70.01	07001	SLEEP LAB	0.174390	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830540	1,681,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.930099	2,253,887	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629210	7,733,710	73.00
74.00	07400	RENAL DIALYSIS	0.340046	2,981,646	74.00
76.97	07697	CARDIAC REHABILITATION	0.380327	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.418140	6,212	90.00
90.01	09001	WOUND CARE CENTER	0.175184	22,785	90.01
90.02	09002	CLINIC - BARIATRIC	0.866177	0	90.02
90.03	09004	VACCINATION CENTER	0.094483	0	90.03
90.22	09003	SAFE HOUSE	0.000000	0	90.22
91.00	09100	EMERGENCY	0.104004	8,197,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.264961	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.070501	2,755,450	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		85,065,591	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)		85,065,591	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 1:03 pm	
		Title XVIII	Subprovider - IPF	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF			0	40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.196355	48,594	9,542	50.00
51.00	05100 RECOVERY ROOM	0.162813	34,706	5,651	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.231015	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101743	103,082	10,488	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.201549	9,086	1,831	55.00
56.00	05600 RADIOISOTOPE	0.161701	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.053969	45,522	2,457	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.128399	0	0	59.00
60.00	06000 LABORATORY	0.108922	355,172	38,686	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.082112	3,437	282	63.00
65.00	06500 RESPIRATORY THERAPY	0.241503	20,705	5,000	65.00
66.00	06600 PHYSICAL THERAPY	0.184105	70,365	12,955	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.180421	5,459	985	67.00
68.00	06800 SPEECH PATHOLOGY	0.291580	5,333	1,555	68.00
69.00	06900 ELECTROCARDIOLOGY	0.051782	34,927	1,809	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112957	3,680	416	70.00
70.01	07001 SLEEP LAB	0.174390	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.830540	2,607	2,165	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.930099	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.629210	75,049	47,222	73.00
74.00	07400 RENAL DIALYSIS	0.340046	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.380327	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.418140	0	0	90.00
90.01	09001 WOUND CARE CENTER	0.175184	0	0	90.01
90.02	09002 CLINIC - BARIATRIC	0.866177	0	0	90.02
90.03	09004 VACCINATION CENTER	0.094483	0	0	90.03
90.22	09003 SAFE HOUSE	0.000000	0	0	90.22
91.00	09100 EMERGENCY	0.104004	422,026	43,892	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.264961	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.070501	9,400	663	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,249,150	185,599	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,249,150	185,599	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0009 Component CCN: 31-5505	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 1:03 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.196355	0	0	50.00
51.00	05100 RECOVERY ROOM	0.162813	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.231015	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101743	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.201549	0	0	55.00
56.00	05600 RADIOISOTOPE	0.161701	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.053969	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.128399	0	0	59.00
60.00	06000 LABORATORY	0.108922	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.082112	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.241503	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.184105	389,172	71,649	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.180421	384,856	69,436	67.00
68.00	06800 SPEECH PATHOLOGY	0.291580	6,340	1,849	68.00
69.00	06900 ELECTROCARDIOLOGY	0.051782	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112957	0	0	70.00
70.01	07001 SLEEP LAB	0.174390	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.830540	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.930099	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.629210	233,188	146,724	73.00
74.00	07400 RENAL DIALYSIS	0.340046	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.380327	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.418140	0	0	90.00
90.01	09001 WOUND CARE CENTER	0.175184	0	0	90.01
90.02	09002 CLINIC - BARIATRIC	0.866177	0	0	90.02
90.03	09004 VACCINATION CENTER	0.094483	0	0	90.03
90.22	09003 SAFE HOUSE	0.000000	0	0	90.22
91.00	09100 EMERGENCY	0.104004	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.264961	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.070501	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,013,556	289,658	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,013,556		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 1:03 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		11,521,850	30.00
31.00	03100	INTENSIVE CARE UNIT		15,604,632	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		2,800,002	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.196355	496,201	50.00
51.00	05100	RECOVERY ROOM	0.162813	83,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231015	400,561	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101743	1,149,822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.201549	0	55.00
56.00	05600	RADIOISOTOPE	0.161701	131,531	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053969	249,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128399	562,902	59.00
60.00	06000	LABORATORY	0.108922	2,353,193	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.082112	174,568	63.00
65.00	06500	RESPIRATORY THERAPY	0.241503	524,862	65.00
66.00	06600	PHYSICAL THERAPY	0.184105	148,050	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180421	27,522	67.00
68.00	06800	SPEECH PATHOLOGY	0.291580	108,970	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051782	421,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112957	122,343	70.00
70.01	07001	SLEEP LAB	0.174390	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830540	116,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.930099	85,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629210	785,990	73.00
74.00	07400	RENAL DIALYSIS	0.340046	88,846	74.00
76.97	07697	CARDIAC REHABILITATION	0.380327	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.418140	2,108	90.00
90.01	09001	WOUND CARE CENTER	0.175184	23,344	90.01
90.02	09002	CLINIC - BARIATRIC	0.866177	0	90.02
90.03	09004	VACCINATION CENTER	0.094483	0	90.03
90.22	09003	SAFE HOUSE	0.000000	0	90.22
91.00	09100	EMERGENCY	0.104004	1,206,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.264961	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.070501	290,210	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,554,573	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		9,554,573	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		23,084,355	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,173,316	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)		646,085	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		254,579	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		321.66	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.11	31.00
32.00	Sum of lines 30 and 31		41.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.88	33.00
34.00	Disproportionate share adjustment (see instructions)		1,709,795	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000578474	0.000848525	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,795,557	6,102,597	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,586,813	1,538,190	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,125,003		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	38,993,133		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		<b>Amount</b>		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		38,993,133	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,625,672	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		53,714	53.00
54.00	Special add-on payments for new technologies		474,198	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		64,762	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,211,479	59.00
60.00	Primary payer payments		17,447	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,194,032	61.00
62.00	Deductibles billed to program beneficiaries		2,501,992	62.00
63.00	Coinurance billed to program beneficiaries		428,650	63.00
64.00	Allowable bad debts (see instructions)		1,116,167	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		725,509	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		436,499	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,988,899	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)		-85,457	70.93
70.94	HRR adjustment amount (see instructions)		-9,389	70.94
70.95	Recovery of accelerated depreciation		0	70.95



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/25/2022 1:03 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)			308,086	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			39,585,967	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			37,545,045	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			2,040,922	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,037,110	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
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: 31-0009

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2022 1:03 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,084,355	0	23,084,355		23,084,355	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,173,316	0		8,173,316	8,173,316	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	646,085	0	646,085		646,085	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	254,579	0		254,579	254,579	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2188	0.2188	0.2188	0.2188		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,709,795	0	1,262,714	447,081	1,709,795	11.00
11.01	Uncompensated care payments	36.00	5,125,003	0	3,586,813	1,538,190	5,125,003	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,993,133	0	28,579,967	10,413,166	38,993,133	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,993,133	0	28,579,967	10,413,166	38,993,133	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	2,625,672	0	1,935,724	689,948	2,625,672	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 31-0009

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2022 1:03 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	474,198	0	387,727	86,471	474,198	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	30,903,418	11,189,585	42,093,003	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	2,349,990	0	1,733,750	616,240	2,349,990	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	67,473	0	48,364	19,109	67,473	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0886	0.0886	0.0886	0.0886		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	208,209	0	153,610	54,599	208,209	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,625,672	0	1,935,724	689,948	2,625,672	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: 31-0009		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2022 1:03 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	23,084,355	23,084,355		23,084,355	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,173,316		8,173,316	8,173,316	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	646,085	646,085		646,085	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	254,579		254,579	254,579	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2188	0.2188	0.2188		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,709,795	1,262,714	447,081	1,709,795	11.00
11.01	Uncompensated care payments	36.00	5,125,003	3,586,813	1,538,190	5,125,003	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,993,133	28,579,967	10,413,166	38,993,133	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	38,993,133	28,579,967	10,413,166	38,993,133	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,625,672	1,935,724	689,948	2,625,672	16.00
17.00	Special add-on payments for new technologies	54.00	474,198	387,727	86,471	474,198	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			30,903,418	11,189,585	42,093,003	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 31-0009

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/25/2022 1:03 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	2,349,990	1,733,750	616,240	2,349,990	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	67,473	48,364	19,109	67,473	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0886	0.0886	0.0886		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	208,209	153,610	54,599	208,209	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,625,672	1,935,724	689,948	2,625,672	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	-85,457	-85,457	0	-85,457	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	-9,389	-9,389	0	-9,389	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		308,086	0	308,086	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,043	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,126,592	2.00
3.00	OPPS payments		14,505,583	3.00
4.00	Outlier payment (see instructions)		9,175	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		25,402	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,043	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		66,579	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)		66,579	14.00
<b>Customary charges</b>				
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)		66,579	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,536	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)		8,043	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)		14,540,160	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		12,672	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,342,971	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)		12,192,560	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)		12,192,560	30.00
31.00	Primary payer payments		12,836	31.00
32.00	Subtotal (line 30 minus line 31)		12,179,724	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		589,928	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		383,453	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		273,139	36.00
37.00	Subtotal (see instructions)		12,563,177	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-65	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)		12,563,242	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		12,154,715	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)		408,527	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,444	2.00
3.00	OPPS payments		1,758	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	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)		0	14.00
<b>Customary charges</b>				
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		1,758	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		237	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)		1,521	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)		1,521	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,521	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		1,521	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,521	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		1,520	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)		1	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 31-0009

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 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		38,346,181		12,154,715	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	12/16/2021	801,136		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)		-801,136		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)		37,545,045		12,154,715	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		2,040,922		408,527	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		39,585,967		12,563,242	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: 31-0009  
Component CCN: 31-S009

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 pm

Title XVIII

Subprovider -  
IPF

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					1.00
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		2,399,651		1,520	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)		2,399,651		1,520	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		628		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,400,279		1,521	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: 31-0009  
Component CCN: 31-5505

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2022 1:03 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					1.00
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		1,611,686		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)		1,611,686		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		1,611,685		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0009 Component CCN: 31-S009	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,597,364 1.00
2.00	Net IPF PPS Outlier Payments			3,174 2.00
3.00	Net IPF PPS ECT Payments			11,468 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			0.000000 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,612,006 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,612,006 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,612,006 18.00
19.00	Deductibles			149,656 19.00
20.00	Subtotal (line 18 minus line 19)			2,462,350 20.00
21.00	Coinsurance			62,699 21.00
22.00	Subtotal (line 20 minus line 21)			2,399,651 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,399,651 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			628 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,400,279 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,399,651 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			628 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			3,174 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0009 Component CCN: 31-5505	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VI Date/Time Prepared: 5/25/2022 1:03 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)		1,660,101	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)		1,660,101	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		48,416	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)		1,611,685	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)		1,611,685	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		1,611,686	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: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2022 1:03 pm	
		Title XIX	Hospital	TEFRA	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		4,130,745		1.00
2.00	Medical and other services			1,045,231	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,130,745	1,045,231	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)		4,130,745	1,045,231	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		9,554,573	5,524,229	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)		9,554,573	5,524,229	12.00
<b>CUSTOMARY CHARGES</b>					
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)		9,554,573	5,524,229	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,423,828	4,478,998	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)		4,130,745	1,045,231	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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)		4,130,745	1,045,231	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)		4,130,745	1,045,231	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)		4,130,745	1,045,231	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		4,130,745	1,045,231	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)		4,130,745	1,045,231	40.00
41.00	Interim payments		4,914,034	681,363	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-783,289	363,868	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: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/25/2022 1:03 pm
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00

		Total			
		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)	21,365	21,333		26.00
27.00	Total Inpatient Days (see instructions)	83,653	83,653		27.00
28.00	Ratio of inpatient days to total inpatient days	0.255400	0.255018		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		8,602,674	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		49,690,528	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)		17,447	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,673,081	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		14,161,481	42.00
43.00	Primary payer payments (see instructions)		12,836	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,148,645	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		63,821,726	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.778310	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.221690	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</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: 31-0009

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

Worksheet G

Date/Time Prepared:  
5/25/2022 1:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	6,442	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	43,402,902	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,508,938	0	0	0	6.00
7.00	Inventory	5,229,786	0	0	0	7.00
8.00	Prepaid expenses	2,292,868	0	0	0	8.00
9.00	Other current assets	24,444,337	0	0	0	9.00
10.00	Due from other funds	89,254,598	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	148,121,995	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	458,886	0	0	0	12.00
13.00	Land improvements	2,188,133	0	0	0	13.00
14.00	Accumulated depreciation	-2,131,156	0	0	0	14.00
15.00	Buildings	187,714,117	0	0	0	15.00
16.00	Accumulated depreciation	-104,369,264	0	0	0	16.00
17.00	Leasehold improvements	336,692	0	0	0	17.00
18.00	Accumulated depreciation	-332,268	0	0	0	18.00
19.00	Fixed equipment	24,036,290	0	0	0	19.00
20.00	Accumulated depreciation	-22,548,489	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	115,477,435	0	0	0	23.00
24.00	Accumulated depreciation	-75,202,390	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)	125,627,986	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,000	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	4,695,798	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,696,798	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	278,446,779	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	23,046,464	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,446,620	0	0	0	38.00
39.00	Payroll taxes payable	3,547,038	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	935,739	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	193,829	0	0	0	43.00
44.00	Other current liabilities	33,880,529	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	73,050,219	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	160,266,108	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	160,266,108	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	233,316,327	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	45,130,452	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	45,130,452	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	278,446,779	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 31-0009

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

Worksheet G-1

Date/Time Prepared:  
5/25/2022 1:03 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		41,096,391		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,140,482			2.00
3.00	Total (sum of line 1 and line 2)		44,236,873		0	3.00
4.00	OTHER	1,177,228		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)		1,177,228		0	10.00
11.00	Subtotal (line 3 plus line 10)		45,414,101		0	11.00
12.00	NON-OPERATING REVENUE	283,650		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)		283,650		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		45,130,451		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: 31-0009

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2022 1:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	484,652,627		484,652,627	1.00
2.00	SUBPROVIDER - IPF	69,722,400		69,722,400	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	12,629,862		12,629,862	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)	567,004,889		567,004,889	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	87,931,364		87,931,364	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	87,931,364		87,931,364	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	654,936,253		654,936,253	17.00
18.00	Ancillary services	299,931,917	350,274,122	650,206,039	18.00
19.00	Outpatient services	75,227,214	246,022,422	321,249,636	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)	1,030,095,384	596,296,544	1,626,391,928	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		343,973,822		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)		343,973,822		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 31-0009

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

Worksheet G-3

Date/Time Prepared:  
5/25/2022 1:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,626,391,928	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,306,588,470	2.00
3.00	Net patient revenues (line 1 minus line 2)	319,803,458	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	343,973,822	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-24,170,364	5.00
<b>OTHER INCOME</b>			
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	26,361,554	24.00
24.50	COVID-19 PHE Funding	949,292	24.50
25.00	Total other income (sum of lines 6-24)	27,310,846	25.00
26.00	Total (line 5 plus line 25)	3,140,482	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)	3,140,482	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 31-0009	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/25/2022 1:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,349,990	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		67,473	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)		230.36	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.11	8.00
9.00	Sum of lines 7 and 8		41.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.86	10.00
11.00	Disproportionate share adjustment (see instructions)		208,209	11.00
12.00	Total prospective capital payments (see instructions)		2,625,672	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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