

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: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 6/1/2022 10:55 am
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**PART I - COST REPORT STATUS**

Provider use only

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

Date: 6/1/2022 Time: 10:55 am

Contractor use only

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

6. Date Received:  
 7. Contractor No.

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

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

**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 TRINITAS HOSPITAL ( 31-0027 ) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<b>Karen Lumppp</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		Karen Lumppp	2
3	Signatory Title		SENIOR VP FINANCE & CFO	3
4	Date		(Dated when report is electronic)	4

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 6/1/2022 10:55 am						
1.00		2.00		3.00		4.00									
Hospital and Hospital Health Care Complex Address:															
1.00	Street: 225 WILLIAMSON STREET			PO Box: 123		Zip Code: 07201		County: UNION			1.00				
2.00	City: ELIZABETH			State: NJ							2.00				
Component Name															
CCN Number															
CBSA Number															
Provider Type															
Date Certified															
Payment System (P, T, O, or N)															
V															
XVIII															
XIX															
1.00															
2.00															
3.00															
4.00															
5.00															
6.00															
7.00															
8.00															
Hospital and Hospital-Based Component Identification:															
3.00	Hospital			TRINITY HOSPITAL		310027		35084		1	01/31/1975	N	P	O	3.00
4.00	Subprovider - IPF			PSYCH EXCLUDED UNIT		31S027		35084		4	01/31/1999	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			SKILLED NURSING LTC SOUTH 5		315442		35084			01/29/1998	N	P	N	9.00
10.00	Hospital-Based NF			NURSING FACILITY		313503		35084			01/01/1994	N		O	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			TRINITY RENAL DIALYSIS		312318		35084			01/01/2004				18.00
18.01	Renal Dialysis			TRINITY LINDEN RENAL DIALYSIS		313503		35084			01/01/1994				18.01
18.02	Renal Dialysis			TRINITY CRANFORD RENAL DIALYSIS		313521		35084			05/01/2019				18.02
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: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 6/1/2022 10:55 am	
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	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.	5,045	557	8	23	7,997	473	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)					N	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.					Y	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.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y		63.00
		Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	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. 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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		1.00	56.85	0.017286			66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	1.79	38.06	0.044918			67.00
					1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS 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)				Y	N	0	71.00	
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00	

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			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 1.00	XIX 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	N 98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y 98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N 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	N 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	N 98.06
<b>Rural Providers</b>				
105.00	Does this hospital qualify as a CAH?		N	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			
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 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)			
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	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 6/1/2022 10:55 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	3,589,009	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
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	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 6/1/2022 10:55 am			
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:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				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.			N	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	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus 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	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						
0.00							
				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	
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00	
		1.00	2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		171.00	



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 6/1/2022 10:55 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		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?			Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	07/02/2021	Y	07/02/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 6/1/2022 10:55 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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.	PETER		CHUCK	41.00
42.00	Enter the employer/company name of the cost report preparer.	TRINITY REG MED CTR			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	908-994-8119		PCHUCK@TRINITY.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 6/1/2022 10:55 am
		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.	BUDGET & REIMB DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 31-0027

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	195	71,175	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)		195	71,175	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,125	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 HOUSE PHYSICIANS	34.01	0	0	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		220	80,300	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	71	25,915		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	27	9,855		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	21	7,665		0	19.00
20.00 NURSING FACILITY	45.00	103	37,595		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			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)		442				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: 31-0027

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,505	3,224	31,004			1.00
2.00 HMO and other (see instructions)	10,012	7,997				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,505	3,224	31,004			7.00
8.00 INTENSIVE CARE UNIT	1,570	656	6,908			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 HOUSE PHYSICIANS	0	0	0			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,753	3,502			13.00
14.00 Total (see instructions)	8,075	5,633	41,414	0.00	1,772.84	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,511	1,476	16,788	0.00	96.88	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		7,672	7,848	0.00	29.57	18.00
19.00 SKILLED NURSING FACILITY	1,887	0	1,887	0.00	12.36	19.00
20.00 NURSING FACILITY		19,022	30,959	0.00	67.82	20.00
21.00 OTHER LONG TERM CARE			0	0.00	23.56	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	2,003.03	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			268			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	473	715			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: 31-0027

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,238	1,458	7,756	1.00
2.00	HMO and other (see instructions)			0	0		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
11.01	HOUSE PHYSICIANS						11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,238	1,458	7,756	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	175	147	1,655	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		129	132	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	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						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: 31-0027

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	134,301,793	0	134,301,793	3,961,938.00	33.90
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
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	3,079,387	0	3,079,387	108,652.00	28.34
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	672,164	0	672,164	25,709.00	26.15
10.00	Excluded area salaries (see instructions)		20,581,404	436,824	21,018,228	621,541.00	33.82
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
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)		36,116,756	0	36,116,756		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		7,453,609	0	7,453,609		
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		593,642	0	593,642		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,867,487	0	3,867,487		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,127,152	0	1,127,152		
25.50	Home office wage-related (core)		0	0	0		
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: 31-0027

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	1,344,338	0	1,344,338	31,207.00	43.08	26.00
27.00	Administrative & General	17,637,202	-178,639	17,458,563	479,657.00	36.40	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	902,347	0	902,347	39,104.00	23.08	29.00
30.00	Operation of Plant	999,600	0	999,600	31,938.00	31.30	30.00
31.00	Laundry & Linen Service	66,891	0	66,891	4,473.00	14.95	31.00
32.00	Housekeeping	2,704,063	0	2,704,063	183,702.00	14.72	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,339,982	0	2,339,982	149,841.00	15.62	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,319,598	0	1,319,598	24,512.00	53.83	38.00
39.00	Central Services and Supply	573,966	0	573,966	27,329.00	21.00	39.00
40.00	Pharmacy	2,087,969	0	2,087,969	57,825.00	36.11	40.00
41.00	Medical Records & Medical Records Library	1,357,956	0	1,357,956	60,954.00	22.28	41.00
42.00	Social Service	1,421,152	0	1,421,152	31,985.00	44.43	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 31-0027

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
6/1/2022 10:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	131,222,406	0	131,222,406	3,853,286.00	34.05	1.00
2.00	Excluded area salaries (see instructions)	21,253,568	436,824	21,690,392	647,250.00	33.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	109,968,838	-436,824	109,532,014	3,206,036.00	34.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	36,710,398	0	36,710,398	0.00	33.52	5.00
6.00	Total (sum of lines 3 thru 5)	146,679,236	-436,824	146,242,412	3,206,036.00	45.61	6.00
7.00	Total overhead cost (see instructions)	32,755,064	-178,639	32,576,425	1,122,527.00	29.02	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 6/1/2022 10:55 am
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		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	2,298,812	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<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	0	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)	20,749,198	8.02
8.03	Health Insurance (Purchased)	17,059,020	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	691,117	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	156,181	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)	1,279,106	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	-1,653,979	14.00
15.00	'Workers' Compensation Insurance	799,277	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	7,560,029	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	56,045	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	163,840	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	49,158,646	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: 31-0027

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	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 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 31-0027

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

Worksheet S-5

Date/Time Prepared:  
6/1/2022 10:55 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	220	0	0	55	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	52	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
<b>ESRD PPS</b>									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
<b>TRANSPLANT INFORMATION</b>									
11.00	Number of patients on transplant list						24		11.00
12.00	Number of patients transplanted during the cost reporting period						6		12.00
<b>EPOETIN</b>									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
<b>ARANESP</b>									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
<b>PHYSICIAN PAYMENT METHOD</b>									
21.00	Enter "X" if method(s) is applicable								21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	PROCRIT	1,451,716	0	256,050,000	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-5 Date/Time Prepared: 6/1/2022 10:55 am
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00
23.01	TRINITAS LINDEN RENAL DIALYSIS		0	23.01
23.02	TRINITAS CRANFORD RENAL DIALYSIS		0	23.02

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 6/1/2022 10:55 am
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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)		0.189214	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		66,380,784	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		36,332,726	5.00	
6.00	Medicaid charges		438,748,398	6.00	
7.00	Medicaid cost (line 1 times line 6)		83,017,339	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)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	120,209,554	104,678	120,314,232	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	22,745,331	104,678	22,850,009	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)	22,745,331	104,678	22,850,009	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)		14,636,121	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,172,286	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,803,516	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		12,832,605	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,059,339	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		25,909,348	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		25,909,348	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,572,135	5,572,135	2,589,945	8,162,080	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,355,494	5,355,494	0	5,355,494	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,344,338	25,237,466	26,581,804	-71,460	26,510,344	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,637,202	30,273,854	47,911,056	-635,034	47,276,022	5.00
6.00	00600	MAINTENANCE & REPAIRS	902,347	4,858,011	5,760,358	0	5,760,358	6.00
7.00	00700	OPERATION OF PLANT	999,600	8,621,207	9,620,807	0	9,620,807	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,891	1,082,537	1,149,428	0	1,149,428	8.00
9.00	00900	HOUSEKEEPING	2,704,063	2,200,427	4,904,490	0	4,904,490	9.00
10.00	01000	DIETARY	2,339,982	3,071,689	5,411,671	0	5,411,671	10.00
11.00	01100	CAFETERIA	0	0	0	-40,300	-40,300	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,319,598	126,157	1,445,755	-1,797	1,443,958	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	573,966	1,846,883	2,420,849	-857,243	1,563,606	14.00
15.00	01500	PHARMACY	2,087,969	15,379,588	17,467,557	-6,605,394	10,862,163	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,357,956	878,886	2,236,842	0	2,236,842	16.00
17.00	01700	SOCIAL SERVICE	1,421,152	105,340	1,526,492	0	1,526,492	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	2,491,055	800,263	3,291,318	-21,852	3,269,466	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,079,387	1,041,487	4,120,874	0	4,120,874	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	242,817	56,094	298,911	0	298,911	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	12,889,534	6,445,061	19,334,595	-2,148,036	17,186,559	30.00
31.00	03100	INTENSIVE CARE UNIT	5,121,785	990,079	6,111,864	-604,773	5,507,091	31.00
34.01	03401	HOUSE PHYSICIANS	1,599,475	3,135,532	4,735,007	0	4,735,007	34.01
40.00	04000	SUBPROVIDER - I PF	7,717,979	509,332	8,227,311	83,072	8,310,383	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	2,162,861	13,371	2,176,232	62,802	2,239,034	42.00
43.00	04300	NURSERY	1,153,469	328,852	1,482,321	-125,768	1,356,553	43.00
44.00	04400	SKILLED NURSING FACILITY	672,164	0	672,164	0	672,164	44.00
45.00	04500	NURSING FACILITY	4,075,087	1,340,081	5,415,168	-518,559	4,896,609	45.00
46.00	04600	OTHER LONG TERM CARE	1,675,371	171,324	1,846,695	-17,725	1,828,970	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,433,258	12,582,895	18,016,153	-11,912,334	6,103,819	50.00
51.00	05100	RECOVERY ROOM	1,124,610	31,008	1,155,618	-27,754	1,127,864	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,575,035	370,032	2,945,067	-281,343	2,663,724	52.00
53.00	05300	ANESTHESIOLOGY	0	3,970,252	3,970,252	-325,430	3,644,822	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,625,196	3,157,180	5,782,376	-596,703	5,185,673	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,732,432	1,439,510	4,171,942	-7,333,446	-3,161,504	55.00
56.00	05600	RADIOISOTOPE	249,801	498,515	748,316	-164,205	584,111	56.00
57.00	05700	CT SCAN	538,155	405,517	943,672	-180,036	763,636	57.00
58.00	05800	MRI	223,925	214,805	438,730	-53,473	385,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	930,993	1,556,057	2,487,050	-865,937	1,621,113	59.00
60.00	06000	LABORATORY	2,460,659	4,150,642	6,611,301	-1,524,501	5,086,800	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	260,531	1,675,106	1,935,637	-271,250	1,664,387	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,420,779	1,021,537	3,442,316	-686,038	2,756,278	65.00
66.00	06600	PHYSICAL THERAPY	1,152,933	1,645,898	2,798,831	-18,147	2,780,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	171,441	49,760	221,201	-874	220,327	67.00
68.00	06800	SPEECH PATHOLOGY	135,392	1,729	137,121	0	137,121	68.00
69.00	06900	ELECTROCARDIOLOGY	749,223	187,550	936,773	-18,012	918,761	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	15,306,688	15,306,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,150,165	7,150,165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,848,187	13,848,187	73.00
74.00	07400	RENAL DIALYSIS	5,119,374	2,115,728	7,235,102	1,451,716	8,686,818	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,601,520	446,665	2,048,185	-625,989	1,422,196	90.00
90.02	09001	PSYCH CLINIC	11,944,034	2,557,066	14,501,100	-280,270	14,220,830	90.02
90.03	09002	PSYCH CLINIC FEE BASED	7,307	26	7,333	0	7,333	90.03
90.04	09003	WORKFIRST	78,535	0	78,535	0	78,535	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	690,076	204,716	894,792	-69,255	825,537	90.06
90.07	09006	WOMEN'S CLINIC	1,394,819	355,379	1,750,198	-52,498	1,697,700	90.07
90.08	09007	THERAPEUTIC SCHOOL	575,070	121,084	696,154	0	696,154	90.08
90.09	09008	AFTER SCHOOL PROGRAM	314,961	16,309	331,270	0	331,270	90.09
90.11	09009	PERINATAL ADDICTION	14,753	1,052	15,805	0	15,805	90.11
90.12	09010	THERAPEUTIC NURSERY	14,752	3,908	18,660	0	18,660	90.12

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 31-0027

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

Worksheet A

Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
90.13	09011 CHILD DAY TREATMENT	640,245	408,575	1,048,820	-1,220	1,047,600	90.13
90.14	09012 DIABETES CENTER	0	0	0	0	0	90.14
90.15	09013 WOUND CENTER	395,609	390,673	786,282	-206,569	579,713	90.15
90.16	09014 MI CA	126,835	6,246	133,081	0	133,081	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	882,691	145,007	1,027,698	-1,210	1,026,488	90.17
91.00	09100 EMERGENCY	6,277,445	2,712,862	8,990,307	-1,322,675	7,667,632	91.00
91.01	09101 EMERGENCY	2,344,305	262,273	2,606,578	-19,988	2,586,590	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	2,372,231	448,629	2,820,860	-86,033	2,734,827	95.00
113.00	11300 INTEREST EXPENSE		2,589,945	2,589,945	-2,589,945	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	134,214,973	165,185,286	299,400,259	-670,501	298,729,758	118.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NON REIMBURSABLE	86,820	7,307,966	7,394,786	670,501	8,065,287	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	134,301,793	172,493,252	306,795,045	0	306,795,045	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 31-0027

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

Worksheet A  
Date/Time Prepared:  
6/1/2022 10:55 am

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	-961	8,161,119	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,355,494	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-158,345	26,351,999	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,594,881	41,681,141	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	5,760,358	6.00
7.00	00700	OPERATION OF PLANT	-598,418	9,022,389	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,149,428	8.00
9.00	00900	HOUSEKEEPING	0	4,904,490	9.00
10.00	01000	DIETARY	0	5,411,671	10.00
11.00	01100	CAFETERIA	-713,973	-754,273	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,443,958	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,563,606	14.00
15.00	01500	PHARMACY	0	10,862,163	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-125	2,236,717	16.00
17.00	01700	SOCIAL SERVICE	0	1,526,492	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	-6,353,330	-3,083,864	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-4,870	4,116,004	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,160,488	-861,577	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	17,186,559	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,507,091	31.00
34.01	03401	HOUSE PHYSICIANS	-3,700,672	1,034,335	34.01
40.00	04000	SUBPROVIDER - IPF	-1,536,555	6,773,828	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	-244,282	1,994,752	42.00
43.00	04300	NURSERY	0	1,356,553	43.00
44.00	04400	SKILLED NURSING FACILITY	0	672,164	44.00
45.00	04500	NURSING FACILITY	-50,000	4,846,609	45.00
46.00	04600	OTHER LONG TERM CARE	-98,017	1,730,953	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	6,103,819	50.00
51.00	05100	RECOVERY ROOM	0	1,127,864	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,663,724	52.00
53.00	05300	ANESTHESIOLOGY	-2,157,998	1,486,824	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,726,205	2,459,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-7,350	-3,168,854	55.00
56.00	05600	RADIOISOTOPE	0	584,111	56.00
57.00	05700	CT SCAN	0	763,636	57.00
58.00	05800	MRI	0	385,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	-465,831	1,155,282	59.00
60.00	06000	LABORATORY	-281,058	4,805,742	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,664,387	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-868	2,755,410	65.00
66.00	06600	PHYSICAL THERAPY	0	2,780,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	220,327	67.00
68.00	06800	SPEECH PATHOLOGY	0	137,121	68.00
69.00	06900	ELECTROCARDIOLOGY	-101,453	817,308	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,306,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,150,165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,848,187	73.00
74.00	07400	RENAL DIALYSIS	0	8,686,818	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-257,438	1,164,758	90.00
90.02	09001	PSYCH CLINIC	-2,874,455	11,346,375	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	7,333	90.03
90.04	09003	WORKFIRST	0	78,535	90.04
90.05	09004	CANCER CLINIC	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	-211,829	613,708	90.06
90.07	09006	WOMEN'S CLINIC	0	1,697,700	90.07
90.08	09007	THERAPEUTIC SCHOOL	-6,194	689,960	90.08
90.09	09008	AFTER SCHOOL PROGRAM	-185,184	146,086	90.09
90.11	09009	PERINATAL ADDICTION	0	15,805	90.11
90.12	09010	THERAPEUTIC NURSERY	0	18,660	90.12
90.13	09011	CHILD DAY TREATMENT	-45,479	1,002,121	90.13
90.14	09012	DIABETES CENTER	0	0	90.14

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 31-0027

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

Worksheet A  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.15	09013	WOUND CENTER	-21,578	558,135	90.15
90.16	09014	MICA	-56,247	76,834	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	1,026,488	90.17
91.00	09100	EMERGENCY	-384,053	7,283,579	91.00
91.01	09101	EMERGENCY	0	2,586,590	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-101,815	2,633,012	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,099,952	268,629,806	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NON REIMBURSABLE	-473,460	7,591,827	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,573,412	276,221,633	200.00

RECLASSIFICATIONS

Provider CCN: 31-0027

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

Worksheet A-6

Date/Time Prepared:  
6/1/2022 10:55 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAFETERIA MEALS RECLASS</b>						
1.00	CAFETERIA	11.00	1,006,192	1,320,826	1.00	
			1,006,192	1,320,826		
<b>B - DRUGS CHARGED TO PATIENTS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,299,903	1.00	
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	
	<b>TOTALS</b>		0	15,299,903		
<b>C - INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,589,945	1.00	
31.00	NON REIMBURSABLE	194.00	0	630	31.00	
	<b>TOTALS</b>		0	2,590,575		
<b>D - MED SUPPLIES CHARGED TO PATIENTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,306,688	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	
	<b>TOTALS</b>		0	15,306,688		
<b>E - RECLASS MALPRACTICE</b>						
1.00	PSYCH CLINIC	90.02	0	3,139	1.00	
2.00	SUBPROVIDER - IPF	40.00	0	525	2.00	
	<b>TOTALS</b>		0	3,664		

RECLASSIFICATIONS

Provider CCN: 31-0027

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

Worksheet A-6

Date/Time Prepared:  
6/1/2022 10:55 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>F - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,150,165	1.00
	TOTALS		0	7,150,165	
<b>G - PUB RELATIONS TO NON REIMB</b>					
1.00	NON REIMBURSABLE	194.00	178,639	450,302	1.00
	TOTALS		178,639	450,302	
<b>I - RECLASS EPOTEIN</b>					
1.00	RENAL DIALYSIS	74.00	0	1,451,716	1.00
	TOTALS		0	1,451,716	
<b>L - PSYCH ADMIN TO CLINICS</b>					
1.00	SUBPROVIDER - IPF	40.00	193,638	0	1.00
2.00	SUBPROVIDER	42.00	64,547	0	2.00
	TOTALS		258,185	0	
<b>M - RECLASS MEALS SOLD TO VISITORS</b>					
1.00	NON REIMBURSABLE	194.00	0	40,300	1.00
	TOTALS		0	40,300	
<b>N - RECLASS EXP TO NON REIM</b>					
1.00	NON REIMBURSABLE	194.00	0	630	1.00
	TOTALS		0	630	
500.00	Grand Total: Increases		1,443,016	43,614,769	500.00

RECLASSIFICATIONS

Provider CCN: 31-0027

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

Worksheet A-6  
Date/Time Prepared:  
6/1/2022 10:55 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - CAFETERIA MEALS RECLASS</b>							
1.00	CAFETERIA	11.00	1,006,192	1,320,826	0		1.00
			1,006,192	1,320,826			
<b>B - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	6,476,233	0		1.00
3.00	EMERGENCY	91.00	0	40,027	0		3.00
4.00	PSYCH CLINIC	90.02	0	814	0		4.00
5.00	PEDIATRIC CLINIC	90.06	0	61,596	0		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	66,192	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	1,169	0		7.00
8.00	NURSING PROGRAM	20.00	0	319	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,220,460	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	20,811	0		10.00
11.00	NURSERY	43.00	0	4,065	0		11.00
12.00	NURSING FACILITY	45.00	0	253,370	0		12.00
13.00	OPERATING ROOM	50.00	0	21,452	0		13.00
14.00	RECOVERY ROOM	51.00	0	1,839	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,153	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	14,586	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	820	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,100,429	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,299	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	269	0		20.00
TOTALS			0	15,299,903			
<b>C - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	2,589,945		11	1.00
31.00	ADMINISTRATIVE & GENERAL	5.00	0	630		0	31.00
TOTALS			0	2,590,575			
<b>D - MED SUPPLIES CHARGED TO PATIENTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	857,243	0		1.00
2.00	PHARMACY	15.00	0	129,161	0		2.00
3.00	SUBPROVIDER	42.00	0	1,745	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	927,576	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	583,962	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	111,091	0		6.00
7.00	NURSERY	43.00	0	121,703	0		7.00
8.00	NURSING FACILITY	45.00	0	265,189	0		8.00
9.00	OTHER LONG TERM CARE	46.00	0	17,725	0		9.00
10.00	OPERATING ROOM	50.00	0	4,740,717	0		10.00
11.00	RECOVERY ROOM	51.00	0	25,915	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	267,190	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	310,844	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	595,883	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	233,017	0		15.00
16.00	RADIOISOTOPE	56.00	0	164,205	0		16.00
17.00	CT SCAN	57.00	0	180,036	0		17.00
18.00	MRI	58.00	0	53,473	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	864,638	0		19.00
20.00	LABORATORY	60.00	0	1,524,501	0		20.00
21.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	271,250	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	686,038	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	17,878	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	874	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	18,012	0		25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,268	0		26.00
27.00	CLINIC	90.00	0	625,989	0		27.00
28.00	PSYCH CLINIC	90.02	0	24,410	0		28.00
29.00	PEDIATRIC CLINIC	90.06	0	7,659	0		29.00
30.00	WOMEN'S CLINIC	90.07	0	52,498	0		30.00
31.00	CHILD DAY TREATMENT	90.13	0	1,220	0		31.00
32.00	WOUND CENTER	90.15	0	206,569	0		32.00
33.00	EMERGENCY	91.01	0	19,988	0		33.00
34.00	BAYONNE MENTAL HEALTH CENTER	90.17	0	1,210	0		34.00
35.00	EMERGENCY	91.00	0	1,282,648	0		35.00
36.00	AMBULANCE SERVICES	95.00	0	86,033	0		36.00
37.00	NURSING PROGRAM	20.00	0	21,533	0		37.00
38.00	NURSING ADMINISTRATION	13.00	0	1,797	0		38.00
TOTALS			0	15,306,688			
<b>E - RECLASS MALPRACTICE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,664	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	3,664			

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	F - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,150,165	0		1.00	
	TOTALS		0	7,150,165				
	G - PUB RELATIONS TO NON REIMB							
1.00	ADMINISTRATIVE & GENERAL	5.00	178,639	450,302	0		1.00	
	TOTALS		178,639	450,302				
	I - RECLASS EPOTEIN							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,451,716	0		1.00	
	TOTALS		0	1,451,716				
	L - PSYCH ADMIN TO CLINICS							
1.00	PSYCH CLINIC	90.02	258,185	0	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		258,185	0				
	M - RECLASS MEALS SOLD TO VISITORS							
1.00	CAFETERIA	11.00	0	40,300	0		1.00	
	TOTALS		0	40,300				
	N - RECLASS EXP TO NON REIM							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	630	0		1.00	
	TOTALS		0	630				
500.00	Grand Total: Decreases		1,443,016	43,614,769			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0027

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,783,178	0	0	0	1.00
2.00	Land Improvements	4,654,503	58,687	0	58,687	2.00
3.00	Buildings and Fixtures	155,747,602	15,589,798	0	15,589,798	3.00
4.00	Building Improvements	30,304,238	5,493,782	0	5,493,782	4.00
5.00	Fixed Equipment	68,581,022	701,395	0	701,395	5.00
6.00	Movable Equipment	103,508,744	5,005,898	0	5,005,898	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	364,579,287	26,849,560	0	26,849,560	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	364,579,287	26,849,560	0	26,849,560	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	1,783,178	0			1.00
2.00	Land Improvements	4,713,190	0			2.00
3.00	Buildings and Fixtures	163,387,047	0			3.00
4.00	Building Improvements	35,250,592	0			4.00
5.00	Fixed Equipment	65,902,968	0			5.00
6.00	Movable Equipment	107,101,674	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	378,138,649	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	378,138,649	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0027

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	5,572,135	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,355,494	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,927,629	0	0	0	0	3.00
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	5,572,135				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,355,494				2.00
3.00	Total (sum of lines 1-2)	0	10,927,629				3.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 31-0027

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	271,374,841	0	271,374,841	0.717019	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	107,101,674	0	107,101,674	0.282981	0	2.00
3.00	Total (sum of lines 1-2)	378,476,515	0	378,476,515	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	5,572,135	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,355,494	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,927,629	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	2,588,984	0	0	0	8,161,119	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,355,494	2.00
3.00	Total (sum of lines 1-2)	2,588,984	0	0	0	13,516,613	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)			0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0 7.00
8.00	Television and radio service (chapter 21)			0		0.00	0 8.00
9.00	Parking lot (chapter 21)			0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-14,181,074				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		0			0 12.00
13.00	Laundry and linen service			0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-698,188	CAFETERIA		11.00	0 14.00
15.00	Rental of quarters to employee and others			0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00	Sale of drugs to other than patients			0		0.00	0 17.00
18.00	Sale of medical records and abstracts			0		0.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-6,353,330	NURSING PROGRAM		20.00	0 19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0 19.01
20.00	Vending machines	B	-15,785	CAFETERIA		11.00	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	NONPHYSICIAN ANESTHETISTS	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 31-0027

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

Worksheet A-8

Date/Time Prepared:  
6/1/2022 10:55 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	MICU	B	-101,815	AMBULANCE SERVICES	95.00	0 33.00
34.00	HOBOKEN RAD CONTRACT	B	-165,940	RADIOLOGY-DIAGNOSTIC	54.00	0 34.00
35.00	LTACH CARE ONE	B	-415,008	NON REIMBURSABLE	194.00	0 35.00
36.00	REMEDY PARTNERS	B	-250,712	PSYCH CLINIC	90.02	0 36.00
37.00	CARDIO DIA STUDENTS	B	-3,758	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 37.00
38.00	SPECIFIC PURPOSE	B	-52,549	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 38.00
39.00	CASH OVER/SHORT	B	-25	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 39.00
40.00	INTERNET FEE	B	-3,600	ADMINISTRATIVE & GENERAL	5.00	0 40.00
40.01	TOURO COLLEGE	B	-43,418	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.01
40.02	SETON HALL PA PROGRAM	B	-4,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.02
41.00	RENT	B	-13,918	ADMINISTRATIVE & GENERAL	5.00	0 41.00
41.01	DR APPLICATION FEE	B	-25,825	ADMINISTRATIVE & GENERAL	5.00	0 41.01
41.02	GAIN LOSS ON SALE	B	-99,215	ADMINISTRATIVE & GENERAL	5.00	0 41.02
41.03	MEDICAL STUDENTS OTHER	B	-13,740	HOUSE PHYSICIANS	34.01	0 41.03
42.00	ST GEORGES PROGRAM	B	-1,056,038	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 42.00
43.00	MED SECT ST GEORGE	B	0	ADMINISTRATIVE & GENERAL	5.00	0 43.00
43.02	MED LIBRARY ST GEORGE	B	0	ADMINISTRATIVE & GENERAL	5.00	0 43.02
44.00	INTERN RESD VERIFICATION FEE	B	-700	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 44.00
44.01	OB TRAINING	B	-4,870	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 44.01
45.00	CRANFORD RENOVATIONS	B	0	PHYSICAL THERAPY	66.00	0 45.00
46.00	PARKING GARAGE	B	-394,516	OPERATION OF PLANT	7.00	0 46.00
46.01	SALE OF SCRAP	B	-4,095	ADMINISTRATIVE & GENERAL	5.00	0 46.01
47.00	PSE&G PROJECT	B	-203,902	OPERATION OF PLANT	7.00	0 47.00
48.00	NED RECORD FEE	B	-125	MEDICAL RECORDS & LIBRARY	16.00	0 48.00
49.00	PATERNITY OPPORTUNITY	B	2,309	ADMINISTRATIVE & GENERAL	5.00	0 49.00
49.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 49.01
49.02	ADMIN LABOR CREDIT	B	-10,000	ADMINISTRATIVE & GENERAL	5.00	0 49.02
49.03	REBATES	B	-261,986	ADMINISTRATIVE & GENERAL	5.00	0 49.03
49.04	340 B SUNRX	B	-1,513,755	ADMINISTRATIVE & GENERAL	5.00	0 49.04
49.05	MARILLAC OVERHD REIMB	B	-58,475	ADMINISTRATIVE & GENERAL	5.00	0 49.05
49.06	REMUNERATION ACCT SVCS	B	-60,000	ADMINISTRATIVE & GENERAL	5.00	0 49.06
49.07	BOA REBATES	B	-5,605	ADMINISTRATIVE & GENERAL	5.00	0 49.07
49.08	LOSS FROM DIS FLOODING	B	726,094	ADMINISTRATIVE & GENERAL	5.00	0 49.08
49.09	340 B WALGREEN	B	-212,209	ADMINISTRATIVE & GENERAL	5.00	0 49.09
49.10	340B PROGRITE AID	B	40,563	ADMINISTRATIVE & GENERAL	5.00	0 49.10
49.11	TCCC RESEARCH	B	-7,350	RADIOLOGY-THERAPEUTIC	55.00	0 49.11
49.12	TAKING CARE OF HOSPITAL	B	-1,228	ADMINISTRATIVE & GENERAL	5.00	0 49.12
49.13	PSYCH CONSULTING SERV	B	-2,300	PSYCH CLINIC	90.02	0 49.13
49.14	OCCUPATIONAL MEDICINE	B	-158,345	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.14
49.15	RAD XRAY FEES	B	-16,843	RADIOLOGY-DIAGNOSTIC	54.00	0 49.15
49.16	SENIORS FIRST PROGRAM	B	-10	ADMINISTRATIVE & GENERAL	5.00	0 49.16
49.17	INSURANCE CLAIMS	B	-66,932	ADMINISTRATIVE & GENERAL	5.00	0 49.17
49.18	GAIN FROM INS FLOODING	B	-3,301,543	ADMINISTRATIVE & GENERAL	5.00	0 49.18
49.21	MISCELLANEOUS	B	41,418	ADMINISTRATIVE & GENERAL	5.00	0 49.21
49.29	DUKE CLINICAL	B	-755,500	ADMINISTRATIVE & GENERAL	5.00	0 49.29
49.30	BAYOONE HEALTH	B	-759,889	RADIOLOGY-DIAGNOSTIC	54.00	0 49.30
49.31	LOAN FORGIVENESS	B	-11,369	ADMINISTRATIVE & GENERAL	5.00	0 49.31
49.32	RECLASS DUES	B	-61,110	NON REIMBURSABLE	194.00	0 49.32
49.33	PSYCH TRANSPORT	B	-12,013	PSYCH CLINIC	90.02	0 49.33
49.34	PSYCH TRANSPORT	B	-2,885	SUBPROVIDER - IPF	40.00	0 49.34
49.36	INTEREST INCOME	B	-961	CAP REL COSTS-BLDG & FIXT	1.00	11 49.36
49.37	USE OF AUTO	B	2,658	NON REIMBURSABLE	194.00	0 49.37
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,573,412			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

ADJUSTMENTS TO EXPENSES			Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8 Date/Time Prepared: 6/1/2022 10:55 am	
Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
	1.00	2.00	Cost Center	Line #		
			3.00	4.00	5.00	

B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripsts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 31-0027

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

Worksheet A-8-2

Date/Time Prepared:  
6/1/2022 10:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	34.01	AGGREGATE-HOUSE PHYSICIANS	4,479,334	3,686,932	792,402	211,500	10,929	1.00
2.00	40.00	SUBPROVIDER - IPF	1,560,209	1,530,934	29,275	211,500	261	2.00
3.00	42.00	SUBPROVIDER	253,940	244,282	9,658	211,500	213	3.00
4.00	45.00	NURSING FACILITY	50,000	50,000	0	0	0	4.00
5.00	46.00	OTHER LONG TERM CARE	98,017	98,017	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,596,663	2,157,998	1,438,665	181,300	17,509	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,811,338	1,744,738	66,600	181,300	319	7.00
8.00	59.00	CARDIAC CATHETERIZATION	468,446	465,246	3,200	181,300	30	8.00
9.00	60.00	LABORATORY	393,760	262,520	131,240	181,300	1,293	9.00
10.00	65.00	RESPIRATORY THERAPY	868	868	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	101,453	101,453	0	0	0	11.00
12.00	90.00	CLINIC	257,438	257,438	0	0	0	12.00
13.00	90.02	PSYCH CLINIC	2,741,831	2,576,973	164,858	181,300	1,519	13.00
14.00	90.06	PEDIATRIC CLINIC	211,829	211,829	0	0	0	14.00
15.00	90.08	THERAPEUTIC SCHOOL	6,194	6,194	0	0	0	15.00
16.00	90.13	CHILD DAY TREATMENT	45,479	45,479	0	0	0	16.00
17.00	90.16	MICA	56,247	56,247	0	0	0	17.00
18.00	90.15	WOUND CENTER	21,578	21,578	0	0	0	18.00
19.00	91.00	EMERGENCY	1,087,970	384,053	703,917	211,500	6,935	19.00
20.00	90.09	AFTER SCHOOL PROGRAM	185,184	185,184	0	0	0	20.00
200.00			17,427,778	14,087,963	3,339,815		39,008	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 31-0027

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

Worksheet A-8-2

Date/Time Prepared:  
6/1/2022 10:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	34.01	AGGREGATE-HOUSE PHYSICIANS	1,111,290	55,565	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	26,539	1,327	0	0	0	2.00
3.00	42.00	SUBPROVIDER	21,658	1,083	0	0	0	3.00
4.00	45.00	NURSING FACILITY	0	0	0	0	0	4.00
5.00	46.00	OTHER LONG TERM CARE	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,526,145	76,307	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	27,805	1,390	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	2,615	131	0	0	0	8.00
9.00	60.00	LABORATORY	112,702	5,635	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	90.02	PSYCH CLINIC	132,401	6,620	0	0	0	13.00
14.00	90.06	PEDIATRIC CLINIC	0	0	0	0	0	14.00
15.00	90.08	THERAPEUTIC SCHOOL	0	0	0	0	0	15.00
16.00	90.13	CHILD DAY TREATMENT	0	0	0	0	0	16.00
17.00	90.16	MICA	0	0	0	0	0	17.00
18.00	90.15	WOUND CENTER	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	705,170	35,259	0	0	0	19.00
20.00	90.09	AFTER SCHOOL PROGRAM	0	0	0	0	0	20.00
200.00			3,666,325	183,317	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 31-0027

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

Worksheet A-8-2

Date/Time Prepared:  
6/1/2022 10:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	34.01	AGGREGATE-HOUSE PHYSICIANS	0	1,111,290	0	3,686,932		1.00
2.00	40.00	SUBPROVIDER - IPF	0	26,539	2,736	1,533,670		2.00
3.00	42.00	SUBPROVIDER	0	21,658	0	244,282		3.00
4.00	45.00	NURSING FACILITY	0	0	0	50,000		4.00
5.00	46.00	OTHER LONG TERM CARE	0	0	0	98,017		5.00
6.00	53.00	ANESTHESIOLOGY	0	1,526,145	0	2,157,998		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	27,805	38,795	1,783,533		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	2,615	585	465,831		8.00
9.00	60.00	LABORATORY	0	112,702	18,538	281,058		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	868		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	101,453		11.00
12.00	90.00	CLINIC	0	0	0	257,438		12.00
13.00	90.02	PSYCH CLINIC	0	132,401	32,457	2,609,430		13.00
14.00	90.06	PEDIATRIC CLINIC	0	0	0	211,829		14.00
15.00	90.08	THERAPEUTIC SCHOOL	0	0	0	6,194		15.00
16.00	90.13	CHILD DAY TREATMENT	0	0	0	45,479		16.00
17.00	90.16	MICA	0	0	0	56,247		17.00
18.00	90.15	WOUND CENTER	0	0	0	21,578		18.00
19.00	91.00	EMERGENCY	0	705,170	0	384,053		19.00
20.00	90.09	AFTER SCHOOL PROGRAM	0	0	0	185,184		20.00
200.00			0	3,666,325	93,111	14,181,074		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,161,119	8,161,119			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,355,494		5,355,494		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,351,999	32,049	21,031	26,405,079	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	41,681,141	916,058	601,136	3,502,707	46,701,042
6.00 00600	MAINTENANCE & REPAIRS	5,760,358	88,852	58,306	179,204	6,086,720
7.00 00700	OPERATION OF PLANT	9,022,389	2,771,287	1,818,574	198,519	13,810,769
8.00 00800	LAUNDRY & LINEN SERVICE	1,149,428	23,124	15,174	13,284	1,201,010
9.00 00900	HOUSEKEEPING	4,904,490	117,709	77,243	537,022	5,636,464
10.00 01000	DIETARY	5,411,671	179,450	117,759	464,716	6,173,596
11.00 01100	CAFETERIA	-754,273	0	0	0	-754,273
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,443,958	7,808	5,124	262,070	1,718,960
14.00 01400	CENTRAL SERVICES & SUPPLY	1,563,606	41,556	27,270	113,988	1,746,420
15.00 01500	PHARMACY	10,862,163	33,754	22,150	414,666	11,332,733
16.00 01600	MEDICAL RECORDS & LIBRARY	2,236,717	39,686	26,043	269,687	2,572,133
17.00 01700	SOCIAL SERVICE	1,526,492	8,055	5,286	282,238	1,822,071
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	-3,083,864	64,659	42,431	494,719	-2,482,055
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	4,116,004	39,145	25,688	611,560	4,792,397
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-861,577	72,399	47,510	48,223	-693,445
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	17,186,559	604,749	396,849	2,559,836	20,747,993
31.00 03100	INTENSIVE CARE UNIT	5,507,091	110,236	72,339	1,017,176	6,706,842
34.01 03401	HOUSE PHYSICIANS	1,034,335	0	0	317,653	1,351,988
40.00 04000	SUBPROVIDER - I PF	6,773,828	228,903	150,211	1,532,775	8,685,717
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	1,994,752	85,276	55,960	429,540	2,565,528
43.00 04300	NURSERY	1,356,553	48,988	32,147	229,077	1,666,765
44.00 04400	SKILLED NURSING FACILITY	672,164	52,179	34,241	133,490	892,074
45.00 04500	NURSING FACILITY	4,846,609	214,149	140,529	809,304	6,010,591
46.00 04600	OTHER LONG TERM CARE	1,730,953	71,303	46,791	332,725	2,181,772
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,103,819	188,936	123,984	1,079,034	7,495,773
51.00 05100	RECOVERY ROOM	1,127,864	19,850	13,026	223,345	1,384,085
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,663,724	58,049	38,093	511,397	3,271,263
53.00 05300	ANESTHESIOLOGY	1,486,824	3,760	2,468	0	1,493,052
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,459,468	103,592	67,979	521,359	3,152,398
55.00 05500	RADIOLOGY-THERAPEUTIC	-3,168,854	245,171	160,886	542,656	-2,220,141
56.00 05600	RADIOISOTOPE	584,111	2,795	1,834	49,610	638,550
57.00 05700	CT SCAN	763,636	7,555	4,958	106,877	883,026
58.00 05800	MRI	385,257	8,569	5,623	44,471	443,920
59.00 05900	CARDIAC CATHETERIZATION	1,155,282	37,487	24,600	184,893	1,402,262
60.00 06000	LABORATORY	4,805,742	73,372	48,148	488,682	5,415,944
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,664,387	4,945	3,245	51,741	1,724,318
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,755,410	21,672	14,221	480,762	3,272,065
66.00 06600	PHYSICAL THERAPY	2,780,684	54,933	36,048	228,970	3,100,635
67.00 06700	OCCUPATIONAL THERAPY	220,327	0	0	34,048	254,375
68.00 06800	SPEECH PATHOLOGY	137,121	685	449	26,889	165,144
69.00 06900	ELECTROCARDIOLOGY	817,308	17,048	11,188	148,794	994,338
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,306,688	0	0	0	15,306,688
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,150,165	0	0	0	7,150,165
73.00 07300	DRUGS CHARGED TO PATIENTS	13,848,187	0	0	0	13,848,187
74.00 07400	RENAL DIALYSIS	8,686,818	135,202	88,722	1,016,697	9,927,439
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,164,758	103,482	67,907	318,059	1,654,206
90.02 09001	PSYCH CLINIC	11,346,375	237,808	156,054	2,372,061	14,112,298
90.03 09002	PSYCH CLINIC FEE BASED	7,333	0	0	1,451	8,784
90.04 09003	WORKFIRST	78,535	0	0	15,597	94,132
90.05 09004	CANCER CLINIC	0	0	0	0	0
90.06 09005	PEDIATRIC CLINIC	613,708	20,548	13,484	137,048	784,788
90.07 09006	WOMEN'S CLINIC	1,697,700	51,645	33,891	277,008	2,060,244
90.08 09007	THERAPEUTIC SCHOOL	689,960	0	0	114,208	804,168
90.09 09008	AFTER SCHOOL PROGRAM	146,086	30,713	20,155	62,551	259,505



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.11 09009 PERINATAL ADDICTION	15,805	32,706	21,463	2,930	72,904	90.11
90.12 09010 THERAPEUTIC NURSERY	18,660	0	0	2,930	21,590	90.12
90.13 09011 CHILD DAY TREATMENT	1,002,121	36,398	23,885	127,151	1,189,555	90.13
90.14 09012 DIABETES CENTER	0	7,603	4,989	0	12,592	90.14
90.15 09013 WOUND CENTER	558,135	7,603	4,989	78,567	649,294	90.15
90.16 09014 MICA	76,834	36,097	23,687	25,189	161,807	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	1,026,488	28,460	18,676	175,301	1,248,925	90.17
91.00 09100 EMERGENCY	7,283,579	171,826	112,756	1,246,688	8,814,849	91.00
91.01 09101 EMERGENCY	2,586,590	36,467	23,930	465,574	3,112,561	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,633,012	34,830	22,856	471,120	3,161,818	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	268,629,806	7,671,181	5,033,986	26,387,837	267,801,118	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	26,645	17,485	17,242	61,372	192.00
193.00 19300 NONPAID WORKERS	0	357,201	234,403	0	591,604	193.00
194.00 07950 NON REIMBURSABLE	7,591,827	106,092	69,620	0	7,767,539	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	276,221,633	8,161,119	5,355,494	26,405,079	276,221,633	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

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	46,701,042					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,206,157	7,292,877				6.00
7.00	00700	OPERATION OF PLANT	2,736,770	2,836,915	19,384,454			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	237,995	23,672	102,977	1,565,654		8.00
9.00	00900	HOUSEKEEPING	1,116,933	120,496	524,186	42,564	7,440,643	9.00
10.00	01000	DIETARY	1,223,372	183,700	799,136	64,890	317,001	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	340,633	7,993	34,773	2,824	13,794	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	346,074	42,540	185,059	15,027	73,409	14.00
15.00	01500	PHARMACY	2,245,717	34,554	150,317	12,206	59,628	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	509,699	40,626	176,732	14,351	70,106	16.00
17.00	01700	SOCIAL SERVICE	361,065	8,246	35,871	2,913	14,229	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	66,191	287,944	23,381	114,222	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	949,671	40,072	174,322	14,155	69,150	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	74,114	322,412	26,180	127,894	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,111,571	619,071	2,693,099	218,675	1,068,300	30.00
31.00	03100	INTENSIVE CARE UNIT	1,329,041	112,846	490,908	39,862	194,733	31.00
34.01	03401	HOUSE PHYSICIANS	267,913	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - I PF	1,721,179	234,324	1,019,364	82,772	404,361	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	508,390	87,296	379,757	30,836	150,642	42.00
43.00	04300	NURSERY	330,289	50,148	218,154	17,714	86,537	43.00
44.00	04400	SKILLED NURSING FACILITY	176,775	53,415	232,368	18,868	92,176	44.00
45.00	04500	NURSING FACILITY	1,191,071	219,221	953,662	77,437	378,299	45.00
46.00	04600	OTHER LONG TERM CARE	432,344	72,992	317,531	25,784	125,958	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,485,377	193,411	841,382	68,320	333,759	50.00
51.00	05100	RECOVERY ROOM	274,273	20,320	88,396	7,178	35,065	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	648,240	59,424	258,509	20,991	102,545	52.00
53.00	05300	ANESTHESIOLOGY	295,866	3,849	16,746	1,360	6,643	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	624,685	106,045	461,320	37,459	182,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	250,977	1,091,808	88,655	433,098	55.00
56.00	05600	RADIOISOTOPE	126,497	2,861	12,445	1,011	4,937	56.00
57.00	05700	CT SCAN	174,982	7,734	33,644	2,732	13,346	57.00
58.00	05800	MRI	87,968	8,772	38,159	3,098	15,137	58.00
59.00	05900	CARDIAC CATHETERIZATION	277,875	38,375	166,940	13,556	66,222	59.00
60.00	06000	LABORATORY	1,073,234	75,109	326,743	26,532	129,613	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	341,694	5,062	22,023	1,788	8,736	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	648,399	22,185	96,510	7,837	38,284	65.00
66.00	06600	PHYSICAL THERAPY	614,428	56,234	244,630	19,864	97,040	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,407	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	32,725	701	3,050	248	1,210	68.00
69.00	06900	ELECTROCARDIOLOGY	197,040	17,452	75,921	6,165	30,116	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,033,204	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,416,891	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,744,184	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,967,241	138,404	602,090	48,890	238,837	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	327,801	105,933	460,832	37,420	182,803	90.00
90.02	09001	PSYCH CLINIC	2,796,521	243,439	1,059,018	85,992	420,091	90.02
90.03	09002	PSYCH CLINIC FEE BASED	1,741	0	0	0	0	90.03
90.04	09003	WORKFIRST	18,653	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	155,515	21,035	91,508	7,430	36,299	90.06
90.07	09006	WOMEN'S CLINIC	408,262	52,868	229,989	18,675	91,232	90.07
90.08	09007	THERAPEUTIC SCHOOL	159,356	0	0	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	51,424	31,440	136,773	11,106	54,255	90.09
90.11	09009	PERINATAL ADDICTION	14,447	33,481	145,650	11,827	57,776	90.11
90.12	09010	THERAPEUTIC NURSERY	4,278	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	235,725	37,260	162,090	13,162	64,298	90.13
90.14	09012	DIABETES CENTER	2,495	7,783	33,858	2,749	13,431	90.14
90.15	09013	WOUND CENTER	128,665	7,783	33,858	2,749	13,431	90.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
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6/1/2022 10:55 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.16	09014	MICA	32,064	36,952	160,748	13,053	63,766	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	247,489	29,134	126,738	10,291	50,274	90.17
91.00	09100	EMERGENCY	1,746,768	175,896	765,187	62,133	303,534	91.00
91.01	09101	EMERGENCY	616,791	37,330	162,396	13,186	64,419	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500	AMBULANCE SERVICES	626,552	35,655	155,105	12,595	61,527	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,032,416	6,791,336	17,202,638	1,388,491	6,575,160	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,162	27,276	118,655	9,635	47,068	192.00
193.00	19300	NONPAID WORKERS	117,233	365,661	1,590,707	129,165	631,002	193.00
194.00	07950	NON REIMBURSABLE	1,539,231	108,604	472,454	38,363	187,413	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	46,701,042	7,292,877	19,384,454	1,565,654	7,440,643	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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	8,761,695					10.00
11.00	01100	CAFETERIA	0	-754,273				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,118,977		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	39,238	2,447,767	14.00
15.00	01500	PHARMACY	0	0	0	0	49,842	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	79,227	4,364	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,371,918	0	0	513,264	311,423	30.00
31.00	03100	INTENSIVE CARE UNIT	269,711	0	0	163,958	118,357	31.00
34.01	03401	HOUSE PHYSICIANS	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - I/PF	1,362,575	0	0	125,091	22,093	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	635,577	0	0	33,016	354	42.00
43.00	04300	NURSERY	0	0	0	40,788	24,667	43.00
44.00	04400	SKILLED NURSING FACILITY	304,946	0	0	38,321	0	44.00
45.00	04500	NURSING FACILITY	2,075,791	0	0	178,648	51,298	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	13,733	714	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	267,145	0	0	212,211	856,430	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,718	5,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	79,901	54,087	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	63,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	10,769	118,976	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	45,415	23,314	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,107	56.00
57.00	05700	CT SCAN	0	0	0	0	36,490	57.00
58.00	05800	MRI	0	0	0	0	10,823	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,325	82,863	59.00
60.00	06000	LABORATORY	0	0	0	0	9,991	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	133	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	54,791	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,715	3,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	177	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,148	3,651	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	129,073	199,445	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	20,747	3,453	90.00
90.02	09001	PSYCH CLINIC	293,704	0	0	66,161	8,403	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	0	0	90.03
90.04	09003	WORKFIRST	0	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	0	0	0	15,067	1,552	90.06
90.07	09006	WOMEN'S CLINIC	0	0	0	24,530	10,635	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	6,937	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	12,618	0	0	738	0	90.09
90.11	09009	PERINATAL ADDICTION	1,957	0	0	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	150,701	0	0	3,427	0	90.13
90.14	09012	DIABETES CENTER	0	0	0	0	0	90.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.15	09013	WOUND CENTER	0	0	0	11,152	39,370	90.15
90.16	09014	MICA	15,052	0	0	0	503	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0	0	245	90.17
91.00	09100	EMERGENCY	0	0	0	170,875	258,994	91.00
91.01	09101	EMERGENCY	0	0	0	28,503	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	10,281	17,437	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,761,695	0	0	2,118,977	2,447,767	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	-754,273	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,761,695	-754,273	0	2,118,977	2,447,767	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

Period:  
From 01/01/2021  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
<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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	13,884,997					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	328,042	3,711,689				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,244,395			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	2,048	0	0	0	-1,904,678	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	356,435	1,744,494	2,244,395	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	133,596	0	0	0	0	31.00
34.01	03401	HOUSE PHYSICIANS	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	1,014	74,234	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	37,117	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	26,095	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	57,544	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	137,711	668,104	0	0	0	50.00
51.00	05100	RECOVERY ROOM	11,805	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,855	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	490,301	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,264	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,558	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	263	0	0	0	0	56.00
57.00	05700	CT SCAN	372	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,339	0	0	0	0	59.00
60.00	06000	LABORATORY	417	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,198	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,727	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	456	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,923,871	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	593,870	0	0	0	90.00
90.02	09001	PSYCH CLINIC	1,618	0	0	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	0	0	90.03
90.04	09003	WORKFIRST	0	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	0	0	0	0	0	90.06
90.07	09006	WOMEN'S CLINIC	353	0	0	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0	0	0	90.09
90.11	09009	PERINATAL ADDICTION	0	0	0	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	0	0	0	0	0	90.13
90.14	09012	DIABETES CENTER	0	0	0	0	0	90.14

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Part I  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
90.15	09013	WOUND CENTER	0	0	0	0	0	90.15
90.16	09014	MICA	0	0	0	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0	0	0	90.17
91.00	09100	EMERGENCY	256,953	593,870	0	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,162	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,884,997	3,711,689	2,244,395	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	-1,904,678	201.00
202.00		TOTAL (sum lines 118 through 201)	13,884,997	3,711,689	2,244,395	0	-1,904,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING PROGRAM						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	6,039,767					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		-142,845				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	4,348,632	0	0	42,349,270	-4,348,632	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	9,559,854	0	31.00
34.01 03401 HOUSE PHYSICIANS	0	0	0	1,619,901	0	34.01
40.00 04000 SUBPROVIDER - I PF	1,328,749	0	0	15,061,473	-1,328,749	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	37,117	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	4,391,396	0	42.00
43.00 04300 NURSERY	0	0	0	2,461,157	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	1,866,487	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	11,136,018	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	3,170,828	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	12,559,623	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	1,864,092	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	4,585,815	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	2,370,819	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,699,913	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	-242,316	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	787,471	0	56.00
57.00 05700 CT SCAN	0	0	0	1,152,326	0	57.00
58.00 05800 MRI	0	0	0	607,877	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	2,070,757	0	59.00
60.00 06000 LABORATORY	0	0	0	7,057,583	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,103,754	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,144,269	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,140,804	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	304,959	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	203,078	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,328,287	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,339,892	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,567,056	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	16,592,371	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	25,175,290	-1,451,716	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	362,386	0	0	3,749,451	-362,386	90.00
90.02 09001 PSYCH CLINIC	0	0	0	19,087,245	0	90.02
90.03 09002 PSYCH CLINIC FEE BASED	0	0	0	10,525	0	90.03
90.04 09003 WORKFIRST	0	0	0	112,785	0	90.04
90.05 09004 CANCER CLINIC	0	0	0	0	0	90.05
90.06 09005 PEDIATRIC CLINIC	0	0	0	1,113,194	0	90.06
90.07 09006 WOMEN'S CLINIC	0	0	0	2,896,788	0	90.07
90.08 09007 THERAPEUTIC SCHOOL	0	0	0	970,461	0	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0	0	557,859	0	90.09



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
90.11 09009 PERINATAL ADDICTION	0	0	0	338,042	0	90.11	
90.12 09010 THERAPEUTIC NURSERY	0	0	0	25,868	0	90.12	
90.13 09011 CHILD DAY TREATMENT	0	0	0	1,856,218	0	90.13	
90.14 09012 DIABETES CENTER	0	0	0	72,908	0	90.14	
90.15 09013 WOUND CENTER	0	0	0	886,302	0	90.15	
90.16 09014 MICA	0	0	0	483,945	0	90.16	
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	0	1,713,096	0	90.17	
91.00 09100 EMERGENCY	0	0	0	13,149,059	0	91.00	
91.01 09101 EMERGENCY	0	0	0	4,035,186	0	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	4,082,132	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6,039,767	0	0	265,208,285	-7,491,483	118.00	
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	276,168	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	3,425,372	0	193.00	
194.00 07950 NON REIMBURSABLE	0	0	0	10,113,604	0	194.00	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	-142,845	0	-2,801,796	0	201.00	
202.00 TOTAL (sum lines 118 through 201)	6,039,767	-142,845	0	276,221,633	-7,491,483	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	38,000,638	30.00
31.00	03100 INTENSIVE CARE UNIT	9,559,854	31.00
34.01	03401 HOUSE PHYSICIANS	1,619,901	34.01
40.00	04000 SUBPROVIDER - I PF	13,732,724	40.00
41.00	04100 SUBPROVIDER - I RF	37,117	41.00
42.00	04200 SUBPROVIDER	4,391,396	42.00
43.00	04300 NURSERY	2,461,157	43.00
44.00	04400 SKILLED NURSING FACILITY	1,866,487	44.00
45.00	04500 NURSING FACILITY	11,136,018	45.00
46.00	04600 OTHER LONG TERM CARE	3,170,828	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	12,559,623	50.00
51.00	05100 RECOVERY ROOM	1,864,092	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,585,815	52.00
53.00	05300 ANESTHESIOLOGY	2,370,819	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,699,913	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-242,316	55.00
56.00	05600 RADIOISOTOPE	787,471	56.00
57.00	05700 CT SCAN	1,152,326	57.00
58.00	05800 MRI	607,877	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,070,757	59.00
60.00	06000 LABORATORY	7,057,583	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2,103,754	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	4,144,269	65.00
66.00	06600 PHYSICAL THERAPY	4,140,804	66.00
67.00	06700 OCCUPATIONAL THERAPY	304,959	67.00
68.00	06800 SPEECH PATHOLOGY	203,078	68.00
69.00	06900 ELECTROCARDIOLOGY	1,328,287	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,339,892	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,567,056	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,592,371	73.00
74.00	07400 RENAL DIALYSIS	23,723,574	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRIPSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	3,387,065	90.00
90.02	09001 PSYCH CLINIC	19,087,245	90.02
90.03	09002 PSYCH CLINIC FEE BASED	10,525	90.03
90.04	09003 WORKFIRST	112,785	90.04
90.05	09004 CANCER CLINIC	0	90.05
90.06	09005 PEDIATRIC CLINIC	1,113,194	90.06
90.07	09006 WOMEN'S CLINIC	2,896,788	90.07
90.08	09007 THERAPEUTIC SCHOOL	970,461	90.08
90.09	09008 AFTER SCHOOL PROGRAM	557,859	90.09
90.11	09009 PERINATAL ADDICTION	338,042	90.11
90.12	09010 THERAPEUTIC NURSERY	25,868	90.12
90.13	09011 CHILD DAY TREATMENT	1,856,218	90.13
90.14	09012 DIABETES CENTER	72,908	90.14
90.15	09013 WOUND CENTER	886,302	90.15
90.16	09014 MI CA	483,945	90.16

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description			Total	
			26.00	
90.17	09015	BAYONNE MENTAL HEALTH CENTER	1,713,096	90.17
91.00	09100	EMERGENCY	13,149,059	91.00
91.01	09101	EMERGENCY	4,035,186	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	4,082,132	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	257,716,802	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	276,168	192.00
193.00	19300	NONPAID WORKERS	3,425,372	193.00
194.00	07950	NON REIMBURSABLE	10,113,604	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-2,801,796	201.00
202.00		TOTAL (sum lines 118 through 201)	268,730,150	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

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	32,049	21,031	53,080	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	916,058	601,136	1,517,194	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	88,852	58,306	147,158	6.00
7.00 00700	OPERATION OF PLANT	0	2,771,287	1,818,574	4,589,861	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,124	15,174	38,298	8.00
9.00 00900	HOUSEKEEPING	0	117,709	77,243	194,952	9.00
10.00 01000	DIETARY	0	179,450	117,759	297,209	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	7,808	5,124	12,932	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	41,556	27,270	68,826	14.00
15.00 01500	PHARMACY	0	33,754	22,150	55,904	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	39,686	26,043	65,729	16.00
17.00 01700	SOCIAL SERVICE	0	8,055	5,286	13,341	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	64,659	42,431	107,090	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	39,145	25,688	64,833	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	72,399	47,510	119,909	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	604,749	396,849	1,001,598	30.00
31.00 03100	INTENSIVE CARE UNIT	0	110,236	72,339	182,575	31.00
34.01 03401	HOUSE PHYSICIANS	0	0	0	0	34.01
40.00 04000	SUBPROVIDER - I PF	0	228,903	150,211	379,114	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	85,276	55,960	141,236	42.00
43.00 04300	NURSERY	0	48,988	32,147	81,135	43.00
44.00 04400	SKILLED NURSING FACILITY	0	52,179	34,241	86,420	44.00
45.00 04500	NURSING FACILITY	0	214,149	140,529	354,678	45.00
46.00 04600	OTHER LONG TERM CARE	0	71,303	46,791	118,094	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	188,936	123,984	312,920	50.00
51.00 05100	RECOVERY ROOM	0	19,850	13,026	32,876	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	58,049	38,093	96,142	52.00
53.00 05300	ANESTHESIOLOGY	0	3,760	2,468	6,228	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	103,592	67,979	171,571	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	245,171	160,886	406,057	55.00
56.00 05600	RADIOISOTOPE	0	2,795	1,834	4,629	56.00
57.00 05700	CT SCAN	0	7,555	4,958	12,513	57.00
58.00 05800	MRI	0	8,569	5,623	14,192	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	37,487	24,600	62,087	59.00
60.00 06000	LABORATORY	0	73,372	48,148	121,520	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,945	3,245	8,190	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	21,672	14,221	35,893	65.00
66.00 06600	PHYSICAL THERAPY	0	54,933	36,048	90,981	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	685	449	1,134	68.00
69.00 06900	ELECTROCARDIOLOGY	0	17,048	11,188	28,236	69.00
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	135,202	88,722	223,924	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	103,482	67,907	171,389	90.00
90.02 09001	PSYCH CLINIC	0	237,808	156,054	393,862	90.02
90.03 09002	PSYCH CLINIC FEE BASED	0	0	0	0	90.03
90.04 09003	WORKFIRST	0	0	0	0	90.04
90.05 09004	CANCER CLINIC	0	0	0	0	90.05
90.06 09005	PEDIATRIC CLINIC	0	20,548	13,484	34,032	90.06
90.07 09006	WOMEN'S CLINIC	0	51,645	33,891	85,536	90.07
90.08 09007	THERAPEUTIC SCHOOL	0	0	0	0	90.08
90.09 09008	AFTER SCHOOL PROGRAM	0	30,713	20,155	50,868	90.09
90.11 09009	PERINATAL ADDICTION	0	32,706	21,463	54,169	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.12 09010 THERAPEUTIC NURSERY	0	0	0	0	6	90.12
90.13 09011 CHILD DAY TREATMENT	0	36,398	23,885	60,283	255	90.13
90.14 09012 DIABETES CENTER	0	7,603	4,989	12,592	0	90.14
90.15 09013 WOUND CENTER	0	7,603	4,989	12,592	158	90.15
90.16 09014 MI CA	0	36,097	23,687	59,784	51	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	28,460	18,676	47,136	352	90.17
91.00 09100 EMERGENCY	0	171,826	112,756	284,582	2,505	91.00
91.01 09101 EMERGENCY	0	36,467	23,930	60,397	935	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
95.00 09500 AMBULANCE SERVICES	0	34,830	22,856	57,686	947	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00		0	7,671,181	5,033,986	12,705,167	53,045
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	26,645	17,485	44,130	35	192.00
193.00 19300 NONPAID WORKERS	0	357,201	234,403	591,604	0	193.00
194.00 07950 NON REIMBURSABLE	0	106,092	69,620	175,712	0	194.00
200.00				0		200.00
201.00		0	0	0	0	201.00
202.00		0	8,161,119	5,355,494	13,516,613	53,080
TOTAL (sum lines 118 through 201)						

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

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	1,524,260					5.00
6.00	00600	MAINTENANCE & REPAIRS	39,369	186,887				6.00
7.00	00700	OPERATION OF PLANT	89,328	72,697	4,752,285			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,768	607	25,246	71,946		8.00
9.00	00900	HOUSEKEEPING	36,457	3,088	128,509	1,956	366,041	9.00
10.00	01000	DIETARY	39,931	4,707	195,916	2,982	15,595	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,118	205	8,525	130	679	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,296	1,090	45,369	691	3,611	14.00
15.00	01500	PHARMACY	73,300	885	36,852	561	2,933	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,637	1,041	43,327	659	3,449	16.00
17.00	01700	SOCIAL SERVICE	11,785	211	8,794	134	700	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	1,696	70,592	1,074	5,619	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	30,997	1,027	42,737	650	3,402	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,899	79,042	1,203	6,292	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	134,140	15,864	660,241	10,049	52,552	30.00
31.00	03100	INTENSIVE CARE UNIT	43,380	2,892	120,351	1,832	9,580	31.00
34.01	03401	HOUSE PHYSICIANS	8,745	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - I/PF	56,179	6,005	249,907	3,804	19,892	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	16,594	2,237	93,101	1,417	7,411	42.00
43.00	04300	NURSERY	10,781	1,285	53,483	814	4,257	43.00
44.00	04400	SKILLED NURSING FACILITY	5,770	1,369	56,967	867	4,535	44.00
45.00	04500	NURSING FACILITY	38,877	5,618	233,799	3,558	18,610	45.00
46.00	04600	OTHER LONG TERM CARE	14,112	1,870	77,846	1,185	6,197	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	48,483	4,956	206,273	3,140	16,419	50.00
51.00	05100	RECOVERY ROOM	8,952	521	21,671	330	1,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,159	1,523	63,376	965	5,045	52.00
53.00	05300	ANESTHESIOLOGY	9,657	99	4,105	62	327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,390	2,718	113,097	1,721	9,002	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,432	267,667	4,074	21,306	55.00
56.00	05600	RADIOISOTOPE	4,129	73	3,051	46	243	56.00
57.00	05700	CT SCAN	5,711	198	8,248	126	657	57.00
58.00	05800	MRI	2,871	225	9,355	142	745	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,070	983	40,927	623	3,258	59.00
60.00	06000	LABORATORY	35,030	1,925	80,104	1,219	6,376	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,153	130	5,399	82	430	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	21,164	569	23,660	360	1,883	65.00
66.00	06600	PHYSICAL THERAPY	20,055	1,441	59,973	913	4,774	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,645	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,068	18	748	11	60	68.00
69.00	06900	ELECTROCARDIOLOGY	6,431	447	18,613	283	1,482	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,004	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,247	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,570	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	64,211	3,547	147,608	2,247	11,750	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	10,699	2,715	112,977	1,720	8,993	90.00
90.02	09001	PSYCH CLINIC	91,278	6,238	259,628	3,952	20,666	90.02
90.03	09002	PSYCH CLINIC FEE BASED	57	0	0	0	0	90.03
90.04	09003	WORKFIRST	609	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	5,076	539	22,434	341	1,786	90.06
90.07	09006	WOMEN'S CLINIC	13,326	1,355	56,384	858	4,488	90.07
90.08	09007	THERAPEUTIC SCHOOL	5,201	0	0	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	1,678	806	33,531	510	2,669	90.09
90.11	09009	PERINATAL ADDICTION	472	858	35,707	543	2,842	90.11
90.12	09010	THERAPEUTIC NURSERY	140	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	7,694	955	39,738	605	3,163	90.13
90.14	09012	DIABETES CENTER	81	199	8,301	126	661	90.14
90.15	09013	WOUND CENTER	4,200	199	8,301	126	661	90.15

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.16	09014	MICA	1,047	947	39,409	600	3,137	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	8,078	747	31,071	473	2,473	90.17
91.00	09100	EMERGENCY	57,014	4,508	187,593	2,855	14,932	91.00
91.01	09101	EMERGENCY	20,132	957	39,813	606	3,169	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	20,451	914	38,026	579	3,027	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,469,797	174,035	4,217,392	63,804	323,463	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	397	699	29,089	443	2,316	192.00
193.00	19300	NONPAID WORKERS	3,826	9,370	389,977	5,936	31,042	193.00
194.00	07950	NON REIMBURSABLE	50,240	2,783	115,827	1,763	9,220	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,524,260	186,887	4,752,285	71,946	366,041	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 6/1/2022 10:55 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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	557,274					10.00
11.00	01100	CAFETERIA	0	0				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	34,116		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	632	131,744	14.00
15.00	01500	PHARMACY	0	0	0	0	2,683	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	1,276	235	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	214,465	0	0	8,261	16,762	30.00
31.00	03100	INTENSIVE CARE UNIT	17,155	0	0	2,640	6,370	31.00
34.01	03401	HOUSE PHYSICIANS	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	86,664	0	0	2,014	1,189	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	40,425	0	0	532	19	42.00
43.00	04300	NURSERY	0	0	0	657	1,328	43.00
44.00	04400	SKILLED NURSING FACILITY	19,396	0	0	617	0	44.00
45.00	04500	NURSING FACILITY	132,027	0	0	2,876	2,761	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	221	38	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	16,991	0	0	3,417	46,091	50.00
51.00	05100	RECOVERY ROOM	0	0	0	607	283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,286	2,911	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	173	6,404	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	731	1,255	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	60	56.00
57.00	05700	CT SCAN	0	0	0	0	1,964	57.00
58.00	05800	MRI	0	0	0	0	583	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	231	4,460	59.00
60.00	06000	LABORATORY	0	0	0	0	538	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	7	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,949	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	44	190	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	10	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	51	196	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,078	10,735	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	334	186	90.00
90.02	09001	PSYCH CLINIC	18,681	0	0	1,065	452	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	0	0	90.03
90.04	09003	WORKFIRST	0	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	0	0	0	243	84	90.06
90.07	09006	WOMEN'S CLINIC	0	0	0	395	572	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	112	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	803	0	0	12	0	90.09
90.11	09009	PERINATAL ADDICTION	125	0	0	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	9,585	0	0	55	0	90.13
90.14	09012	DIABETES CENTER	0	0	0	0	0	90.14



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.15	09013	WOUND CENTER	0	0	0	180	2,119	90.15
90.16	09014	MICA	957	0	0	0	27	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0	0	13	90.17
91.00	09100	EMERGENCY	0	0	0	2,751	13,940	91.00
91.01	09101	EMERGENCY	0	0	0	459	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	166	939	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	557,274	0	0	34,116	131,744	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	557,274	0	0	34,116	131,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 6/1/2022 10:55 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
<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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	173,951					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,110	135,494				16.00
17.00	01700	SOCIAL SERVICE	0	0	35,532			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	26	0	0	0	188,602	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,465	63,682	35,532			30.00
31.00	03100	INTENSIVE CARE UNIT	1,674	0	0			31.00
34.01	03401	HOUSE PHYSICIANS	0	0	0			34.01
40.00	04000	SUBPROVIDER - IPF	13	2,710	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	1,355	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	327	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	721	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,725	24,389	0			50.00
51.00	05100	RECOVERY ROOM	148	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,138	0	0			52.00
53.00	05300	ANESTHESIOLOGY	6,142	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	558	0	0			55.00
56.00	05600	RADIOISOTOPE	3	0	0			56.00
57.00	05700	CT SCAN	5	0	0			57.00
58.00	05800	MRI	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	104	0	0			59.00
60.00	06000	LABORATORY	5	0	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	53	0	0			65.00
66.00	06600	PHYSICAL THERAPY	22	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	6	0	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
74.00	07400	RENAL DIALYSIS	149,382	0	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIpsy	0	0	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	21,679	0			90.00
90.02	09001	PSYCH CLINIC	20	0	0			90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0			90.03
90.04	09003	WORKFIRST	0	0	0			90.04
90.05	09004	CANCER CLINIC	0	0	0			90.05
90.06	09005	PEDIATRIC CLINIC	0	0	0			90.06
90.07	09006	WOMEN'S CLINIC	4	0	0			90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0	0			90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0			90.09
90.11	09009	PERINATAL ADDITION	0	0	0			90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0			90.12
90.13	09011	CHILD DAY TREATMENT	0	0	0			90.13
90.14	09012	DIABETES CENTER	0	0	0			90.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
90.15	09013	WOUND CENTER	0	0	0			90.15
90.16	09014	MICA	0	0	0			90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0			90.17
91.00	09100	EMERGENCY	3,219	21,679	0			91.00
91.01	09101	EMERGENCY	0	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	15	0	0			95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,951	135,494	35,532	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	NON REIMBURSABLE	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0		188,602	201.00
202.00		TOTAL (sum lines 118 through 201)	173,951	135,494	35,532	0	188,602	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
<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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING PROGRAM					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	144,875				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		208,442			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS				2,222,754	0 30.00
31.00 03100 INTENSIVE CARE UNIT				390,493	0 31.00
34.01 03401 HOUSE PHYSICIANS				9,383	0 34.01
40.00 04000 SUBPROVIDER - I PF				810,570	0 40.00
41.00 04100 SUBPROVIDER - I RF				1,355	0 41.00
42.00 04200 SUBPROVIDER				303,835	0 42.00
43.00 04300 NURSERY				154,527	0 43.00
44.00 04400 SKILLED NURSING FACILITY				176,930	0 44.00
45.00 04500 NURSING FACILITY				794,430	0 45.00
46.00 04600 OTHER LONG TERM CARE				220,231	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM				686,972	0 50.00
51.00 05100 RECOVERY ROOM				67,562	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				194,572	0 52.00
53.00 05300 ANESTHESIOLOGY				30,011	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				326,189	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				709,170	0 55.00
56.00 05600 RADIOISOTOPE				12,334	0 56.00
57.00 05700 CT SCAN				29,637	0 57.00
58.00 05800 MRI				28,202	0 58.00
59.00 05900 CARDIAC CATHETERIZATION				122,114	0 59.00
60.00 06000 LABORATORY				247,699	0 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL				25,495	0 62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS				0	0 62.30
65.00 06500 RESPIRATORY THERAPY				87,497	0 65.00
66.00 06600 PHYSICAL THERAPY				178,853	0 66.00
67.00 06700 OCCUPATIONAL THERAPY				1,723	0 67.00
68.00 06800 SPEECH PATHOLOGY				3,093	0 68.00
69.00 06900 ELECTROCARDIOLOGY				56,044	0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT				99,004	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				46,247	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				89,570	0 73.00
74.00 07400 RENAL DIALYSIS				617,525	0 74.00
76.97 07697 CARDIAC REHABILITATION				0	0 76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY				0	0 76.98
76.99 07699 LI THOTRI PSY				0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC				331,331	0 90.00
90.02 09001 PSYCH CLINIC				800,608	0 90.02
90.03 09002 PSYCH CLINIC FEE BASED				60	0 90.03
90.04 09003 WORKFIRST				640	0 90.04
90.05 09004 CANCER CLINIC				0	0 90.05
90.06 09005 PEDIATRIC CLINIC				64,810	0 90.06
90.07 09006 WOMEN'S CLINIC				163,475	0 90.07
90.08 09007 THERAPEUTIC SCHOOL				5,542	0 90.08
90.09 09008 AFTER SCHOOL PROGRAM				91,003	0 90.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
90.11 09009 PERINATAL ADDICTION					94,722	0	90.11
90.12 09010 THERAPEUTIC NURSERY					146	0	90.12
90.13 09011 CHILD DAY TREATMENT					122,333	0	90.13
90.14 09012 DIABETES CENTER					21,960	0	90.14
90.15 09013 WOUND CENTER					28,536	0	90.15
90.16 09014 MICA					105,959	0	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER					90,343	0	90.17
91.00 09100 EMERGENCY					595,578	0	91.00
91.01 09101 EMERGENCY					126,468	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES					122,750	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0		11,510,285	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES					77,109	0	192.00
193.00 19300 NONPAID WORKERS					1,031,755	0	193.00
194.00 07950 NON REIMBURSABLE					355,545	0	194.00
200.00 Cross Foot Adjustments	144,875	0	0		144,875	0	200.00
201.00 Negative Cost Centers	0	208,442	0		397,044	0	201.00
202.00 TOTAL (sum lines 118 through 201)	144,875	208,442	0		13,516,613	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 6/1/2022 10:55 am
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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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	2,222,754	30.00
31.00	03100 INTENSIVE CARE UNIT	390,493	31.00
34.01	03401 HOUSE PHYSICIANS	9,383	34.01
40.00	04000 SUBPROVIDER - I PF	810,570	40.00
41.00	04100 SUBPROVIDER - I RF	1,355	41.00
42.00	04200 SUBPROVIDER	303,835	42.00
43.00	04300 NURSERY	154,527	43.00
44.00	04400 SKILLED NURSING FACILITY	176,930	44.00
45.00	04500 NURSING FACILITY	794,430	45.00
46.00	04600 OTHER LONG TERM CARE	220,231	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	686,972	50.00
51.00	05100 RECOVERY ROOM	67,562	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	194,572	52.00
53.00	05300 ANESTHESIOLOGY	30,011	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	326,189	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	709,170	55.00
56.00	05600 RADIOISOTOPE	12,334	56.00
57.00	05700 CT SCAN	29,637	57.00
58.00	05800 MRI	28,202	58.00
59.00	05900 CARDIAC CATHETERIZATION	122,114	59.00
60.00	06000 LABORATORY	247,699	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	25,495	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	87,497	65.00
66.00	06600 PHYSICAL THERAPY	178,853	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,723	67.00
68.00	06800 SPEECH PATHOLOGY	3,093	68.00
69.00	06900 ELECTROCARDIOLOGY	56,044	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	99,004	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	46,247	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	89,570	73.00
74.00	07400 RENAL DIALYSIS	617,525	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	331,331	90.00
90.02	09001 PSYCH CLINIC	800,608	90.02
90.03	09002 PSYCH CLINIC FEE BASED	60	90.03
90.04	09003 WORKFIRST	640	90.04
90.05	09004 CANCER CLINIC	0	90.05
90.06	09005 PEDIATRIC CLINIC	64,810	90.06
90.07	09006 WOMEN'S CLINIC	163,475	90.07
90.08	09007 THERAPEUTIC SCHOOL	5,542	90.08
90.09	09008 AFTER SCHOOL PROGRAM	91,003	90.09
90.11	09009 PERINATAL ADDICTION	94,722	90.11
90.12	09010 THERAPEUTIC NURSERY	146	90.12
90.13	09011 CHILD DAY TREATMENT	122,333	90.13
90.14	09012 DIABETES CENTER	21,960	90.14
90.15	09013 WOUND CENTER	28,536	90.15
90.16	09014 MI CA	105,959	90.16

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 31-0027

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description			Total	
			26.00	
90.17	09015	BAYONNE MENTAL HEALTH CENTER	90,343	90.17
91.00	09100	EMERGENCY	595,578	91.00
91.01	09101	EMERGENCY	126,468	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	122,750	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,510,285	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	77,109	192.00
193.00	19300	NONPAID WORKERS	1,031,755	193.00
194.00	07950	NON REIMBURSABLE	355,545	194.00
200.00		Cross Foot Adjustments	144,875	200.00
201.00		Negative Cost Centers	397,044	201.00
202.00		TOTAL (sum lines 118 through 201)	13,516,613	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1  
Date/Time Prepared:  
6/1/2022 10:55 am

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	5A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	1,191,492					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		1,191,492				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,679	4,679	132,957,455			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	133,741	133,741	17,637,202	-46,701,042	235,670,505	5.00
6.00 00600 MAINTENANCE & REPAIRS	12,972	12,972	902,347	0	6,086,720	6.00
7.00 00700 OPERATION OF PLANT	404,597	404,597	999,600	0	13,810,769	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,376	3,376	66,891	0	1,201,010	8.00
9.00 00900 HOUSEKEEPING	17,185	17,185	2,704,063	0	5,636,464	9.00
10.00 01000 DIETARY	26,199	26,199	2,339,982	0	6,173,596	10.00
11.00 01100 CAFETERIA	0	0	0	754,273	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,140	1,140	1,319,598	0	1,718,960	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	6,067	6,067	573,966	0	1,746,420	14.00
15.00 01500 PHARMACY	4,928	4,928	2,087,969	0	11,332,733	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,794	5,794	1,357,956	0	2,572,133	16.00
17.00 01700 SOCIAL SERVICE	1,176	1,176	1,421,152	0	1,822,071	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	9,440	9,440	2,491,055	2,482,055	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	5,715	5,715	3,079,387	0	4,792,397	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,570	10,570	242,817	693,445	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	88,291	88,291	12,889,534	0	20,747,993	30.00
31.00 03100 INTENSIVE CARE UNIT	16,094	16,094	5,121,785	0	6,706,842	31.00
34.01 03401 HOUSE PHYSICIANS	0	0	1,599,475	0	1,351,988	34.01
40.00 04000 SUBPROVIDER - I PF	33,419	33,419	7,717,979	0	8,685,717	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	12,450	12,450	2,162,861	0	2,565,528	42.00
43.00 04300 NURSERY	7,152	7,152	1,153,469	0	1,666,765	43.00
44.00 04400 SKILLED NURSING FACILITY	7,618	7,618	672,164	0	892,074	44.00
45.00 04500 NURSING FACILITY	31,265	31,265	4,075,087	0	6,010,591	45.00
46.00 04600 OTHER LONG TERM CARE	10,410	10,410	1,675,371	0	2,181,772	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	27,584	27,584	5,433,258	0	7,495,773	50.00
51.00 05100 RECOVERY ROOM	2,898	2,898	1,124,610	0	1,384,085	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,475	8,475	2,575,035	0	3,271,263	52.00
53.00 05300 ANESTHESIOLOGY	549	549	0	0	1,493,052	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,124	15,124	2,625,196	0	3,152,398	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	35,794	35,794	2,732,432	2,220,141	0	55.00
56.00 05600 RADIOISOTOPE	408	408	249,801	0	638,350	56.00
57.00 05700 CT SCAN	1,103	1,103	538,155	0	883,026	57.00
58.00 05800 MRI	1,251	1,251	223,925	0	443,920	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,473	5,473	930,993	0	1,402,262	59.00
60.00 06000 LABORATORY	10,712	10,712	2,460,659	0	5,415,944	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	722	722	260,531	0	1,724,318	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	3,164	3,164	2,420,779	0	3,272,065	65.00
66.00 06600 PHYSICAL THERAPY	8,020	8,020	1,152,933	0	3,100,635	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	171,441	0	254,375	67.00
68.00 06800 SPEECH PATHOLOGY	100	100	135,392	0	165,144	68.00
69.00 06900 ELECTROCARDIOLOGY	2,489	2,489	749,223	0	994,338	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	15,306,688	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,150,165	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	13,848,187	73.00
74.00 07400 RENAL DIALYSIS	19,739	19,739	5,119,374	0	9,927,439	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	15,108	15,108	1,601,520	0	1,654,206	90.00
90.02 09001 PSYCH CLINIC	34,719	34,719	11,944,034	0	14,112,298	90.02
90.03 09002 PSYCH CLINIC FEE BASED	0	0	7,307	0	8,784	90.03
90.04 09003 WORKFIRST	0	0	78,535	0	94,132	90.04
90.05 09004 CANCER CLINIC	0	0	0	0	0	90.05
90.06 09005 PEDIATRIC CLINIC	3,000	3,000	690,076	0	784,788	90.06
90.07 09006 WOMEN'S CLINIC	7,540	7,540	1,394,819	0	2,060,244	90.07
90.08 09007 THERAPEUTIC SCHOOL	0	0	575,070	0	804,168	90.08
90.09 09008 AFTER SCHOOL PROGRAM	4,484	4,484	314,961	0	259,505	90.09



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1

Date/Time Prepared:  
6/1/2022 10:55 am

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				
90.11 09009 PERINATAL ADDICTION	4,775	4,775	14,753	0	72,904	90.11	
90.12 09010 THERAPEUTIC NURSERY	0	0	14,752	0	21,590	90.12	
90.13 09011 CHILD DAY TREATMENT	5,314	5,314	640,245	0	1,189,555	90.13	
90.14 09012 DIABETES CENTER	1,110	1,110	0	0	12,592	90.14	
90.15 09013 WOUND CENTER	1,110	1,110	395,609	0	649,294	90.15	
90.16 09014 MICA	5,270	5,270	126,835	0	161,807	90.16	
90.17 09015 BAYONNE MENTAL HEALTH CENTER	4,155	4,155	882,691	0	1,248,925	90.17	
91.00 09100 EMERGENCY	25,086	25,086	6,277,445	0	8,814,849	91.00	
91.01 09101 EMERGENCY	5,324	5,324	2,344,305	0	3,112,561	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	5,085	5,085	2,372,231	0	3,161,818	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,119,963	1,119,963	132,870,635	-40,551,128	227,249,990	118.00	
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,890	3,890	86,820	0	61,372	192.00	
193.00 19300 NONPAID WORKERS	52,150	52,150	0	0	591,604	193.00	
194.00 07950 NON REIMBURSABLE	15,489	15,489	0	0	7,767,539	194.00	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	8,161,119	5,355,494	26,405,079		46,701,042	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	6.849495	4.494780	0.198598		0.198162	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			53,080		1,524,260	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000399		0.006468	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: 31-0027

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

Worksheet B-1

Date/Time Prepared:  
6/1/2022 10:55 am

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	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	1,040,100				6.00
7.00	00700	OPERATION OF PLANT	404,597	635,503			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,376	3,376	632,127		8.00
9.00	00900	HOUSEKEEPING	17,185	17,185	17,185	614,942	9.00
10.00	01000	DIETARY	26,199	26,199	26,199	26,199	331,222
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,140	1,140	1,140	1,140	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,067	6,067	6,067	6,067	0
15.00	01500	PHARMACY	4,928	4,928	4,928	4,928	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,794	5,794	5,794	5,794	0
17.00	01700	SOCIAL SERVICE	1,176	1,176	1,176	1,176	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	9,440	9,440	9,440	9,440	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,715	5,715	5,715	5,715	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,570	10,570	10,570	10,570	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	88,291	88,291	88,291	88,291	127,470
31.00	03100	INTENSIVE CARE UNIT	16,094	16,094	16,094	16,094	10,196
34.01	03401	HOUSE PHYSICIANS	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	33,419	33,419	33,419	33,419	51,510
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	12,450	12,450	12,450	12,450	24,027
43.00	04300	NURSERY	7,152	7,152	7,152	7,152	0
44.00	04400	SKILLED NURSING FACILITY	7,618	7,618	7,618	7,618	11,528
45.00	04500	NURSING FACILITY	31,265	31,265	31,265	31,265	78,472
46.00	04600	OTHER LONG TERM CARE	10,410	10,410	10,410	10,410	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	27,584	27,584	27,584	27,584	10,099
51.00	05100	RECOVERY ROOM	2,898	2,898	2,898	2,898	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,475	8,475	8,475	8,475	0
53.00	05300	ANESTHESIOLOGY	549	549	549	549	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,124	15,124	15,124	15,124	0
55.00	05500	RADIOLOGY-THERAPEUTIC	35,794	35,794	35,794	35,794	0
56.00	05600	RADIOISOTOPE	408	408	408	408	0
57.00	05700	CT SCAN	1,103	1,103	1,103	1,103	0
58.00	05800	MRI	1,251	1,251	1,251	1,251	0
59.00	05900	CARDIAC CATHETERIZATION	5,473	5,473	5,473	5,473	0
60.00	06000	LABORATORY	10,712	10,712	10,712	10,712	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	722	722	722	722	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,164	3,164	3,164	3,164	0
66.00	06600	PHYSICAL THERAPY	8,020	8,020	8,020	8,020	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	100	100	100	100	0
69.00	06900	ELECTROCARDIOLOGY	2,489	2,489	2,489	2,489	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	19,739	19,739	19,739	19,739	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	15,108	15,108	15,108	15,108	0
90.02	09001	PSYCH CLINIC	34,719	34,719	34,719	34,719	11,103
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	0	0
90.04	09003	WORKFIRST	0	0	0	0	0
90.05	09004	CANCER CLINIC	0	0	0	0	0
90.06	09005	PEDIATRIC CLINIC	3,000	3,000	3,000	3,000	0
90.07	09006	WOMEN'S CLINIC	7,540	7,540	7,540	7,540	0
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	0	0
90.09	09008	AFTER SCHOOL PROGRAM	4,484	4,484	4,484	4,484	477
90.11	09009	PERINATAL ADDICTION	4,775	4,775	4,775	4,775	74
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	0
90.13	09011	CHILD DAY TREATMENT	5,314	5,314	5,314	5,314	5,697

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1

Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
90.14	09012 DIABETES CENTER	1,110	1,110	1,110	1,110	0	90.14
90.15	09013 WOUND CENTER	1,110	1,110	1,110	1,110	0	90.15
90.16	09014 MI CA	5,270	5,270	5,270	5,270	569	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	4,155	4,155	4,155	4,155	0	90.17
91.00	09100 EMERGENCY	25,086	25,086	25,086	25,086	0	91.00
91.01	09101 EMERGENCY	5,324	5,324	5,324	5,324	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,085	5,085	5,085	5,085	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	968,571	563,974	560,598	543,413	331,222	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,890	3,890	3,890	3,890	0	192.00
193.00	19300 NONPAID WORKERS	52,150	52,150	52,150	52,150	0	193.00
194.00	07950 NON REIMBURSABLE	15,489	15,489	15,489	15,489	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,292,877	19,384,454	1,565,654	7,440,643	8,761,695	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.011708	30.502537	2.476803	12.099748	26.452636	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	186,887	4,752,285	71,946	366,041	557,274	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.179682	7.477990	0.113816	0.595245	1.682479	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1

Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	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						10.00
11.00	01100	198,060					11.00
12.00	01200	0	0				12.00
13.00	01300	1,758	0	1,324,495			13.00
14.00	01400	1,603	0	24,526	12,077,010		14.00
15.00	01500	3,713	0	0	245,913	2,162,947	15.00
16.00	01600	3,773	0	0	0	51,101	16.00
17.00	01700	2,053	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	3,653	0	49,522	21,533	319	20.00
21.00	02100	7,102	0	0	0	0	21.00
22.00	02200	537	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	23,545	0	320,824	1,536,525	55,524	30.00
31.00	03100	7,236	0	102,484	583,962	20,811	31.00
34.01	03401	1,157	0	0	0	0	34.01
40.00	04000	13,173	0	78,190	109,003	158	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	4,019	0	20,637	1,745	0	42.00
43.00	04300	1,667	0	25,495	121,703	4,065	43.00
44.00	04400	1,680	0	23,953	0	8,964	44.00
45.00	04500	9,221	0	111,666	253,098	0	45.00
46.00	04600	3,991	0	8,584	3,521	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	9,636	0	132,645	4,225,540	21,452	50.00
51.00	05100	1,704	0	23,576	25,915	1,839	51.00
52.00	05200	3,981	0	49,943	266,857	14,153	52.00
53.00	05300	0	0	0	310,844	76,377	53.00
54.00	05400	4,944	0	6,731	587,015	820	54.00
55.00	05500	5,213	0	28,387	115,029	6,941	55.00
56.00	05600	368	0	0	5,464	41	56.00
57.00	05700	861	0	0	180,036	58	57.00
58.00	05800	416	0	0	53,399	0	58.00
59.00	05900	1,272	0	8,954	408,835	1,299	59.00
60.00	06000	4,832	0	0	49,293	65	60.00
62.00	06200	437	0	0	654	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	3,966	0	0	270,331	654	65.00
66.00	06600	1,969	0	1,697	17,421	269	66.00
67.00	06700	260	0	0	874	0	67.00
68.00	06800	233	0	0	0	0	68.00
69.00	06900	1,689	0	1,968	18,012	71	69.00
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	8,722	0	80,679	984,039	1,857,451	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	3,474	0	12,968	17,039	0	90.00
90.02	09001	27,307	0	41,355	41,458	252	90.02
90.03	09002	0	0	0	0	0	90.03
90.04	09003	0	0	0	0	0	90.04
90.05	09004	0	0	0	0	0	90.05
90.06	09005	1,008	0	9,418	7,659	0	90.06
90.07	09006	3,338	0	15,333	52,472	55	90.07
90.08	09007	1,140	0	4,336	0	0	90.08
90.09	09008	514	0	461	0	0	90.09
90.11	09009	30	0	0	0	0	90.11
90.12	09010	17	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1

Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.13	09011	CHILD DAY TREATMENT	1,711	0	2,142	0	0	90.13
90.14	09012	DIABETES CENTER	0	0	0	0	0	90.14
90.15	09013	WOUND CENTER	655	0	6,971	194,249	0	90.15
90.16	09014	MICA	195	0	0	2,481	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	1,989	0	0	1,210	0	90.17
91.00	09100	EMERGENCY	11,254	0	106,808	1,277,848	40,027	91.00
91.01	09101	EMERGENCY	0	0	17,816	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,672	0	6,426	86,033	181	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	197,688	0	1,324,495	12,077,010	2,162,947	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	208	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE	164	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-754,273	0	2,118,977	2,447,767	13,884,997	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1.599838	0.202680	6.419481	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	34,116	131,744	173,951	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.025758	0.010909	0.080423	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: 31-0027

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

Worksheet B-1

Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
<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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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					16.00
17.00 01700 SOCIAL SERVICE	0	100				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		100		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			100	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	47	100	0	98	72	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.01 03401 HOUSE PHYSICIANS	0	0	0	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	2	0	0	2	22	40.00
41.00 04100 SUBPROVIDER - I RF	1	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	18	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	16	0	0	0	6	90.00
90.02 09001 PSYCH CLINIC	0	0	0	0	0	90.02
90.03 09002 PSYCH CLINIC FEE BASED	0	0	0	0	0	90.03
90.04 09003 WORKFIRST	0	0	0	0	0	90.04
90.05 09004 CANCER CLINIC	0	0	0	0	0	90.05
90.06 09005 PEDIATRIC CLINIC	0	0	0	0	0	90.06
90.07 09006 WOMEN'S CLINIC	0	0	0	0	0	90.07
90.08 09007 THERAPEUTIC SCHOOL	0	0	0	0	0	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0	0	0	0	90.09

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1

Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
90.11 09009 PERINATAL ADDICTION	0	0	0	0	0	90.11
90.12 09010 THERAPEUTIC NURSERY	0	0	0	0	0	90.12
90.13 09011 CHILD DAY TREATMENT	0	0	0	0	0	90.13
90.14 09012 DIABETES CENTER	0	0	0	0	0	90.14
90.15 09013 WOUND CENTER	0	0	0	0	0	90.15
90.16 09014 MICA	0	0	0	0	0	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	0	0	0	90.17
91.00 09100 EMERGENCY	16	0	0	0	0	91.00
91.01 09101 EMERGENCY	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	100	100	0	100	100	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NON REIMBURSABLE	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,711,689	2,244,395	0	-1,904,678	6,039,767	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	37,116.890000	22,443.950000	0.000000	0.000000	60,397.670000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	135,494	35,532	0	188,602	144,875	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,354.940000	355.320000	0.000000	1,886.020000	1,448.750000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
<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
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING PROGRAM			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	100		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 03000 ADULTS & PEDIATRICS	90	0	30.00
31.00 03100 INTENSIVE CARE UNIT	9	0	31.00
34.01 03401 HOUSE PHYSICIANS	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	1	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	46.00
<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
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
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
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.02 09001 PSYCH CLINIC	0	0	90.02
90.03 09002 PSYCH CLINIC FEE BASED	0	0	90.03
90.04 09003 WORKFIRST	0	0	90.04
90.05 09004 CANCER CLINIC	0	0	90.05
90.06 09005 PEDIATRIC CLINIC	0	0	90.06
90.07 09006 WOMEN'S CLINIC	0	0	90.07
90.08 09007 THERAPEUTIC SCHOOL	0	0	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0	90.09



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027

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

Worksheet B-1  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00	23.00	
90.11	09009 PERINATAL ADDICTION	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0	0	90.13
90.14	09012 DIABETES CENTER	0	0	90.14
90.15	09013 WOUND CENTER	0	0	90.15
90.16	09014 MICA	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0	0	90.17
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 EMERGENCY	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	0	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 NON REIMBURSABLE	0	0	194.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-142,845	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	208,442	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2,084.420000	0.000000	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

Provider CCN: 31-0027

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

Worksheet B-2

Date/Time Prepared:  
6/1/2022 10:55 am

	Description	Worksheet		Amount	
		CODE	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-1,451,716	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 31-0027

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

Worksheet C  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38,000,638		38,000,638	0	38,000,638	30.00
31.00	03100	INTENSIVE CARE UNIT	9,559,854		9,559,854	0	9,559,854	31.00
34.01	03401	HOUSE PHYSICIANS	1,619,901		1,619,901	0	1,619,901	34.01
40.00	04000	SUBPROVIDER - I/PF	13,732,724		13,732,724	2,736	13,735,460	40.00
41.00	04100	SUBPROVIDER - I/RF	37,117		37,117	0	37,117	41.00
42.00	04200	SUBPROVIDER	4,391,396		4,391,396	0	4,391,396	42.00
43.00	04300	NURSERY	2,461,157		2,461,157	0	2,461,157	43.00
44.00	04400	SKILLED NURSING FACILITY	1,866,487		1,866,487	0	1,866,487	44.00
45.00	04500	NURSING FACILITY	11,136,018		11,136,018	0	11,136,018	45.00
46.00	04600	OTHER LONG TERM CARE	3,170,828		3,170,828	0	3,170,828	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,559,623		12,559,623	0	12,559,623	50.00
51.00	05100	RECOVERY ROOM	1,864,092		1,864,092	0	1,864,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,585,815		4,585,815	0	4,585,815	52.00
53.00	05300	ANESTHESIOLOGY	2,370,819		2,370,819	0	2,370,819	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,699,913		4,699,913	38,795	4,738,708	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	787,471		787,471	0	787,471	56.00
57.00	05700	CT SCAN	1,152,326		1,152,326	0	1,152,326	57.00
58.00	05800	MRI	607,877		607,877	0	607,877	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,070,757		2,070,757	585	2,071,342	59.00
60.00	06000	LABORATORY	7,057,583		7,057,583	18,538	7,076,121	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,103,754		2,103,754	0	2,103,754	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,144,269	0	4,144,269	0	4,144,269	65.00
66.00	06600	PHYSICAL THERAPY	4,140,804	0	4,140,804	0	4,140,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	304,959	0	304,959	0	304,959	67.00
68.00	06800	SPEECH PATHOLOGY	203,078	0	203,078	0	203,078	68.00
69.00	06900	ELECTROCARDIOLOGY	1,328,287		1,328,287	0	1,328,287	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,339,892		18,339,892	0	18,339,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,567,056		8,567,056	0	8,567,056	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,592,371		16,592,371	0	16,592,371	73.00
74.00	07400	RENAL DIALYSIS	23,723,574		23,723,574	0	23,723,574	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LI THOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,387,065		3,387,065	0	3,387,065	90.00
90.02	09001	PSYCH CLINIC	19,087,245		19,087,245	32,457	19,119,702	90.02
90.03	09002	PSYCH CLINIC FEE BASED	10,525		10,525	0	10,525	90.03
90.04	09003	WORKFIRST	112,785		112,785	0	112,785	90.04
90.05	09004	CANCER CLINIC	0		0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	1,113,194		1,113,194	0	1,113,194	90.06
90.07	09006	WOMEN'S CLINIC	2,896,788		2,896,788	0	2,896,788	90.07
90.08	09007	THERAPEUTIC SCHOOL	970,461		970,461	0	970,461	90.08
90.09	09008	AFTER SCHOOL PROGRAM	557,859		557,859	0	557,859	90.09
90.11	09009	PERINATAL ADDICTION	338,042		338,042	0	338,042	90.11
90.12	09010	THERAPEUTIC NURSERY	25,868		25,868	0	25,868	90.12
90.13	09011	CHILD DAY TREATMENT	1,856,218		1,856,218	0	1,856,218	90.13
90.14	09012	DIABETES CENTER	72,908		72,908	0	72,908	90.14
90.15	09013	WOUND CENTER	886,302		886,302	0	886,302	90.15
90.16	09014	MICA	483,945		483,945	0	483,945	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	1,713,096		1,713,096	0	1,713,096	90.17
91.00	09100	EMERGENCY	13,149,059		13,149,059	0	13,149,059	91.00
91.01	09101	EMERGENCY	4,035,186		4,035,186	0	4,035,186	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,082,132		4,082,132	0	4,082,132	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	257,959,118	0	257,959,118	93,111	258,052,229	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	257,959,118	0	257,959,118	93,111	258,052,229	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 31-0027

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

Worksheet C  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	171,797,504		171,797,504		30.00
31.00	03100	INTENSIVE CARE UNIT	85,479,610		85,479,610		31.00
34.01	03401	HOUSE PHYSICIANS	0		0		34.01
40.00	04000	SUBPROVIDER - I/PF	82,860,903		82,860,903		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	13,075,151		13,075,151		42.00
43.00	04300	NURSERY	26,114,601		26,114,601		43.00
44.00	04400	SKILLED NURSING FACILITY	436,804		436,804		44.00
45.00	04500	NURSING FACILITY	7,159,792		7,159,792		45.00
46.00	04600	OTHER LONG TERM CARE	2,815,943		2,815,943		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,941,091	83,950,270	113,891,361	0.110277	50.00
51.00	05100	RECOVERY ROOM	1,976,857	4,361,704	6,338,561	0.294088	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,117,150	751,693	10,868,843	0.421923	52.00
53.00	05300	ANESTHESIOLOGY	2,844,382	2,965,366	5,809,748	0.408076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,093,685	33,417,515	42,511,200	0.110557	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	398,104	21,625,319	22,023,423	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,639,684	12,511,897	15,151,581	0.051973	56.00
57.00	05700	CT SCAN	19,795,352	44,378,706	64,174,058	0.017956	57.00
58.00	05800	MRI	3,919,091	5,954,618	9,873,709	0.061565	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,434,364	8,904,425	16,338,789	0.126739	59.00
60.00	06000	LABORATORY	50,092,736	73,538,734	123,631,470	0.057086	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,068,831	2,592,638	7,661,469	0.274589	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	10,178,260	6,563,142	16,741,402	0.247546	65.00
66.00	06600	PHYSICAL THERAPY	2,683,504	4,841,305	7,524,809	0.550287	66.00
67.00	06700	OCCUPATIONAL THERAPY	675,168	958,331	1,633,499	0.186691	67.00
68.00	06800	SPEECH PATHOLOGY	475,469	63,910	539,379	0.376503	68.00
69.00	06900	ELECTROCARDIOLOGY	16,099,884	14,672,031	30,771,915	0.043166	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,115,226	17,309,850	29,425,076	0.623274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,870,459	8,520,047	16,390,506	0.522684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,041,084	94,158,632	137,199,716	0.120936	73.00
74.00	07400	RENAL DIALYSIS	3,773,647	43,946,478	47,720,125	0.497140	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	813,642	813,642	4.162844	90.00
90.02	09001	PSYCH CLINIC	0	37,369,882	37,369,882	0.510765	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	2,894,956	2,894,956	0.003636	90.03
90.04	09003	WORKFIRST	0	9,618	9,618	11.726450	90.04
90.05	09004	CANCER CLINIC	0	0	0	0.000000	90.05
90.06	09005	PEDIATRIC CLINIC	0	639,456	639,456	1.740845	90.06
90.07	09006	WOMEN'S CLINIC	0	14,088,439	14,088,439	0.205615	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	792,942	792,942	1.223874	90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0	0.000000	90.09
90.11	09009	PERINATAL ADDICTION	0	0	0	0.000000	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0.000000	90.12
90.13	09011	CHILD DAY TREATMENT	0	0	0	0.000000	90.13
90.14	09012	DIABETES CENTER	0	0	0	0.000000	90.14
90.15	09013	WOUND CENTER	0	7,224,212	7,224,212	0.122685	90.15
90.16	09014	MICA	0	0	0	0.000000	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	3,235,900	3,235,900	0.529403	90.17
91.00	09100	EMERGENCY	20,358,715	144,625,315	164,984,030	0.079699	91.00
91.01	09101	EMERGENCY	23,800	575,459	599,259	6.733626	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,418,452	0	1,418,452	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	198,556	13,088,874	13,287,430	0.307218	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	651,973,859	711,345,306	1,363,319,165		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	651,973,859	711,345,306	1,363,319,165		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 6/1/2022 10:55 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.01	03401	HOUSE PHYSICIANS			34.01
40.00	04000	SUBPROVIDER - I/PF			40.00
41.00	04100	SUBPROVIDER - I/RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.110277		50.00
51.00	05100	RECOVERY ROOM	0.294088		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.421923		52.00
53.00	05300	ANESTHESIOLOGY	0.408076		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111470		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.051973		56.00
57.00	05700	CT SCAN	0.017956		57.00
58.00	05800	MRI	0.061565		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126775		59.00
60.00	06000	LABORATORY	0.057236		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.274589		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.247546		65.00
66.00	06600	PHYSICAL THERAPY	0.550287		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.186691		67.00
68.00	06800	SPEECH PATHOLOGY	0.376503		68.00
69.00	06900	ELECTROCARDIOLOGY	0.043166		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.623274		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.522684		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120936		73.00
74.00	07400	RENAL DIALYSIS	0.497140		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	4.162844		90.00
90.02	09001	PSYCH CLINIC	0.511634		90.02
90.03	09002	PSYCH CLINIC FEE BASED	0.003636		90.03
90.04	09003	WORKFIRST	11.726450		90.04
90.05	09004	CANCER CLINIC	0.000000		90.05
90.06	09005	PEDIATRIC CLINIC	1.740845		90.06
90.07	09006	WOMEN'S CLINIC	0.205615		90.07
90.08	09007	THERAPEUTIC SCHOOL	1.223874		90.08
90.09	09008	AFTER SCHOOL PROGRAM	0.000000		90.09
90.11	09009	PERINATAL ADDICTION	0.000000		90.11
90.12	09010	THERAPEUTIC NURSERY	0.000000		90.12
90.13	09011	CHILD DAY TREATMENT	0.000000		90.13
90.14	09012	DIABETES CENTER	0.000000		90.14
90.15	09013	WOUND CENTER	0.122685		90.15
90.16	09014	MICA	0.000000		90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0.529403		90.17
91.00	09100	EMERGENCY	0.079699		91.00
91.01	09101	EMERGENCY	6.733626		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.307218		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 31-0027

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

Worksheet C Part I Date/Time Prepared: 6/1/2022 10:55 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	42,349,270		42,349,270	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,559,854		9,559,854	0	0	31.00
34.01	03401	HOUSE PHYSICIANS	1,619,901		1,619,901	0	0	34.01
40.00	04000	SUBPROVIDER - I PF	15,061,473		15,061,473	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	37,117		37,117	0	0	41.00
42.00	04200	SUBPROVIDER	4,391,396		4,391,396	0	0	42.00
43.00	04300	NURSERY	2,461,157		2,461,157	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,866,487		1,866,487	0	0	44.00
45.00	04500	NURSING FACILITY	11,136,018		11,136,018	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	3,170,828		3,170,828	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,559,623		12,559,623	0	0	50.00
51.00	05100	RECOVERY ROOM	1,864,092		1,864,092	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,585,815		4,585,815	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,370,819		2,370,819	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,699,913		4,699,913	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	787,471		787,471	0	0	56.00
57.00	05700	CT SCAN	1,152,326		1,152,326	0	0	57.00
58.00	05800	MRI	607,877		607,877	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,070,757		2,070,757	0	0	59.00
60.00	06000	LABORATORY	7,057,583		7,057,583	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,103,754		2,103,754	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,144,269	0	4,144,269	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,140,804	0	4,140,804	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	304,959	0	304,959	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	203,078	0	203,078	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,328,287		1,328,287	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,339,892		18,339,892	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,567,056		8,567,056	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,592,371		16,592,371	0	0	73.00
74.00	07400	RENAL DIALYSIS	23,723,574		23,723,574	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,749,451		3,749,451	0	0	90.00
90.02	09001	PSYCH CLINIC	19,087,245		19,087,245	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	10,525		10,525	0	0	90.03
90.04	09003	WORKFIRST	112,785		112,785	0	0	90.04
90.05	09004	CANCER CLINIC	0		0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	1,113,194		1,113,194	0	0	90.06
90.07	09006	WOMEN'S CLINIC	2,896,788		2,896,788	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	970,461		970,461	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	557,859		557,859	0	0	90.09
90.11	09009	PERINATAL ADDICTION	338,042		338,042	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	25,868		25,868	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	1,856,218		1,856,218	0	0	90.13
90.14	09012	DIABETES CENTER	72,908		72,908	0	0	90.14
90.15	09013	WOUND CENTER	886,302		886,302	0	0	90.15
90.16	09014	MICA	483,945		483,945	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	1,713,096		1,713,096	0	0	90.17
91.00	09100	EMERGENCY	13,149,059		13,149,059	0	0	91.00
91.01	09101	EMERGENCY	4,035,186		4,035,186	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,082,132		4,082,132	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	263,998,885	0	263,998,885	0	0	200.00
201.00		Less Observation Beds	0		0			201.00
202.00		Total (see instructions)	263,998,885	0	263,998,885	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 31-0027

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

Worksheet C  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

		Title XIX			Hospital	Cost	
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	171,797,504		171,797,504		30.00
31.00	03100	INTENSIVE CARE UNIT	85,479,610		85,479,610		31.00
34.01	03401	HOUSE PHYSICIANS	0		0		34.01
40.00	04000	SUBPROVIDER - I/PF	82,860,903		82,860,903		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	13,075,151		13,075,151		42.00
43.00	04300	NURSERY	26,114,601		26,114,601		43.00
44.00	04400	SKILLED NURSING FACILITY	436,804		436,804		44.00
45.00	04500	NURSING FACILITY	7,159,792		7,159,792		45.00
46.00	04600	OTHER LONG TERM CARE	2,815,943		2,815,943		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,941,091	83,950,270	113,891,361	0.110277	50.00
51.00	05100	RECOVERY ROOM	1,976,857	4,361,704	6,338,561	0.294088	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,117,150	751,693	10,868,843	0.421923	52.00
53.00	05300	ANESTHESIOLOGY	2,844,382	2,965,366	5,809,748	0.408076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,093,685	33,417,515	42,511,200	0.110557	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	398,104	21,625,319	22,023,423	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,639,684	12,511,897	15,151,581	0.051973	56.00
57.00	05700	CT SCAN	19,795,352	44,378,706	64,174,058	0.017956	57.00
58.00	05800	MRI	3,919,091	5,954,618	9,873,709	0.061565	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,434,364	8,904,425	16,338,789	0.126739	59.00
60.00	06000	LABORATORY	50,092,736	73,538,734	123,631,470	0.057086	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,068,831	2,592,638	7,661,469	0.274589	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	10,178,260	6,563,142	16,741,402	0.247546	65.00
66.00	06600	PHYSICAL THERAPY	2,683,504	4,841,305	7,524,809	0.550287	66.00
67.00	06700	OCCUPATIONAL THERAPY	675,168	958,331	1,633,499	0.186691	67.00
68.00	06800	SPEECH PATHOLOGY	475,469	63,910	539,379	0.376503	68.00
69.00	06900	ELECTROCARDIOLOGY	16,099,884	14,672,031	30,771,915	0.043166	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,115,226	17,309,850	29,425,076	0.623274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,870,459	8,520,047	16,390,506	0.522684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,041,084	94,158,632	137,199,716	0.120936	73.00
74.00	07400	RENAL DIALYSIS	3,773,647	43,946,478	47,720,125	0.497140	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	813,642	813,642	4.608232	90.00
90.02	09001	PSYCH CLINIC	0	37,369,882	37,369,882	0.510765	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	2,894,956	2,894,956	0.003636	90.03
90.04	09003	WORKFIRST	0	9,618	9,618	11.726450	90.04
90.05	09004	CANCER CLINIC	0	0	0	0.000000	90.05
90.06	09005	PEDIATRIC CLINIC	0	639,456	639,456	1.740845	90.06
90.07	09006	WOMEN'S CLINIC	0	14,088,439	14,088,439	0.205615	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	792,942	792,942	1.223874	90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0	0.000000	90.09
90.11	09009	PERINATAL ADDICTION	0	0	0	0.000000	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0.000000	90.12
90.13	09011	CHILD DAY TREATMENT	0	0	0	0.000000	90.13
90.14	09012	DIABETES CENTER	0	0	0	0.000000	90.14
90.15	09013	WOUND CENTER	0	7,224,212	7,224,212	0.122685	90.15
90.16	09014	MICA	0	0	0	0.000000	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	3,235,900	3,235,900	0.529403	90.17
91.00	09100	EMERGENCY	20,358,715	144,625,315	164,984,030	0.079699	91.00
91.01	09101	EMERGENCY	23,800	575,459	599,259	6.733626	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,418,452	0	1,418,452	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	198,556	13,088,874	13,287,430	0.307218	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	651,973,859	711,345,306	1,363,319,165		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	651,973,859	711,345,306	1,363,319,165		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
34.01	03401 HOUSE PHYSICIANS				34.01
40.00	04000 SUBPROVIDER - I/PF				40.00
41.00	04100 SUBPROVIDER - I/RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
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
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.02	09001 PSYCH CLINIC	0.000000			90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.000000			90.03
90.04	09003 WORKFIRST	0.000000			90.04
90.05	09004 CANCER CLINIC	0.000000			90.05
90.06	09005 PEDIATRIC CLINIC	0.000000			90.06
90.07	09006 WOMEN'S CLINIC	0.000000			90.07
90.08	09007 THERAPEUTIC SCHOOL	0.000000			90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000			90.09
90.11	09009 PERINATAL ADDICTION	0.000000			90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000			90.12
90.13	09011 CHILD DAY TREATMENT	0.000000			90.13
90.14	09012 DIABETES CENTER	0.000000			90.14
90.15	09013 WOUND CENTER	0.000000			90.15
90.16	09014 MI CA	0.000000			90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.000000			90.17
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 EMERGENCY	0.000000			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00



CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY  
 Provider CCN: 31-0027  
 Period: From 01/01/2021 To 12/31/2021  
 Worksheet C Part II  
 Date/Time Prepared: 6/1/2022 10:55 am

Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,559,623	686,972	11,872,651	68,697	688,614	50.00
51.00	05100	RECOVERY ROOM	1,864,092	67,562	1,796,530	6,756	104,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,585,815	194,572	4,391,243	19,457	254,692	52.00
53.00	05300	ANESTHESIOLOGY	2,370,819	30,011	2,340,808	3,001	135,767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,699,913	326,189	4,373,724	32,619	253,676	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	709,170	-709,170	70,917	-41,132	55.00
56.00	05600	RADIOISOTOPE	787,471	12,334	775,137	1,233	44,958	56.00
57.00	05700	CT SCAN	1,152,326	29,637	1,122,689	2,964	65,116	57.00
58.00	05800	MRI	607,877	28,202	579,675	2,820	33,621	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,070,757	122,114	1,948,643	12,211	113,021	59.00
60.00	06000	LABORATORY	7,057,583	247,699	6,809,884	24,770	394,973	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,103,754	25,495	2,078,259	2,550	120,539	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,144,269	87,497	4,056,772	8,750	235,293	65.00
66.00	06600	PHYSICAL THERAPY	4,140,804	178,853	3,961,951	17,885	229,793	66.00
67.00	06700	OCCUPATIONAL THERAPY	304,959	1,723	303,236	172	17,588	67.00
68.00	06800	SPEECH PATHOLOGY	203,078	3,093	199,985	309	11,599	68.00
69.00	06900	ELECTROCARDIOLOGY	1,328,287	56,044	1,272,243	5,604	73,790	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,339,892	99,004	18,240,888	9,900	1,057,972	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,567,056	46,247	8,520,809	4,625	494,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,592,371	89,570	16,502,801	8,957	957,162	73.00
74.00	07400	RENAL DIALYSIS	22,271,858	617,525	21,654,333	61,753	1,255,951	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,749,451	331,331	3,418,120	33,133	198,251	90.00
90.02	09001	PSYCH CLINIC	19,087,245	800,608	18,286,637	80,061	1,060,625	90.02
90.03	09002	PSYCH CLINIC FEE BASED	10,525	60	10,465	6	607	90.03
90.04	09003	WORKFIRST	112,785	640	112,145	64	6,504	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	1,113,194	64,810	1,048,384	6,481	60,806	90.06
90.07	09006	WOMEN'S CLINIC	2,896,788	163,475	2,733,313	16,348	158,532	90.07
90.08	09007	THERAPEUTIC SCHOOL	970,461	5,542	964,919	554	55,965	90.08
90.09	09008	AFTER SCHOOL PROGRAM	557,859	91,003	466,856	9,100	27,078	90.09
90.11	09009	PERINATAL ADDICTION	338,042	94,722	243,320	9,472	14,113	90.11
90.12	09010	THERAPEUTIC NURSERY	25,868	146	25,722	15	1,492	90.12
90.13	09011	CHILD DAY TREATMENT	1,856,218	122,333	1,733,885	12,233	100,565	90.13
90.14	09012	DIABETES CENTER	72,908	21,960	50,948	2,196	2,955	90.14
90.15	09013	WOUND CENTER	886,302	28,536	857,766	2,854	49,750	90.15
90.16	09014	MICA	483,945	105,959	377,986	10,596	21,923	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	1,713,096	90,343	1,622,753	9,034	94,120	90.17
91.00	09100	EMERGENCY	13,149,059	595,578	12,553,481	59,558	728,102	91.00
91.01	09101	EMERGENCY	4,035,186	126,468	3,908,718	12,647	226,706	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,082,132	122,750	3,959,382	12,275	229,644	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	172,345,384	6,425,777	164,467,891	642,577	9,539,137	200.00
201.00		Less Observation Beds	0	0	0	0	0	201.00
202.00		Total (line 200 minus line 201)	172,345,384	6,425,777	164,467,891	642,577	9,539,137	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	11,802,312	113,891,361	0.103628		50.00
51.00	05100 RECOVERY ROOM	1,753,137	6,338,561	0.276583		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,311,666	10,868,843	0.396700		52.00
53.00	05300 ANESTHESIOLOGY	2,232,051	5,809,748	0.384191		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,413,618	42,511,200	0.103822		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-29,785	22,023,423	-0.001352		55.00
56.00	05600 RADIOISOTOPE	741,280	15,151,581	0.048924		56.00
57.00	05700 CT SCAN	1,084,246	64,174,058	0.016895		57.00
58.00	05800 MRI	571,436	9,873,709	0.057875		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,945,525	16,338,789	0.119074		59.00
60.00	06000 LABORATORY	6,637,840	123,631,470	0.053691		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,980,665	7,661,469	0.258523		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	3,900,226	16,741,402	0.232969		65.00
66.00	06600 PHYSICAL THERAPY	3,893,126	7,524,809	0.517372		66.00
67.00	06700 OCCUPATIONAL THERAPY	287,199	1,633,499	0.175818		67.00
68.00	06800 SPEECH PATHOLOGY	191,170	539,379	0.354426		68.00
69.00	06900 ELECTROCARDIOLOGY	1,248,893	30,771,915	0.040585		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	17,272,020	29,425,076	0.586983		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,068,224	16,390,506	0.492250		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,626,252	137,199,716	0.113894		73.00
74.00	07400 RENAL DIALYSIS	20,954,154	47,720,125	0.439105		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	3,518,067	813,642	4.323851		90.00
90.02	09001 PSYCH CLINIC	17,946,559	37,369,882	0.480241		90.02
90.03	09002 PSYCH CLINIC FEE BASED	9,912	2,894,956	0.003424		90.03
90.04	09003 WORKFIRST	106,217	9,618	11.043564		90.04
90.05	09004 CANCER CLINIC	0	0	0.000000		90.05
90.06	09005 PEDIATRIC CLINIC	1,045,907	639,456	1.635620		90.06
90.07	09006 WOMEN'S CLINIC	2,721,908	14,088,439	0.193202		90.07
90.08	09007 THERAPEUTIC SCHOOL	913,942	792,942	1.152596		90.08
90.09	09008 AFTER SCHOOL PROGRAM	521,681	0	0.000000		90.09
90.11	09009 PERINATAL ADDICTION	314,457	0	0.000000		90.11
90.12	09010 THERAPEUTIC NURSERY	24,361	0	0.000000		90.12
90.13	09011 CHILD DAY TREATMENT	1,743,420	0	0.000000		90.13
90.14	09012 DIABETES CENTER	67,757	0	0.000000		90.14
90.15	09013 WOUND CENTER	833,698	7,224,212	0.115403		90.15
90.16	09014 MI CA	451,426	0	0.000000		90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	1,609,942	3,235,900	0.497525		90.17
91.00	09100 EMERGENCY	12,361,399	164,984,030	0.074925		91.00
91.01	09101 EMERGENCY	3,795,833	599,259	6.334211		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,418,452	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	3,840,213	13,287,430	0.289011		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	160,711,954	973,578,857			200.00
201.00	Less Observation Beds	0	0			201.00
202.00	Total (line 200 minus line 201)	160,711,954	973,578,857			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description		Title XVIII			Hospital		PPS
		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	2,222,754	0	2,222,754	31,004	71.69	30.00
31.00	INTENSIVE CARE UNIT	390,493		390,493	6,908	56.53	31.00
34.01	HOUSE PHYSICIANS	9,383		9,383	0	0.00	34.01
40.00	SUBPROVIDER - IPF	810,570	0	810,570	16,788	48.28	40.00
41.00	SUBPROVIDER - IRF	1,355	0	1,355	0	0.00	41.00
42.00	SUBPROVIDER	303,835	0	303,835	7,848	38.71	42.00
43.00	NURSERY	154,527		154,527	3,502	44.13	43.00
44.00	SKILLED NURSING FACILITY	176,930		176,930	1,887	93.76	44.00
45.00	NURSING FACILITY	794,430		794,430	30,959	25.66	45.00
200.00	Total (lines 30 through 199)	4,864,277		4,864,277	98,896		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	6,505	466,343				
31.00	INTENSIVE CARE UNIT	1,570	88,752				
34.01	HOUSE PHYSICIANS	0	0				
40.00	SUBPROVIDER - IPF	2,511	121,231				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	1,887	176,925				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	12,473	853,251				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 6/1/2022 10:55 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	686,972	113,891,361	0.006032	5,909,713	35,647	50.00
51.00	05100	RECOVERY ROOM	67,562	6,338,561	0.010659	370,952	3,954	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	194,572	10,868,843	0.017902	12,000	215	52.00
53.00	05300	ANESTHESIOLOGY	30,011	5,809,748	0.005166	259,058	1,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,189	42,511,200	0.007673	1,973,472	15,142	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	12,334	15,151,581	0.000814	267,495	218	56.00
57.00	05700	CT SCAN	29,637	64,174,058	0.000462	4,246,050	1,962	57.00
58.00	05800	MRI	28,202	9,873,709	0.002856	825,996	2,359	58.00
59.00	05900	CARDIAC CATHETERIZATION	122,114	16,338,789	0.007474	3,773,727	28,205	59.00
60.00	06000	LABORATORY	247,699	123,631,470	0.002004	9,422,247	18,882	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,495	7,661,469	0.003328	719,619	2,395	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	87,497	16,741,402	0.005226	2,259,463	11,808	65.00
66.00	06600	PHYSICAL THERAPY	178,853	7,524,809	0.023768	515,802	12,260	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,723	1,633,499	0.001055	58,453	62	67.00
68.00	06800	SPEECH PATHOLOGY	3,093	539,379	0.005734	115,957	665	68.00
69.00	06900	ELECTROCARDIOLOGY	56,044	30,771,915	0.001821	2,201,753	4,009	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,004	29,425,076	0.003365	1,994,559	6,712	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,247	16,390,506	0.002822	1,440,584	4,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,570	137,199,716	0.000653	7,363,636	4,808	73.00
74.00	07400	RENAL DIALYSIS	617,525	47,720,125	0.012941	739,200	9,566	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	331,331	813,642	0.407220	0	0	90.00
90.02	09001	PSYCH CLINIC	800,608	37,369,882	0.021424	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	60	2,894,956	0.000021	0	0	90.03
90.04	09003	WORKFIRST	640	9,618	0.066542	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0.000000	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	64,810	639,456	0.101352	0	0	90.06
90.07	09006	WOMEN'S CLINIC	163,475	14,088,439	0.011603	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	5,542	792,942	0.006989	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	91,003	0	0.000000	0	0	90.09
90.11	09009	PERINATAL ADDICTION	94,722	0	0.000000	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	146	0	0.000000	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	122,333	0	0.000000	0	0	90.13
90.14	09012	DIABETES CENTER	21,960	0	0.000000	0	0	90.14
90.15	09013	WOUND CENTER	28,536	7,224,212	0.003950	0	0	90.15
90.16	09014	MICA	105,959	0	0.000000	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	90,343	3,235,900	0.027919	0	0	90.17
91.00	09100	EMERGENCY	595,578	164,984,030	0.003610	3,682,126	13,292	91.00
91.01	09101	EMERGENCY	126,468	599,259	0.211041	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,418,452	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,593,857	938,268,004		48,151,862	177,564	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 6/1/2022 10:55 am
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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	
34.01	03401	HOUSE PHYSICIANS	0	0	0	0	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
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	31,004	0.00	6,505	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	6,908	0.00	1,570	31.00	
34.01	03401	HOUSE PHYSICIANS	0	0	0	0.00	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	16,788	0.00	2,511	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	7,848	0.00	0	42.00	
43.00	04300	NURSERY	0	0	3,502	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	1,887	0.00	1,887	44.00	
45.00	04500	NURSING FACILITY	0	0	30,959	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	98,896	0.00	12,473	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
34.01	03401	HOUSE PHYSICIANS	0						34.01
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
<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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	PSYCH CLINIC	0	0	0	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	0	0	90.03
90.04	09003	WORKFIRST	0	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	0	0	0	0	0	90.06
90.07	09006	WOMEN'S CLINIC	0	0	0	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0	0	0	90.09
90.11	09009	PERINATAL ADDICTION	0	0	0	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	0	0	0	0	0	90.13
90.14	09012	DIABETES CENTER	0	0	0	0	0	90.14
90.15	09013	WOUND CENTER	0	0	0	0	0	90.15
90.16	09014	MICA	0	0	0	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0	0	0	90.17
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				Total Charges (from Wkst. C, Part I, col. 8)	PPS	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	113,891,361	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,338,561	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,868,843	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	5,809,748	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	42,511,200	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	22,023,423	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	15,151,581	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	64,174,058	0.000000	57.00
58.00 05800 MRI	0	0	0	9,873,709	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	16,338,789	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	123,631,470	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,661,469	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	16,741,402	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,524,809	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,633,499	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	539,379	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	30,771,915	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,425,076	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,390,506	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	137,199,716	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	47,720,125	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	813,642	0.000000	90.00
90.02 09001 PSYCH CLINIC	0	0	0	37,369,882	0.000000	90.02
90.03 09002 PSYCH CLINIC FEE BASED	0	0	0	2,894,956	0.000000	90.03
90.04 09003 WORKFIRST	0	0	0	9,618	0.000000	90.04
90.05 09004 CANCER CLINIC	0	0	0	0	0.000000	90.05
90.06 09005 PEDIATRIC CLINIC	0	0	0	639,456	0.000000	90.06
90.07 09006 WOMEN'S CLINIC	0	0	0	14,088,439	0.000000	90.07
90.08 09007 THERAPEUTIC SCHOOL	0	0	0	792,942	0.000000	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0	0	0	0.000000	90.09
90.11 09009 PERINATAL ADDICTION	0	0	0	0	0.000000	90.11
90.12 09010 THERAPEUTIC NURSERY	0	0	0	0	0.000000	90.12
90.13 09011 CHILD DAY TREATMENT	0	0	0	0	0.000000	90.13
90.14 09012 DIABETES CENTER	0	0	0	0	0.000000	90.14
90.15 09013 WOUND CENTER	0	0	0	7,224,212	0.000000	90.15
90.16 09014 MI CA	0	0	0	0	0.000000	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	0	3,235,900	0.000000	90.17
91.00 09100 EMERGENCY	0	0	0	164,984,030	0.000000	91.00
91.01 09101 EMERGENCY	0	0	0	599,259	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,418,452	0.000000	92.00
<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	0	0	960,291,427		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am
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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	5,909,713	0	7,795,009	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	370,952	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	12,000	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	259,058	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,973,472	0	2,134,228	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	59,752	0	2,968,976	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	267,495	0	1,253,198	0	56.00	
57.00	05700 CT SCAN	0.000000	4,246,050	0	4,241,521	0	57.00	
58.00	05800 MRI	0.000000	825,996	0	717,190	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,773,727	0	2,336,594	0	59.00	
60.00	06000 LABORATORY	0.000000	9,422,247	0	5,043,347	0	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	719,619	0	245,458	0	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.000000	2,259,463	0	479,069	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	515,802	0	104,689	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	58,453	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	115,957	0	5,000	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,201,753	0	1,084,421	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,994,559	0	1,304,233	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,440,584	0	797,710	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	7,363,636	0	13,090,558	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	739,200	0	0	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	0	0	803,187	0	90.00	
90.02	09001 PSYCH CLINIC	0.000000	0	0	1,304,561	0	90.02	
90.03	09002 PSYCH CLINIC FEE BASED	0.000000	0	0	0	0	90.03	
90.04	09003 WORKFIRST	0.000000	0	0	0	0	90.04	
90.05	09004 CANCER CLINIC	0.000000	0	0	0	0	90.05	
90.06	09005 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.06	
90.07	09006 WOMEN'S CLINIC	0.000000	0	0	0	0	90.07	
90.08	09007 THERAPEUTIC SCHOOL	0.000000	0	0	1,008	0	90.08	
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	0	0	90.09	
90.11	09009 PERINATAL ADDICTION	0.000000	0	0	0	0	90.11	
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	0	0	90.12	
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	0	0	90.13	
90.14	09012 DIABETES CENTER	0.000000	0	0	0	0	90.14	
90.15	09013 WOUND CENTER	0.000000	0	0	2,294,355	0	90.15	
90.16	09014 MI CA	0.000000	0	0	0	0	90.16	
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.000000	0	0	0	0	90.17	
91.00	09100 EMERGENCY	0.000000	3,682,126	0	9,457,774	0	91.00	
91.01	09101 EMERGENCY	0.000000	0	0	0	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		48,211,614	0	57,462,086	0	200.00	



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 6/1/2022 10:55 am			
		Title XVIII		Hospital			
		Charges		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost		PPS Services (see inst.)		
			Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.110277	7,795,009	0	0	859,610	50.00
51.00	05100 RECOVERY ROOM	0.294088	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421923	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.408076	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110557	2,134,228	0	0	235,954	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,968,976	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.051973	1,253,198	0	0	65,132	56.00
57.00	05700 CT SCAN	0.017956	4,241,521	0	0	76,161	57.00
58.00	05800 MRI	0.061565	717,190	0	0	44,154	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.126739	2,336,594	0	0	296,138	59.00
60.00	06000 LABORATORY	0.057086	5,043,347	1,463	0	287,905	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.274589	245,458	0	0	67,400	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.247546	479,069	0	0	118,592	65.00
66.00	06600 PHYSICAL THERAPY	0.550287	104,689	0	0	57,609	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.186691	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.376503	5,000	0	0	1,883	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043166	1,084,421	0	0	46,810	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.623274	1,304,233	150	0	812,895	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.522684	797,710	0	0	416,950	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120936	13,090,558	219,440	0	1,583,120	73.00
74.00	07400 RENAL DIALYSIS	0.497140	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	4.162844	803,187	10,454	0	3,343,542	90.00
90.02	09001 PSYCH CLINIC	0.510765	1,304,561	0	0	666,324	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.003636	0	0	0	0	90.03
90.04	09003 WORKFIRST	11.726450	0	0	0	0	90.04
90.05	09004 CANCER CLINIC	0.000000	0	0	0	0	90.05
90.06	09005 PEDIATRIC CLINIC	1.740845	0	0	0	0	90.06
90.07	09006 WOMEN'S CLINIC	0.205615	0	0	0	0	90.07
90.08	09007 THERAPEUTIC SCHOOL	1.223874	1,008	0	0	1,234	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	0	0	90.09
90.11	09009 PERINATAL ADDICTION	0.000000	0	0	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	0	0	90.13
90.14	09012 DIABETES CENTER	0.000000	0	0	0	0	90.14
90.15	09013 WOUND CENTER	0.122685	2,294,355	0	0	281,483	90.15
90.16	09014 MI CA	0.000000	0	0	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.529403	0	0	0	0	90.17
91.00	09100 EMERGENCY	0.079699	9,457,774	0	0	753,775	91.00
91.01	09101 EMERGENCY	6.733626	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.307218	0	0	0	0	95.00
200.00	Subtotal (see instructions)		57,462,086	231,507	0	10,016,671	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		57,462,086	231,507	0	10,016,671	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 6/1/2022 10:55 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
<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
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	84	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	93	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,538	0			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699	LITHOTRIpsy	0	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	43,518	0			90.00
90.02	09001	PSYCH CLINIC	0	0			90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0			90.03
90.04	09003	WORKFIRST	0	0			90.04
90.05	09004	CANCER CLINIC	0	0			90.05
90.06	09005	PEDIATRIC CLINIC	0	0			90.06
90.07	09006	WOMEN'S CLINIC	0	0			90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0			90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0			90.09
90.11	09009	PERINATAL ADDICTION	0	0			90.11
90.12	09010	THERAPEUTIC NURSERY	0	0			90.12
90.13	09011	CHILD DAY TREATMENT	0	0			90.13
90.14	09012	DIABETES CENTER	0	0			90.14
90.15	09013	WOUND CENTER	0	0			90.15
90.16	09014	MICA	0	0			90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0			90.17
91.00	09100	EMERGENCY	0	0			91.00
91.01	09101	EMERGENCY	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
200.00		Subtotal (see instructions)	70,233	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)	70,233	0			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 31-0027 Component CCN: 31-S027		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 6/1/2022 10:55 am	
			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	686,972	113,891,361	0.006032	4,558	27	50.00
51.00	05100	RECOVERY ROOM	67,562	6,338,561	0.010659	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	194,572	10,868,843	0.017902	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,011	5,809,748	0.005166	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,189	42,511,200	0.007673	26,033	200	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	12,334	15,151,581	0.000814	0	0	56.00
57.00	05700	CT SCAN	29,637	64,174,058	0.000462	66,300	31	57.00
58.00	05800	MRI	28,202	9,873,709	0.002856	29,486	84	58.00
59.00	05900	CARDIAC CATHETERIZATION	122,114	16,338,789	0.007474	0	0	59.00
60.00	06000	LABORATORY	247,699	123,631,470	0.002004	490,178	982	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,495	7,661,469	0.003328	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	87,497	16,741,402	0.005226	300	2	65.00
66.00	06600	PHYSICAL THERAPY	178,853	7,524,809	0.023768	19,633	467	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,723	1,633,499	0.001055	59,316	63	67.00
68.00	06800	SPEECH PATHOLOGY	3,093	539,379	0.005734	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,044	30,771,915	0.001821	59,381	108	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,004	29,425,076	0.003365	3,898	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,247	16,390,506	0.002822	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,570	137,199,716	0.000653	521,717	341	73.00
74.00	07400	RENAL DIALYSIS	617,525	47,720,125	0.012941	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	331,331	813,642	0.407220	0	0	90.00
90.02	09001	PSYCH CLINIC	800,608	37,369,882	0.021424	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	60	2,894,956	0.000021	0	0	90.03
90.04	09003	WORKFIRST	640	9,618	0.066542	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0.000000	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	64,810	639,456	0.101352	0	0	90.06
90.07	09006	WOMEN'S CLINIC	163,475	14,088,439	0.011603	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	5,542	792,942	0.006989	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	91,003	0	0.000000	0	0	90.09
90.11	09009	PERINATAL ADDITION	94,722	0	0.000000	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	146	0	0.000000	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	122,333	0	0.000000	0	0	90.13
90.14	09012	DIABETES CENTER	21,960	0	0.000000	0	0	90.14
90.15	09013	WOUND CENTER	28,536	7,224,212	0.003950	0	0	90.15
90.16	09014	MICA	105,959	0	0.000000	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	90,343	3,235,900	0.027919	0	0	90.17
91.00	09100	EMERGENCY	595,578	164,984,030	0.003610	376,349	1,359	91.00
91.01	09101	EMERGENCY	126,468	599,259	0.211041	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,418,452	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,593,857	938,268,004		1,657,149	3,677	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 31-0027 Component CCN: 31-S027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am			
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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
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
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
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
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	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09001	PSYCH CLINIC	0	0	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	0	90.03
90.04	09003	WORKFIRST	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	0	0	0	0	90.06
90.07	09006	WOMEN'S CLINIC	0	0	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0	0	90.09
90.11	09009	PERINATAL ADDICTION	0	0	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	0	0	0	0	90.13
90.14	09012	DIABETES CENTER	0	0	0	0	90.14
90.15	09013	WOUND CENTER	0	0	0	0	90.15
90.16	09014	MICA	0	0	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0	0	90.17
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 31-0027 Component CCN: 31-S027		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am	
			Title XVIII		Subprovider - IPF		PPS	
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	113,891,361	0.000000 50.00	
51.00	05100	RECOVERY ROOM	0	0	0	6,338,561	0.000000 51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,868,843	0.000000 52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	5,809,748	0.000000 53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,511,200	0.000000 54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,023,423	0.000000 55.00	
56.00	05600	RADIOISOTOPE	0	0	0	15,151,581	0.000000 56.00	
57.00	05700	CT SCAN	0	0	0	64,174,058	0.000000 57.00	
58.00	05800	MRI	0	0	0	9,873,709	0.000000 58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,338,789	0.000000 59.00	
60.00	06000	LABORATORY	0	0	0	123,631,470	0.000000 60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,661,469	0.000000 62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000 62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,741,402	0.000000 65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	7,524,809	0.000000 66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,633,499	0.000000 67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	539,379	0.000000 68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	30,771,915	0.000000 69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,425,076	0.000000 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,390,506	0.000000 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	137,199,716	0.000000 73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	47,720,125	0.000000 74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000 76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000 76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	813,642	0.000000 90.00	
90.02	09001	PSYCH CLINIC	0	0	0	37,369,882	0.000000 90.02	
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	2,894,956	0.000000 90.03	
90.04	09003	WORKFIRST	0	0	0	9,618	0.000000 90.04	
90.05	09004	CANCER CLINIC	0	0	0	0	0.000000 90.05	
90.06	09005	PEDIATRIC CLINIC	0	0	0	639,456	0.000000 90.06	
90.07	09006	WOMEN'S CLINIC	0	0	0	14,088,439	0.000000 90.07	
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	792,942	0.000000 90.08	
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0	0	0.000000 90.09	
90.11	09009	PERINATAL ADDICTION	0	0	0	0	0.000000 90.11	
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	0.000000 90.12	
90.13	09011	CHILD DAY TREATMENT	0	0	0	0	0.000000 90.13	
90.14	09012	DIABETES CENTER	0	0	0	0	0.000000 90.14	
90.15	09013	WOUND CENTER	0	0	0	7,224,212	0.000000 90.15	
90.16	09014	MICA	0	0	0	0	0.000000 90.16	
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0	3,235,900	0.000000 90.17	
91.00	09100	EMERGENCY	0	0	0	164,984,030	0.000000 91.00	
91.01	09101	EMERGENCY	0	0	0	599,259	0.000000 91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,418,452	0.000000 92.00	
<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	960,291,427	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 31-0027 Component CCN: 31-S027		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am	
				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	4,558	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	26,033	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	66,300	0	0	0	57.00
58.00	05800 MRI	0.000000	29,486	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	490,178	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	300	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	19,633	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	59,316	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	59,381	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,898	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	521,717	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09001 PSYCH CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.000000	0	0	0	0	90.03
90.04	09003 WORKFIRST	0.000000	0	0	0	0	90.04
90.05	09004 CANCER CLINIC	0.000000	0	0	0	0	90.05
90.06	09005 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 WOMEN'S CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 THERAPEUTIC SCHOOL	0.000000	0	0	0	0	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	0	0	90.09
90.11	09009 PERINATAL ADDITION	0.000000	0	0	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	0	0	90.13
90.14	09012 DIABETES CENTER	0.000000	0	0	0	0	90.14
90.15	09013 WOUND CENTER	0.000000	0	0	0	0	90.15
90.16	09014 MI CA	0.000000	0	0	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.000000	0	0	0	0	90.17
91.00	09100 EMERGENCY	0.000000	376,349	0	0	0	91.00
91.01	09101 EMERGENCY	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		1,657,149	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 31-0027

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

Worksheet D  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Cost		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,222,754	0	2,222,754	31,004	71.69	30.00	
31.00	INTENSIVE CARE UNIT	390,493		390,493	6,908	56.53	31.00	
34.01	HOUSE PHYSICIANS	9,383		9,383	0	0.00	34.01	
40.00	SUBPROVIDER - IPF	810,570	0	810,570	16,788	48.28	40.00	
41.00	SUBPROVIDER - IRF	1,355	0	1,355	0	0.00	41.00	
42.00	SUBPROVIDER	303,835	0	303,835	7,848	38.71	42.00	
43.00	NURSERY	154,527		154,527	3,502	44.13	43.00	
44.00	SKILLED NURSING FACILITY	176,930		176,930	1,887	93.76	44.00	
45.00	NURSING FACILITY	794,430		794,430	30,959	25.66	45.00	
200.00	Total (lines 30 through 199)	4,864,277		4,864,277	98,896		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	3,224	231,129					
31.00	INTENSIVE CARE UNIT	656	37,084					
34.01	HOUSE PHYSICIANS	0	0					
40.00	SUBPROVIDER - IPF	1,476	71,261					
41.00	SUBPROVIDER - IRF	0	0					
42.00	SUBPROVIDER	7,672	296,983					
43.00	NURSERY	1,753	77,360					
44.00	SKILLED NURSING FACILITY	0	0					
45.00	NURSING FACILITY	19,022	488,105					
200.00	Total (lines 30 through 199)	33,803	1,201,922					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 6/1/2022 10:55 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Cost 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	686,972	113,891,361	0.006032	0	0	50.00
51.00	05100	RECOVERY ROOM	67,562	6,338,561	0.010659	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	194,572	10,868,843	0.017902	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,011	5,809,748	0.005166	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,189	42,511,200	0.007673	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	12,334	15,151,581	0.000814	0	0	56.00
57.00	05700	CT SCAN	29,637	64,174,058	0.000462	0	0	57.00
58.00	05800	MRI	28,202	9,873,709	0.002856	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	122,114	16,338,789	0.007474	0	0	59.00
60.00	06000	LABORATORY	247,699	123,631,470	0.002004	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,495	7,661,469	0.003328	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	87,497	16,741,402	0.005226	0	0	65.00
66.00	06600	PHYSICAL THERAPY	178,853	7,524,809	0.023768	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,723	1,633,499	0.001055	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,093	539,379	0.005734	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,044	30,771,915	0.001821	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,004	29,425,076	0.003365	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,247	16,390,506	0.002822	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,570	137,199,716	0.000653	0	0	73.00
74.00	07400	RENAL DIALYSIS	617,525	47,720,125	0.012941	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	331,331	813,642	0.407220	0	0	90.00
90.02	09001	PSYCH CLINIC	800,608	37,369,882	0.021424	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	60	2,894,956	0.000021	0	0	90.03
90.04	09003	WORKFIRST	640	9,618	0.066542	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0.000000	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	64,810	639,456	0.101352	0	0	90.06
90.07	09006	WOMEN'S CLINIC	163,475	14,088,439	0.011603	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	5,542	792,942	0.006989	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	91,003	0	0.000000	0	0	90.09
90.11	09009	PERINATAL ADDICTION	94,722	0	0.000000	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	146	0	0.000000	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	122,333	0	0.000000	0	0	90.13
90.14	09012	DIABETES CENTER	21,960	0	0.000000	0	0	90.14
90.15	09013	WOUND CENTER	28,536	7,224,212	0.003950	0	0	90.15
90.16	09014	MICA	105,959	0	0.000000	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	90,343	3,235,900	0.027919	0	0	90.17
91.00	09100	EMERGENCY	595,578	164,984,030	0.003610	0	0	91.00
91.01	09101	EMERGENCY	126,468	599,259	0.211041	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,418,452	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,593,857	938,268,004		0	0	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 6/1/2022 10:55 am
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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	
34.01	03401	HOUSE PHYSICIANS	0	0	0	0	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
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	31,004	0.00	3,224	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	6,908	0.00	656	31.00	
34.01	03401	HOUSE PHYSICIANS	0	0	0	0.00	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	16,788	0.00	1,476	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	7,848	0.00	7,672	42.00	
43.00	04300	NURSERY	0	0	3,502	0.00	1,753	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	1,887	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	30,959	0.00	19,022	45.00	
200.00		Total (lines 30 through 199)	0	0	98,896	0.00	33,803	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
34.01	03401	HOUSE PHYSICIANS	0						34.01
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description	Title XIX					Hospital		Cost
	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	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.02 09001 PSYCH CLINIC	0	0	0	0	0	0	0	90.02
90.03 09002 PSYCH CLINIC FEE BASED	0	0	0	0	0	0	0	90.03
90.04 09003 WORKFIRST	0	0	0	0	0	0	0	90.04
90.05 09004 CANCER CLINIC	0	0	0	0	0	0	0	90.05
90.06 09005 PEDIATRIC CLINIC	0	0	0	0	0	0	0	90.06
90.07 09006 WOMEN'S CLINIC	0	0	0	0	0	0	0	90.07
90.08 09007 THERAPEUTIC SCHOOL	0	0	0	0	0	0	0	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0	0	0	0	0	0	90.09
90.11 09009 PERINATAL ADDICTION	0	0	0	0	0	0	0	90.11
90.12 09010 THERAPEUTIC NURSERY	0	0	0	0	0	0	0	90.12
90.13 09011 CHILD DAY TREATMENT	0	0	0	0	0	0	0	90.13
90.14 09012 DIABETES CENTER	0	0	0	0	0	0	0	90.14
90.15 09013 WOUND CENTER	0	0	0	0	0	0	0	90.15
90.16 09014 MI CA	0	0	0	0	0	0	0	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	0	0	0	0	0	90.17
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
91.01 09101 EMERGENCY	0	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 09500 AMBULANCE SERVICES								95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XIX		Hospital		Cost	
				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	113,891,361	0.000000	50.00			
51.00 05100 RECOVERY ROOM	0	0	0	6,338,561	0.000000	51.00			
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,868,843	0.000000	52.00			
53.00 05300 ANESTHESIOLOGY	0	0	0	5,809,748	0.000000	53.00			
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	42,511,200	0.000000	54.00			
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	22,023,423	0.000000	55.00			
56.00 05600 RADIOISOTOPE	0	0	0	15,151,581	0.000000	56.00			
57.00 05700 CT SCAN	0	0	0	64,174,058	0.000000	57.00			
58.00 05800 MRI	0	0	0	9,873,709	0.000000	58.00			
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	16,338,789	0.000000	59.00			
60.00 06000 LABORATORY	0	0	0	123,631,470	0.000000	60.00			
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,661,469	0.000000	62.00			
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30			
65.00 06500 RESPIRATORY THERAPY	0	0	0	16,741,402	0.000000	65.00			
66.00 06600 PHYSICAL THERAPY	0	0	0	7,524,809	0.000000	66.00			
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,633,499	0.000000	67.00			
68.00 06800 SPEECH PATHOLOGY	0	0	0	539,379	0.000000	68.00			
69.00 06900 ELECTROCARDIOLOGY	0	0	0	30,771,915	0.000000	69.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,425,076	0.000000	71.00			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,390,506	0.000000	72.00			
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	137,199,716	0.000000	73.00			
74.00 07400 RENAL DIALYSIS	0	0	0	47,720,125	0.000000	74.00			
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97			
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98			
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99			
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00 09000 CLINIC	0	0	0	813,642	0.000000	90.00			
90.02 09001 PSYCH CLINIC	0	0	0	37,369,882	0.000000	90.02			
90.03 09002 PSYCH CLINIC FEE BASED	0	0	0	2,894,956	0.000000	90.03			
90.04 09003 WORKFIRST	0	0	0	9,618	0.000000	90.04			
90.05 09004 CANCER CLINIC	0	0	0	0	0.000000	90.05			
90.06 09005 PEDIATRIC CLINIC	0	0	0	639,456	0.000000	90.06			
90.07 09006 WOMEN'S CLINIC	0	0	0	14,088,439	0.000000	90.07			
90.08 09007 THERAPEUTIC SCHOOL	0	0	0	792,942	0.000000	90.08			
90.09 09008 AFTER SCHOOL PROGRAM	0	0	0	0	0.000000	90.09			
90.11 09009 PERINATAL ADDICTION	0	0	0	0	0.000000	90.11			
90.12 09010 THERAPEUTIC NURSERY	0	0	0	0	0.000000	90.12			
90.13 09011 CHILD DAY TREATMENT	0	0	0	0	0.000000	90.13			
90.14 09012 DIABETES CENTER	0	0	0	0	0.000000	90.14			
90.15 09013 WOUND CENTER	0	0	0	7,224,212	0.000000	90.15			
90.16 09014 MI CA	0	0	0	0	0.000000	90.16			
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	0	3,235,900	0.000000	90.17			
91.00 09100 EMERGENCY	0	0	0	164,984,030	0.000000	91.00			
91.01 09101 EMERGENCY	0	0	0	599,259	0.000000	91.01			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,418,452	0.000000	92.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00 09500 AMBULANCE SERVICES						95.00			
200.00	Total (lines 50 through 199)	0	0	0	960,291,427		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description		Title XIX			Hospital		Cost
		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	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09001 PSYCH CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.000000	0	0	0	0	90.03
90.04	09003 WORKFIRST	0.000000	0	0	0	0	90.04
90.05	09004 CANCER CLINIC	0.000000	0	0	0	0	90.05
90.06	09005 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 WOMEN'S CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 THERAPEUTIC SCHOOL	0.000000	0	0	0	0	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	0	0	90.09
90.11	09009 PERINATAL ADDICTION	0.000000	0	0	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	0	0	90.13
90.14	09012 DIABETES CENTER	0.000000	0	0	0	0	90.14
90.15	09013 WOUND CENTER	0.000000	0	0	0	0	90.15
90.16	09014 MI CA	0.000000	0	0	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.000000	0	0	0	0	90.17
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 EMERGENCY	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 31-0027  
Component CCN: 31-3503

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

Worksheet D  
Part IV  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		Title XIX				Nursing Facility		Allied Health
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Cost		
		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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	PSYCH CLINIC	0	0	0	0	0	90.02
90.03	09002	PSYCH CLINIC FEE BASED	0	0	0	0	0	90.03
90.04	09003	WORKFIRST	0	0	0	0	0	90.04
90.05	09004	CANCER CLINIC	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC CLINIC	0	0	0	0	0	90.06
90.07	09006	WOMEN'S CLINIC	0	0	0	0	0	90.07
90.08	09007	THERAPEUTIC SCHOOL	0	0	0	0	0	90.08
90.09	09008	AFTER SCHOOL PROGRAM	0	0	0	0	0	90.09
90.11	09009	PERINATAL ADDICTION	0	0	0	0	0	90.11
90.12	09010	THERAPEUTIC NURSERY	0	0	0	0	0	90.12
90.13	09011	CHILD DAY TREATMENT	0	0	0	0	0	90.13
90.14	09012	DIABETES CENTER	0	0	0	0	0	90.14
90.15	09013	WOUND CENTER	0	0	0	0	0	90.15
90.16	09014	MICA	0	0	0	0	0	90.16
90.17	09015	BAYONNE MENTAL HEALTH CENTER	0	0	0	0	0	90.17
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 31-0027 Component CCN: 31-3503	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/1/2022 10:55 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Nursing Facility Cost	
					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	113,891,361	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,338,561	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,868,843	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	5,809,748	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	42,511,200	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	22,023,423	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	15,151,581	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	64,174,058	0.000000	57.00
58.00 05800 MRI	0	0	0	9,873,709	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	16,338,789	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	123,631,470	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,661,469	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	16,741,402	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,524,809	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,633,499	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	539,379	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	30,771,915	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,425,076	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,390,506	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	137,199,716	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	47,720,125	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	813,642	0.000000	90.00
90.02 09001 PSYCH CLINIC	0	0	0	37,369,882	0.000000	90.02
90.03 09002 PSYCH CLINIC FEE BASED	0	0	0	2,894,956	0.000000	90.03
90.04 09003 WORKFIRST	0	0	0	9,618	0.000000	90.04
90.05 09004 CANCER CLINIC	0	0	0	0	0.000000	90.05
90.06 09005 PEDIATRIC CLINIC	0	0	0	639,456	0.000000	90.06
90.07 09006 WOMEN'S CLINIC	0	0	0	14,088,439	0.000000	90.07
90.08 09007 THERAPEUTIC SCHOOL	0	0	0	792,942	0.000000	90.08
90.09 09008 AFTER SCHOOL PROGRAM	0	0	0	0	0.000000	90.09
90.11 09009 PERINATAL ADDICTION	0	0	0	0	0.000000	90.11
90.12 09010 THERAPEUTIC NURSERY	0	0	0	0	0.000000	90.12
90.13 09011 CHILD DAY TREATMENT	0	0	0	0	0.000000	90.13
90.14 09012 DIABETES CENTER	0	0	0	0	0.000000	90.14
90.15 09013 WOUND CENTER	0	0	0	7,224,212	0.000000	90.15
90.16 09014 MICA	0	0	0	0	0.000000	90.16
90.17 09015 BAYONNE MENTAL HEALTH CENTER	0	0	0	3,235,900	0.000000	90.17
91.00 09100 EMERGENCY	0	0	0	164,984,030	0.000000	91.00
91.01 09101 EMERGENCY	0	0	0	599,259	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,418,452	0.000000	92.00
<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	0	0	960,291,427		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 31-0027  
Component CCN: 31-3503

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

Worksheet D  
Part IV  
Date/Time Prepared:  
6/1/2022 10:55 am

Cost Center Description		Title XIX			Nursing Facility		Cost
		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	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09001 PSYCH CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.000000	0	0	0	0	90.03
90.04	09003 WORKFIRST	0.000000	0	0	0	0	90.04
90.05	09004 CANCER CLINIC	0.000000	0	0	0	0	90.05
90.06	09005 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 WOMEN'S CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 THERAPEUTIC SCHOOL	0.000000	0	0	0	0	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	0	0	90.09
90.11	09009 PERINATAL ADDICTION	0.000000	0	0	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	0	0	90.13
90.14	09012 DIABETES CENTER	0.000000	0	0	0	0	90.14
90.15	09013 WOUND CENTER	0.000000	0	0	0	0	90.15
90.16	09014 MICA	0.000000	0	0	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.000000	0	0	0	0	90.17
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 EMERGENCY	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		0	0	0		95.00
200.00	Total (lines 50 through 199)		0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 6/1/2022 10:55 am
Cost Center Description		Title XVIII	Hospital	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)		31,004	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,004	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)		31,004	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)		6,505	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)		38,000,638	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)		38,000,638	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)		38,000,638	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)		1,225.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,972,983	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)		7,972,983	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,559,854	6,908	1,383.88	1,570	2,172,692	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
46.01	HOUSE PHYSICIANS	1,619,901	0	0.00	0	0	46.01
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)					6,988,237	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,133,912	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)					555,095	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					177,564	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					732,659	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					16,401,253	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0027		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 6/1/2022 10:55 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,222,754	38,000,638	0.058493	0	0	90.00
91.00	Nursing Program cost	0	38,000,638	0.000000	0	0	91.00
92.00	Allied health cost	0	38,000,638	0.000000	0	0	92.00
93.00	All other Medical Education	0	38,000,638	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0027 Component CCN: 31-S027	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 6/1/2022 10:55 am
		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)			16,788 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,788 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)			16,788 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)			2,511 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)			13,735,460 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)			13,735,460 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)			13,735,460 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)			818.17 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,054,425 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)			2,054,425 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 31-S027		Date/Time Prepared: 6/1/2022 10:55 am	
				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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	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
46.01 HOUSE PHYSICIANS	0	0	0.00	0	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						154,500	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,208,925	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)						121,231	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,677	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						124,908	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,084,017	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: 31-0027 Component CCN: 31-S027		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 6/1/2022 10:55 am	
		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	810,570	13,735,460	0.059013	0	0	90.00
91.00	Nursing Program cost	0	13,735,460	0.000000	0	0	91.00
92.00	Allied health cost	0	13,735,460	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,735,460	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 31-0027 Component CCN: 31-5442	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 6/1/2022 10:55 am
		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)		1,887	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,887	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,887	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)		1,887	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)		1,866,487	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)		1,866,487	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)		1,866,487	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: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
				Component CCN: 31-5442		Date/Time Prepared: 6/1/2022 10:55 am
				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
46.01	HOUSE PHYSICIANS					46.01
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)					1,866,487 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					989.13 71.00
72.00	Program routine service cost (line 9 x line 71)					1,866,488 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)					1,866,488 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)					1,866,488 83.00
84.00	Program inpatient ancillary services (see instructions)					347,654 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)					2,214,142 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: 31-0027 Component CCN: 31-5442		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 6/1/2022 10:55 am	
		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



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 6/1/2022 10:55 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		63,633,363		30.00
31.00	03100 INTENSIVE CARE UNIT		19,398,361		31.00
34.01	03401 HOUSE PHYSICIANS		0		34.01
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - I/RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.110277	5,909,713	651,705	50.00
51.00	05100 RECOVERY ROOM	0.294088	370,952	109,093	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421923	12,000	5,063	52.00
53.00	05300 ANESTHESIOLOGY	0.408076	259,058	105,715	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.111470	1,973,472	219,983	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	59,752	0	55.00
56.00	05600 RADIOISOTOPE	0.051973	267,495	13,903	56.00
57.00	05700 CT SCAN	0.017956	4,246,050	76,242	57.00
58.00	05800 MRI	0.061565	825,996	50,852	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.126775	3,773,727	478,414	59.00
60.00	06000 LABORATORY	0.057236	9,422,247	539,292	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.274589	719,619	197,599	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.247546	2,259,463	559,321	65.00
66.00	06600 PHYSICAL THERAPY	0.550287	515,802	283,839	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.186691	58,453	10,913	67.00
68.00	06800 SPEECH PATHOLOGY	0.376503	115,957	43,658	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043166	2,201,753	95,041	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.623274	1,994,559	1,243,157	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.522684	1,440,584	752,970	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120936	7,363,636	890,529	73.00
74.00	07400 RENAL DIALYSIS	0.497140	739,200	367,486	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	4.162844	0	0	90.00
90.02	09001 PSYCH CLINIC	0.511634	0	0	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.003636	0	0	90.03
90.04	09003 WORKFIRST	11.726450	0	0	90.04
90.05	09004 CANCER CLINIC	0.000000	0	0	90.05
90.06	09005 PEDIATRIC CLINIC	1.740845	0	0	90.06
90.07	09006 WOMEN'S CLINIC	0.205615	0	0	90.07
90.08	09007 THERAPEUTIC SCHOOL	1.223874	0	0	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	90.09
90.11	09009 PERINATAL ADDICTION	0.000000	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	90.13
90.14	09012 DIABETES CENTER	0.000000	0	0	90.14
90.15	09013 WOUND CENTER	0.122685	0	0	90.15
90.16	09014 MI CA	0.000000	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.529403	0	0	90.17
91.00	09100 EMERGENCY	0.079699	3,682,126	293,462	91.00
91.01	09101 EMERGENCY	6.733626	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
<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)		48,211,614	6,988,237	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)		48,211,614		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0027 Component CCN: 31-S027	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 6/1/2022 10:55 am	
		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
34.01	03401 HOUSE PHYSICIANS				34.01
40.00	04000 SUBPROVIDER - IPF		12,296,425		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.110277	4,558	503	50.00
51.00	05100 RECOVERY ROOM	0.294088	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421923	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.408076	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.111470	26,033	2,902	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.051973	0	0	56.00
57.00	05700 CT SCAN	0.017956	66,300	1,190	57.00
58.00	05800 MRI	0.061565	29,486	1,815	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.126775	0	0	59.00
60.00	06000 LABORATORY	0.057236	490,178	28,056	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.274589	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.247546	300	74	65.00
66.00	06600 PHYSICAL THERAPY	0.550287	19,633	10,804	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.186691	59,316	11,074	67.00
68.00	06800 SPEECH PATHOLOGY	0.376503	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043166	59,381	2,563	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.623274	3,898	2,430	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.522684	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120936	521,717	63,094	73.00
74.00	07400 RENAL DIALYSIS	0.497140	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	4.162844	0	0	90.00
90.02	09001 PSYCH CLINIC	0.511634	0	0	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.003636	0	0	90.03
90.04	09003 WORKFIRST	11.726450	0	0	90.04
90.05	09004 CANCER CLINIC	0.000000	0	0	90.05
90.06	09005 PEDIATRIC CLINIC	1.740845	0	0	90.06
90.07	09006 WOMEN'S CLINIC	0.205615	0	0	90.07
90.08	09007 THERAPEUTIC SCHOOL	1.223874	0	0	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	90.09
90.11	09009 PERINATAL ADDICTION	0.000000	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	90.13
90.14	09012 DIABETES CENTER	0.000000	0	0	90.14
90.15	09013 WOUND CENTER	0.122685	0	0	90.15
90.16	09014 MICA	0.000000	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.529403	0	0	90.17
91.00	09100 EMERGENCY	0.079699	376,349	29,995	91.00
91.01	09101 EMERGENCY	6.733626	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
<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)		1,657,149	154,500	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)		1,657,149	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 31-0027 Component CCN: 31-5442	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 6/1/2022 10:55 am	
		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
34.01	03401 HOUSE PHYSICIANS				34.01
40.00	04000 SUBPROVIDER - I/PF				40.00
41.00	04100 SUBPROVIDER - I/RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.110277	0	0	50.00
51.00	05100 RECOVERY ROOM	0.294088	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421923	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.408076	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.111470	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.051973	0	0	56.00
57.00	05700 CT SCAN	0.017956	0	0	57.00
58.00	05800 MRI	0.061565	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.126775	0	0	59.00
60.00	06000 LABORATORY	0.057236	81,712	4,677	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.274589	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.247546	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.550287	550,370	302,861	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.186691	184,820	34,504	67.00
68.00	06800 SPEECH PATHOLOGY	0.376503	14,720	5,542	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043166	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.623274	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.522684	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120936	580	70	73.00
74.00	07400 RENAL DIALYSIS	0.497140	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	4.162844	0	0	90.00
90.02	09001 PSYCH CLINIC	0.511634	0	0	90.02
90.03	09002 PSYCH CLINIC FEE BASED	0.003636	0	0	90.03
90.04	09003 WORKFIRST	11.726450	0	0	90.04
90.05	09004 CANCER CLINIC	0.000000	0	0	90.05
90.06	09005 PEDIATRIC CLINIC	1.740845	0	0	90.06
90.07	09006 WOMEN'S CLINIC	0.205615	0	0	90.07
90.08	09007 THERAPEUTIC SCHOOL	1.223874	0	0	90.08
90.09	09008 AFTER SCHOOL PROGRAM	0.000000	0	0	90.09
90.11	09009 PERINATAL ADDICTION	0.000000	0	0	90.11
90.12	09010 THERAPEUTIC NURSERY	0.000000	0	0	90.12
90.13	09011 CHILD DAY TREATMENT	0.000000	0	0	90.13
90.14	09012 DIABETES CENTER	0.000000	0	0	90.14
90.15	09013 WOUND CENTER	0.122685	0	0	90.15
90.16	09014 MICA	0.000000	0	0	90.16
90.17	09015 BAYONNE MENTAL HEALTH CENTER	0.529403	0	0	90.17
91.00	09100 EMERGENCY	0.079699	0	0	91.00
91.01	09101 EMERGENCY	6.733626	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
<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)		832,202	347,654	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)		832,202	347,654	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 6/1/2022 10:55 am
		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)		10,846,941	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,615,648	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)		64,131	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		5,414	2.04
3.00	Managed Care Simulated Payments		16,229,012	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		220.00	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)		28.80	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)		4.12	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)		2.44	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).		7.21	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)		1.23	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)		38.92	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		42.55	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		44.92	12.00
13.00	Total allowable FTE count for the prior year.		45.88	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.		45.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.		45.45	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		45.45	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.206591	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.207273	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.206591	21.00
22.00	IME payment adjustment (see instructions)		1,542,941	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,731,392	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)		3.63	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,542,941	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,731,392	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		15.70	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.26	31.00
32.00	Sum of lines 30 and 31		48.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		29.61	33.00
34.00	Disproportionate share adjustment (see instructions)		1,070,593	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 6/1/2022 10:55 am
		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)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		7,509,134	7,103,026 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		5,616,419	1,790,353 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,406,772	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)		7,756	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)		24,552,440	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>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		26,283,832	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,359,036	50.00
51.00	Exceptional 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).		1,045,155	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,688,023	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,688,023	61.00
62.00	Deductibles billed to program beneficiaries		1,476,021	62.00
63.00	Coinurance billed to program beneficiaries		161,396	63.00
64.00	Allowable bad debts (see instructions)		647,544	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		420,904	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		27,471,510	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)		-140,618	70.93
70.94	HRR adjustment amount (see instructions)		-93,456	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 6/1/2022 10:55 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
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	1.00	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		-224,361	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		27,013,075	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		30,373,841	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-3,360,766	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35,796	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	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	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	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 6/1/2022 10:55 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		70,233	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,016,671	2.00
3.00	OPPS payments		7,546,052	3.00
4.00	Outlier payment (see instructions)		115,884	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)		70,233	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		231,507	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)		231,507	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)		231,507	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		161,274	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)		70,233	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)		7,661,936	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		281	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,513,497	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)		6,218,391	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		468,886	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)		6,687,277	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,687,277	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		275,606	33.00
34.00	Allowable bad debts (see instructions)		534,507	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		347,430	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		249,331	36.00
37.00	Subtotal (see instructions)		7,310,313	37.00
38.00	MSP-LCC reconciliation amount from PS&R		3,507	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)		7,306,806	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		6,161,741	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)		1,145,065	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: 31-0027 Component CCN: 31-S027	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 6/1/2022 10:55 am
		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)		0	2.00
3.00	OPPS payments		0	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)		0	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)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	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		0	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)		0	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: 31-0027 Component CCN: 31-5442	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 6/1/2022 10:55 am
		Title XVIII	Skilled Nursing Facility	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)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		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)		0	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)			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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		131	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment 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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		0	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 31-0027

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		25,742,716		6,144,636	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	12/31/2021	1,525,176	12/31/2021	17,105	3.01	
3.02		12/31/2021	1,211,194		0	3.02	
3.03		12/31/2021	1,807,214		0	3.03	
3.04		12/31/2021	87,541		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)		4,631,125		17,105	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)		30,373,841		6,161,741	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		1,145,065	6.01	
6.02	SETTLEMENT TO PROGRAM		3,360,766		0	6.02	
7.00	Total Medicare program liability (see instructions)		27,013,075		7,306,806	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: 31-0027  
Component CCN: 31-S027

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am  
PPS

Title XVIII

Subprovider -  
IPF

		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		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		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		331,172		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		331,172		0	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: 31-0027  
Component CCN: 31-5442

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/1/2022 10:55 am

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		1,067,552		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)		1,067,552		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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,067,552		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: 31-0027 Component CCN: 31-S027	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 6/1/2022 10:55 am
		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)			2,516,505 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 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)			16.00 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)			12.99 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)			12.99 8.00
9.00	Average Daily Census (see instructions)			45.994521 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.136675 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			343,943 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,860,448 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)			2,860,448 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,860,448 18.00
19.00	Deductibles			180,972 19.00
20.00	Subtotal (line 18 minus line 19)			2,679,476 20.00
21.00	Coinsurance			74,362 21.00
22.00	Subtotal (line 20 minus line 21)			2,605,114 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			197,456 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			128,346 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)			2,733,460 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 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)			2,733,460 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			2,402,288 31.02
32.00	Interim payments			0 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)			331,172 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			0 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)			0.136675 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0027 Component CCN: 31-5442	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VI Date/Time Prepared: 6/1/2022 10:55 am
		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)		1,274,570	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)		1,274,570	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		207,018	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)		1,067,552	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)		1,067,552	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		1,067,552	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)		0	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: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 6/1/2022 10:55 am	
		Title XIX	Hospital	Cost	
			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		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<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		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<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)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<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		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<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)		0	0	31.00
32.00	Deductibles		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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 31-0027 Component CCN: 31-3503	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 6/1/2022 10:55 am	
		Title XIX	Nursing Facility	Cost	
		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	0			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0		7.00
<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	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
<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)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
<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			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0		29.00
<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)	0	0		31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0		40.00
41.00	Interim payments	0			41.00
42.00	Balance due provider/program (line 40 minus line 41)	0			42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0			43.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 6/1/2022 10:55 am
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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.		28.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		8.92	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		6.04	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))		8.25	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)		1.46	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)		41.39	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		55.54	6.00
7.00	Enter the lesser of line 5 or line 6		41.39	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.	36.31	18.40	54.71	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.	27.06	13.71	40.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		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	27.06	19.71		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	27.93	18.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	28.20	18.65		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	27.73	18.95		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	1.46	0.00		16.01
17.00	Adjusted rolling average FTE count	27.73	18.95		17.00
18.00	Per resident amount	106,963.00	106,963.00		18.00
19.00	Approved amount for resident costs	2,966,084	2,026,949	4,993,033	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)			14.15	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)			4,993,033	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)	10,586	10,012		26.00
27.00	Total Inpatient Days (see instructions)	63,263	63,263		27.00
28.00	Ratio of inpatient days to total inpatient days	0.167333	0.158260		28.00
29.00	Program direct GME amount	835,499	790,197	1,625,696	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		111,655	111,655	30.00
31.00	Net Program direct GME amount			1,514,041	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 6/1/2022 10:55 am
		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)		47,720,125	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)		22,483,895	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		22,483,895	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		10,086,904	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,086,904	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		32,570,799	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.690308	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.309692	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,514,041	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,045,155	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		468,886	50.00

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

Provider CCN: 31-0027

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

Worksheet G

Date/Time Prepared:  
6/1/2022 10:55 am

		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	144,162,365	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	27,804,377	0	0	0	4.00
5.00	Other receivable	4,704,449	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,927,925	0	0	0	7.00
8.00	Prepaid expenses	4,133,263	0	0	0	8.00
9.00	Other current assets	4,771,075	0	0	0	9.00
10.00	Due from other funds	235,735	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	187,739,189	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,783,178	0	0	0	12.00
13.00	Land improvements	4,713,190	0	0	0	13.00
14.00	Accumulated depreciation	-3,699,236	0	0	0	14.00
15.00	Buildings	203,240,302	0	0	0	15.00
16.00	Accumulated depreciation	-126,888,922	0	0	0	16.00
17.00	Leasehold improvements	1,889,873	0	0	0	17.00
18.00	Accumulated depreciation	-220,485	0	0	0	18.00
19.00	Fixed equipment	65,902,968	0	0	0	19.00
20.00	Accumulated depreciation	-57,327,457	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	114,031,009	0	0	0	23.00
24.00	Accumulated depreciation	-95,396,751	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)	108,027,669	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	37,263,498	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	161,000,377	0	18,428,727	0	34.00
35.00	Total other assets (sum of lines 31-34)	198,263,875	0	18,428,727	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	494,030,733	0	18,428,727	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	29,445,693	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,938,921	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,845,375	0	0	0	40.00
41.00	Deferred income	23,691,281	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	25,222,158	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	89,143,428	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	67,277,486	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	85,906,952	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	153,184,438	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	242,327,866	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	251,702,867	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	18,428,727	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)	251,702,867	0	18,428,727	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	494,030,733	0	18,428,727	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 31-0027

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

Worksheet G-1

Date/Time Prepared:  
6/1/2022 10:55 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		231,167,082			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,682,804				2.00
3.00	Total (sum of line 1 and line 2)		246,849,886			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	UNREALIZED GAIN	-601,004		0		3,293,352	5.00
6.00	NET ASSET RELEASED	3,129,714		0		0	6.00
7.00	CONTRIBUTIONS	0		0		3,189,802	7.00
8.00	INVESTMENTS	0		0		-52,146	8.00
9.00	CARES CAPITAL	2,324,271		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,852,981			0	10.00
11.00	Subtotal (line 3 plus line 10)		251,702,867			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET ASSETS RELEASED	0		0		3,830,475	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		251,702,867			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	15,828,194			0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	15,828,194			0		3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	UNREALIZED GAIN		0				5.00
6.00	NET ASSET RELEASED		0				6.00
7.00	CONTRIBUTIONS		0				7.00
8.00	INVESTMENTS		0				8.00
9.00	CARES CAPITAL		0				9.00
10.00	Total additions (sum of line 4-9)	6,431,008			0		10.00
11.00	Subtotal (line 3 plus line 10)	22,259,202			0		11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	NET ASSETS RELEASED		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	3,830,475			0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	18,428,727			0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 31-0027

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
6/1/2022 10:55 am

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	199,193,692		199,193,692	1.00
2.00	SUBPROVIDER - IPF	100,743,400		100,743,400	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,596,596		7,596,596	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	2,815,943		2,815,943	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	310,349,631		310,349,631	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	85,850,410		85,850,410	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
14.01	HOUSE PHYSICIANS	0		0	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	85,850,410		85,850,410	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	396,200,041		396,200,041	17.00
18.00	Ancillary services	242,223,029	504,242,789	746,465,818	18.00
19.00	Outpatient services	21,923,476	221,460,747	243,384,223	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	198,556	13,132,934	13,331,490	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	MISC	0	8,610	8,610	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	660,545,102	738,845,080	1,399,390,182	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,795,045		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ASSETS RELEASED FROM RESTRICTION	700,761			31.00
32.00	MARILLAC	1,308,588			32.00
33.00		0			33.00
34.00	PHYSICIAN PRACTICE LLC	14,686,381			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		16,695,730		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	CONSOLIDATION ENTRIES	7,828,228			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		7,828,228		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		315,662,547		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 31-0027

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

Worksheet G-3

Date/Time Prepared:  
6/1/2022 10:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,399,390,182	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,168,737,182	2.00
3.00	Net patient revenues (line 1 minus line 2)	230,653,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	315,662,547	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-85,009,547	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	103,630	6.00
7.00	Income from investments	7,092,725	7.00
8.00	Revenues from telephone and other miscellaneous communication services	782	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	261,986	11.00
12.00	Parking lot receipts	394,516	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	698,188	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	1,685,401	17.00
18.00	Revenue from sale of medical records and abstracts	125	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	7,580,969	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	15,785	21.00
22.00	Rental of hospital space	73,241	22.00
23.00	Governmental appropriations	75,281,569	23.00
24.00	MISCELLANEOUS	7,503,434	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	100,692,351	25.00
26.00	Total (line 5 plus line 25)	15,682,804	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)	15,682,804	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 31-0027

Period:

Worksheet I-1

Component CCN: 31-2318

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

Date/Time Prepared:  
6/1/2022 10:55 am

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	3,014,615	HOURS OF SERVICE	97,876.00	47.06	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	889,740	HOURS OF SERVICE	53,126.00	25.54	4.00
5.00	SOCIAL WORKERS	122,599	HOURS OF SERVICE	3,750.00	1.80	5.00
6.00	DIETICIANS	131,226	HOURS OF SERVICE	3,512.00	1.69	6.00
7.00	PHYSICIANS	126,911	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	740,343	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	5,025,434				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	3,255,651	REQUISITIONS			14.00
15.00	DRUGS	405,733	REQUISITIONS			15.00
16.00	OTHER		ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	8,686,818				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	135,202	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	88,722	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	1,016,697	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,967,241	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	979,331	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	199,445	REQUISITIONS			24.00
25.00	PHARMACY	11,923,871	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	177,963	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	25,175,290				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	25,175,290				31.00

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.  
6/1/2022 10:55 am C:\255210\CMPTEMP\AO\_Trin itas\_310027\_12312021.mcrx

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES				Provider CCN: 31-0027 Component CCN: 31-2318		Period: From 01/01/2021 To 12/31/2021		Worksheet 1-2 Date/Time Prepared: 6/1/2022 10:55 am	
				Renal Dialysis					

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Builing	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	1,114,533	88,722	3,014,615	1,143,565	1,016,697	10,877,888	1.00
MAINTENANCE								
2.00	Hemodialysis	1,114,533	88,722	3,014,615	1,143,565	1,016,697	10,877,888	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,114,533	88,722	3,014,615	1,143,565	1,016,697	10,877,888	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col.s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	3,455,096	0	20,711,116	3,012,458	23,723,574		1.00
MAINTENANCE								
2.00	Hemodialysis	3,455,096	0	20,711,116	3,012,458	23,723,574		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	3,455,096	0	20,711,116	3,012,458	23,723,574		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					23,723,574		19.00



DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 31-0027  
Component CCN: 31-2318

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

Worksheet 1-3  
Date/Time Prepared:  
6/1/2022 10:55 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	1,114,533	88,722	3,014,615	1,143,565	1,016,697	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	1,117,411	88,722.00	3,014,615.00	1,143,565.00	1,019,447	2.00
2.01	AKI -Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI -Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	1,117,411	88,722.00	3,014,615.00	1,143,565.00	1,019,447	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.997424	1.000000	1.000000	1.000000	0.997302	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	10,877,888	3,455,096	0	20,711,116	3,012,458	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	17,746,101	3,536,417	0			2.00
2.01	AKI -Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI -Intermittent Peritoneal	0	0	0			3.01
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	17,746,101	3,536,417	0		20,711,116	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.612973	0.977005	0.000000		0.145451	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 31-0027

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

Worksheet 1-4

Component CCN: 31-2318

Date/Time Prepared: 6/1/2022 10:55 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	36,310	23,723,574	653.36	36,309	23,722,848	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	36,310	23,723,574		36,309	23,722,848	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	36,310					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	TRINITY LINDEN RENAL DIALYSIS	313503					20.00
20.01	TRINITY CRANFORD RENAL DIALYSIS	313521					20.01
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	3,534,027	97.33				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	3,534,027					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	TRINITY LINDEN RENAL DIALYSIS						20.00
20.01	TRINITY CRANFORD RENAL DIALYSIS						20.01

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet 1-5 Date/Time Prepared: 6/1/2022 10:55 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	23,722,848		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	3,534,027	3,330,241	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	3,534,027	3,330,241	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	310	292	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	310	292	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	449,955	424,009	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	449,955	424,009	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	275,606		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-423,717	8.00
9.00	Program payment (see instructions)	0	2,664,193	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	275,606		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	25,175,290		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	23,723,574		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.942336		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 31-0027	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 6/1/2022 10:55 am
		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		1,101,958	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,314	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)		106.56	3.00
4.00	Number of interns & residents (see instructions)		45.45	4.00
5.00	Indirect medical education percentage (see instructions)		12.79	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)		140,940	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		15.70	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.26	8.00
9.00	Sum of lines 7 and 8		48.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.42	10.00
11.00	Disproportionate share adjustment (see instructions)		114,824	11.00
12.00	Total prospective capital payments (see instructions)		1,359,036	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