

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: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/25/2022 2:15 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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 TRINITY ROCK ISLAND (14-0280) 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	Katherine Marchik	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	Katherine Marchik		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	59,419	-266,354	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	37,041	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	96,460	-266,354	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: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 2:15 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2701 17TH STREET			PO Box:				1.00			
2.00	City: ROCK ISLAND			State: IL		Zip Code: 61201		County: ROCK ISLAND			
		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 ROCK ISLAND	140280	19340	1	06/01/1972	N	P	P	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		TRINITY REHABILITATION	14T280	19340	5	06/01/1984	N	P	P	
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							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

Worksheet S-2
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 2:15 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment 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
61.01	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)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider 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

Worksheet S-2
Part I
Date/Time Prepared:
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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	N	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	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	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					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

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	0	0	346,311 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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)	Y	H00186	140.00

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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: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001						
142.00	Street: 2701 17TH STREET	PO Box:								
143.00	City: ROCK ISLAND	State: IL		Zip Code:		61201-5351				
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	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	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	N	161.00	
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								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	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/25/2022 2:15 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/12/2022	Y	04/12/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CRISTINE	CHARTIER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5186	CRISTINE.CHARTIER@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	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: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	172	62,780	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)		172	62,780	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	9	3,285	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	48	17,520	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		249	90,885	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		264				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)		5	1,852			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: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,649	0	26,818			1.00
2.00	HMO and other (see instructions)	12,657	11,929				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,137	656				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)	8,649	0	26,818			7.00
8.00	INTENSIVE CARE UNIT	1,637	0	6,106			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	0	1,211			8.01
9.00	CORONARY CARE UNIT	3,827	0	13,165			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	1,478			13.00
14.00	Total (see instructions)	14,113	0	48,778	0.00	1,161.91	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,381	0	4,799	0.00	23.04	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,184.95	27.00
28.00	Observation Bed Days		1,825	5,094			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			403			30.00
31.00	Employee discount days - IRF			31			31.00
32.00	Labor & delivery days (see instructions)	0	0	588			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: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,069	0	10,397	1.00
2.00 HMO and other (see instructions)			2,330	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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,069	0	10,397	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	199	0	409	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	85,909,974	0	85,909,974	2,464,688.00	34.86	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		370,179	0	370,179	1,886.00	196.28	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		11,743,403	0	11,743,403	77,409.00	151.71	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		12,136,544	371,365	12,507,909	324,192.00	38.58	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		14,263,956	0	14,263,956	95,143.00	149.92	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		44,466,009	0	44,466,009	1,259,633.00	35.30	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,517,451	0	15,517,451			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,716,233	0	2,716,233			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		44,100	0	44,100			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,399,017	0	1,399,017			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		9,860,739	0	9,860,739			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	0	0	0	0.00	0.00	27.00
28.00	Administrative & General under contract (see inst.)		683,393	0	683,393	4,070.00	167.91	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,335,349	0	1,335,349	53,508.00	24.96	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,321,456	0	2,321,456	126,379.00	18.37	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,961,576	0	1,961,576	109,464.00	17.92	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,156,722	0	1,156,722	24,855.00	46.54	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,487,717	0	3,487,717	80,443.00	43.36	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/25/2022 2:15 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	74,849,964	0	74,849,964	2,391,349.00	31.30	1.00
2.00	Excluded area salaries (see instructions)	12,136,544	371,365	12,507,909	324,192.00	38.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,713,420	-371,365	62,342,055	2,067,157.00	30.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	58,729,965	0	58,729,965	1,354,776.00	43.35	4.00
5.00	Subtotal wage-related costs (see inst.)	25,422,290	0	25,422,290	0.00	40.78	5.00
6.00	Total (sum of lines 3 thru 5)	146,865,675	-371,365	146,494,310	3,421,933.00	42.81	6.00
7.00	Total overhead cost (see instructions)	10,946,213	0	10,946,213	398,719.00	27.45	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/25/2022 2:15 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,720,148	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	26,647	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,347,704	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	338,646	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	46,628	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)	558,126	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	744,850	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,793,769	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	36,307	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	63,977	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,676,802	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	14,263,956	19,676,802	1.00
2.00	Hospital	14,263,956	19,676,802	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0280

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

Worksheet S-10

Date/Time Prepared:
5/25/2022 2:15 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.256058	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		61,621,287	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		166,931,521	6.00
7.00	Medicaid cost (line 1 times line 6)		42,744,151	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
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,763,452	1,381,495	7,144,947
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,475,778	1,381,495	2,857,273
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,475,778	1,381,495	2,857,273
			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)		8,908,550	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		288,678	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		444,120	27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,464,430	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,322,827	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,180,100	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,180,100	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,369,521	5,369,521	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.01
5.02	00570	ADMITTING	0	0	0	0	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.03
5.04	00590	A&G	0	99,938,029	99,938,029	-3,968,632	95,969,397	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,335,349	6,110,102	7,445,451	-725,653	6,719,798	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,321,456	2,017,530	4,338,986	-2,240	4,336,746	9.00
10.00	01000	DIETARY	1,961,576	862,933	2,824,509	-12,965	2,811,544	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,156,722	720,403	1,877,125	-56,601	1,820,524	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	855,747	855,747	0	855,747	14.00
15.00	01500	PHARMACY	3,487,717	25,772,920	29,260,637	-24,078,301	5,182,336	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	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,351,954	7,338,214	17,690,168	-795,926	16,894,242	30.00
31.00	03100	INTENSIVE CARE UNIT	4,234,565	6,019,066	10,253,631	-1,192,626	9,061,005	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,703,539	799,475	2,503,014	-139,008	2,364,006	31.01
32.00	03200	CORONARY CARE UNIT	4,773,446	3,261,775	8,035,221	-2,639,342	5,395,879	32.00
41.00	04100	SUBPROVIDER - IRF	1,383,149	925,852	2,309,001	-11,524	2,297,477	41.00
43.00	04300	NURSERY	0	0	0	702,052	702,052	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,775,855	22,371,323	25,147,178	-11,942,245	13,204,933	50.00
51.00	05100	RECOVERY ROOM	1,675,303	759,478	2,434,781	1,221,509	3,656,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,847,056	912,735	2,759,791	-555,006	2,204,785	52.00
53.00	05300	ANESTHESIOLOGY	0	1,522,193	1,522,193	166,840	1,689,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,777,056	1,142,946	2,920,002	-257,012	2,662,990	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	133,552	659,089	792,641	-19,061	773,580	54.01
54.02	03630	ULTRA SOUND	521,933	647,424	1,169,357	-329,812	839,545	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,702,066	1,191,979	2,894,045	-393,306	2,500,739	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	892,445	761,418	1,653,863	-64,261	1,589,602	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	818,768	818,768	0	818,768	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,870,920	14,756,420	17,627,340	-14,178,103	3,449,237	59.00
60.00	06000	LABORATORY	4,503,345	14,792,421	19,295,766	-870,893	18,424,873	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	852,558	852,558	63.00
64.00	06400	INTRAVENOUS THERAPY	413,197	284,671	697,868	2,638,200	3,336,068	64.00
65.00	06500	RESPIRATORY THERAPY	1,393,667	2,273,599	3,667,266	-1,501,157	2,166,109	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,758,617	1,758,617	65.01
66.00	06600	PHYSICAL THERAPY	1,938,489	929,206	2,867,695	-448,294	2,419,401	66.00
67.00	06700	OCCUPATIONAL THERAPY	564,397	147,357	711,754	287,857	999,611	67.00
68.00	06800	SPEECH PATHOLOGY	190,720	47,330	238,050	286,411	524,461	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	575,233	645,333	1,220,566	-8,589	1,211,977	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	606,393	472,672	1,079,065	-259,717	819,348	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	6,022,907	6,022,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,755,512	20,755,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,902,977	24,902,977	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	824,845	824,845	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	513,547	856,149	1,369,696	-249,744	1,119,952	76.00
76.97	07697	CARDIAC REHABILITATION	450,533	409,964	860,497	-101,579	758,918	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,005,201	2,379,886	7,385,087	1,515,884	8,900,971	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	12,096,198	8,753,821	20,850,019	-2,965,744	17,884,275	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	75,156,579	232,158,228	307,314,807	-461,651	306,853,156	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	123,924	52,300	176,224	0	176,224	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,155,596	3,669,740	11,825,336	-28,014	11,797,322	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	489,665	489,665	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	2,421,768	772,875	3,194,643	0	3,194,643	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	52,107	13,380	65,487	0	65,487	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	85,909,974	236,666,523	322,576,497	0	322,576,497	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,304,113	7,673,634	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,382,914	2,382,914	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,770,373	1,770,373	5.01
5.02	00570	ADMITTING	2,678,801	2,678,801	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,933,499	4,933,499	5.03
5.04	00590	A&G	-46,614,335	49,355,062	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	8,738,983	15,458,781	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	298,195	4,634,941	9.00
10.00	01000	DIETARY	-37,542	2,774,002	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,187,278	4,007,802	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	86,664	942,411	14.00
15.00	01500	PHARMACY	-2,101,452	3,080,884	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,400,947	1,400,947	16.00
17.00	01700	SOCIAL SERVICE	3,134,042	3,134,042	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-491,756	16,402,486	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,214,351	6,846,654	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-916,270	1,447,736	31.01
32.00	03200	CORONARY CARE UNIT	-476,798	4,919,081	32.00
41.00	04100	SUBPROVIDER - IRF	-206,349	2,091,128	41.00
43.00	04300	NURSERY	-258	701,794	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	348,534	13,553,467	50.00
51.00	05100	RECOVERY ROOM	13,732	3,670,022	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-556,805	1,647,980	52.00
53.00	05300	ANESTHESIOLOGY	-1,432,423	256,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,502	2,735,492	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	773,580	54.01
54.02	03630	ULTRA SOUND	899	840,444	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	133,205	2,633,944	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	76,482	1,666,084	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	818,768	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,288,896	2,160,341	59.00
60.00	06000	LABORATORY	-1,895,524	16,529,349	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	852,558	63.00
64.00	06400	INTRAVENOUS THERAPY	-36,570	3,299,498	64.00
65.00	06500	RESPIRATORY THERAPY	-540	2,165,569	65.00
65.01	03560	PULMONARY FUNCTION TESTING	-53,551	1,705,066	65.01
66.00	06600	PHYSICAL THERAPY	0	2,419,401	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	999,611	67.00
68.00	06800	SPEECH PATHOLOGY	-39	524,422	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-244,993	966,984	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	819,348	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	6,022,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,755,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,902,977	73.00
74.00	07400	RENAL DIALYSIS	-48,807	776,038	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	4,706	1,124,658	76.00
76.97	07697	CARDIAC REHABILITATION	-419	758,499	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,108,080	4,792,891	90.00
91.00	09100	EMERGENCY	-9,333,732	8,550,543	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	0	95.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-41,493,621	265,359,535	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	176,224	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,797,322	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	489,665	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	3,194,643	192.06
194.00	07950	NON REIMBURSABLE	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	194.02
194.03	07953	PRECEDENCE	0	0	194.03
194.04	07954	CALL CENTER	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	194.06
194.07	07957	RESEARCH	0	65,487	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-41,493,621	281,082,876	200.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 2:15 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
D - BLOOD						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	852,558		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
0			0	852,558		
F - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,902,977		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
0			0	24,902,977		
G - PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	20,683		1.00
0			0	20,683		
H - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	6,022,907		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
0			0	6,022,907		
I - IMPLANTABLES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	20,755,512		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

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 2:15 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	20,755,512	
K - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,348,838	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
	0		0	5,348,838	
L - COST CENTER MAPPING					
1.00	ADULTS & PEDIATRICS	30.00	1,251,411	840,579	1.00
2.00	CORONARY CARE UNIT	32.00	11,563	4,781	2.00
3.00	NURSERY	43.00	505,555	196,497	3.00
4.00	OPERATING ROOM	50.00	950,674	601,257	4.00
5.00	RECOVERY ROOM	51.00	870,565	405,546	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	214,210	630,612	6.00
7.00	ANESTHESIOLOGY	53.00	122,580	72,914	7.00
8.00	ULTRA SOUND	54.02	107,663	86,292	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	85,526	51,226	9.00
10.00	LABORATORY	60.00	19,890	10,343	10.00
11.00	INTRAVENOUS THERAPY	64.00	1,459,769	1,593,021	11.00
12.00	RESPIRATORY THERAPY	65.00	48,418	42,963	12.00
13.00	PULMONARY FUNCTION TESTING	65.01	738,535	1,020,082	13.00
14.00	OCCUPATIONAL THERAPY	67.00	167,457	120,400	14.00
15.00	SPEECH PATHOLOGY	68.00	187,079	99,332	15.00
16.00	RENAL DIALYSIS	74.00	459,419	365,426	16.00
17.00	CLINIC	90.00	869,843	706,664	17.00
	0		8,070,157	6,847,935	
M - RIVERSIDE					
1.00	RIVERSIDE OUTPATIENT	192.01	371,365	118,300	1.00
	0		371,365	118,300	
500.00	Grand Total: Increases		8,441,522	64,869,710	500.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 2:15 pm

	Decreases					07/20/2022 2:10 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	D - BLOOD						
1.00	PHARMACY	15.00	0	459	0		1.00
2.00	OPERATING ROOM	50.00	0	19,626	0		2.00
3.00	LABORATORY	60.00	0	824,452	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	5	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	8,016	0		5.00
	0		0	852,558			
	F - DRUGS						
1.00	DIETARY	10.00	0	676	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	68	0		2.00
3.00	PHARMACY	15.00	0	23,983,083	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	96,754	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	95,819	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	5,654	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	51,714	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	3,573	0		8.00
9.00	OPERATING ROOM	50.00	0	145,128	0		9.00
10.00	RECOVERY ROOM	51.00	0	54,602	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,061	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	28,654	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,167	0		13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	703	0		14.00
15.00	ULTRA SOUND	54.02	0	79	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	51,500	0		16.00
17.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	8,729	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	57,339	0		18.00
19.00	LABORATORY	60.00	0	222	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	37,153	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	16,689	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	279	0		22.00
23.00	CARDIOLOGY	69.01	0	8,589	0		23.00
24.00	GASTRO INTESTINAL SERVICES	76.00	0	27,306	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	3	0		25.00
26.00	CLINIC	90.00	0	30,320	0		26.00
27.00	EMERGENCY	91.00	0	168,113	0		27.00
	0		0	24,902,977			
	G - PROPERTY TAX						
1.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,683	13		1.00
	0		0	20,683			
	H - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	4,391	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	11,670	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	13,858	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	6,422	0		4.00
5.00	OPERATING ROOM	50.00	0	2,754,168	0		5.00
6.00	GASTRO INTESTINAL SERVICES	76.00	0	145,499	0		6.00
7.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	30,990	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	2,148	0		9.00
10.00	ULTRA SOUND	54.02	0	7,943	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	1,309,114	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	100	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	290	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,999	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	57,454	0		15.00
16.00	OPERATING ROOM	50.00	0	1,487,693	0		16.00
17.00	CLINIC	90.00	0	150	0		17.00
18.00	ULTRA SOUND	54.02	0	88,254	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	67,414	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	33,300	0		20.00
	0		0	6,022,907			
	I - IMPLANTABLES						
1.00	ADULTS & PEDIATRICS	30.00	0	46,501	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	92,443	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	4,560	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	25,885	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	1,529	0		5.00
6.00	OPERATING ROOM	50.00	0	9,034,504	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,736	0		7.00
8.00	ULTRA SOUND	54.02	0	75	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 2:15 pm

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,735	0	9.00
10.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,218	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	11,422,986	0	11.00
12.00	GASTRO INTESTINAL SERVICES	76.00	0	31,340	0	12.00
	0		0	20,755,512		
K - DEPRECIATION						
1.00	A&G	5.04	0	3,968,632	9	1.00
2.00	OPERATION OF PLANT	7.00	0	725,653	0	2.00
3.00	HOUSEKEEPING	9.00	0	2,240	0	3.00
4.00	DIETARY	10.00	0	12,289	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	56,533	0	5.00
6.00	PHARMACY	15.00	0	94,759	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	45,980	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	10,048	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	5,242	0	9.00
10.00	OPERATING ROOM	50.00	0	53,057	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49,311	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	21,800	0	12.00
13.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	21,324	0	13.00
14.00	LABORATORY	60.00	0	76,452	0	14.00
15.00	INTRAVENOUS THERAPY	64.00	0	82,127	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	24,608	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	2,987	0	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,172	0	18.00
19.00	GASTRO INTESTINAL SERVICES	76.00	0	4,262	0	19.00
20.00	CARDIAC REHABILITATION	76.97	0	10,195	0	20.00
21.00	CLINIC	90.00	0	30,153	0	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,014	0	22.00
	0		0	5,348,838		
L - COST CENTER MAPPING						
1.00	ADULTS & PEDIATRICS	30.00	1,386,629	806,326	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	452,993	527,465	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	78,475	48,320	0	3.00
4.00	CORONARY CARE UNIT	32.00	1,541,101	1,023,728	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	887,979	406,598	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	69,532	63,538	0	6.00
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	2,741	13,469	0	7.00
8.00	ULTRA SOUND	54.02	210,196	217,220	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	234,026	121,697	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	951,340	437,219	0	10.00
11.00	INTRAVENOUS THERAPY	64.00	202,812	92,498	0	11.00
12.00	RESPIRATORY THERAPY	65.00	630,175	920,776	0	12.00
13.00	PHYSICAL THERAPY	66.00	263,713	181,315	0	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	120,459	95,403	0	14.00
15.00	GASTRO INTESTINAL SERVICES	76.00	18,280	23,057	0	15.00
16.00	CARDIAC REHABILITATION	76.97	48,418	42,963	0	16.00
17.00	EMERGENCY	91.00	971,288	1,826,343	0	17.00
	0		8,070,157	6,847,935		
M - RIVERSIDE						
1.00	ADULTS & PEDIATRICS	30.00	371,365	118,300	0	1.00
	0		371,365	118,300		
500.00	Grand Total: Decreases		8,441,522	64,869,710		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,970,173	0	0	0	82,639	1.00	
2.00	Land Improvements	10,719,782	0	0	0	0	2.00	
3.00	Buildings and Fixtures	302,816,668	5,042,131	0	5,042,131	0	3.00	
4.00	Building Improvements	220,157	0	0	0	0	4.00	
5.00	Fixed Equipment	3,263,038	18,498	0	18,498	0	5.00	
6.00	Movable Equipment	120,289,694	4,527,292	0	4,527,292	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	444,279,512	9,587,921	0	9,587,921	82,639	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	444,279,512	9,587,921	0	9,587,921	82,639	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,887,534	0					1.00
2.00	Land Improvements	10,719,782	0					2.00
3.00	Buildings and Fixtures	307,858,799	0					3.00
4.00	Building Improvements	220,157	0					4.00
5.00	Fixed Equipment	3,281,536	0					5.00
6.00	Movable Equipment	124,816,986	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	453,784,794	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	453,784,794	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,652,951	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,652,951	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	0	0	20,683	0	7,673,634	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	20,683	0	7,673,634	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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	-21,731,919			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	-5,708,575			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	0	0DIETARY	10.00	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	B	0	0PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-37,542	0DIETARY	10.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.00
	(3)						
33.01	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.01
	(3)						
33.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.02
	(3)						
33.03	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.03
	(3)						
33.04	CONTRIBUTIONS	A	-99	NURSING ADMINISTRATION	13.00	0	33.04
33.05	CONTRIBUTIONS	A	-300	EMERGENCY	91.00	0	33.05
33.06	CONTRIBUTIONS	A	-349	SUBPROVIDER - IRF	41.00	0	33.06
34.00	OFFSET PROVIDER TAX	A	-12,756,945	A&G	5.04	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	35.00
	(3)						
36.00	BOND AMORTIZATION	A	135,067	A&G	5.04	0	36.00
37.00	SISTER BENEFITS	A	29,533	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
37.01	NONALLOWABLE EXPENSE	A	-10,040	PHARMACY	15.00	0	37.01
37.02	NONALLOWABLE EXPENSE	A	-70	ADULTS & PEDIATRICS	30.00	0	37.02
37.03	NONALLOWABLE EXPENSE	A	-1,032	NEONATAL INTENSIVE CARE UNIT	31.11	0	37.03
37.04	NONALLOWABLE EXPENSE	A	-15	DELIVERY ROOM & LABOR ROOM	52.00	0	37.04
37.05	NONALLOWABLE EXPENSE	A	-15,356	RADIOLOGY-THERAPEUTIC	55.00	0	37.05
37.06	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.06
	(3)						
37.07	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.07
	(3)						
37.08	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.08
	(3)						
37.09	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.09
	(3)						
37.10	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.10
	(3)						
37.11	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.11
	(3)						
37.12	MISC INCOME OFFSET	B	-268	A&G	5.04	0	37.12
37.13	MISC INCOME OFFSET	B	-14,300	OPERATION OF PLANT	7.00	0	37.13
37.14	MISC INCOME OFFSET	B	-6,545	HOUSEKEEPING	9.00	0	37.14
37.15	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.15
	(3)						
37.16	MISC INCOME OFFSET	B	-2,056,908	PHARMACY	15.00	0	37.16
37.17	MISC INCOME OFFSET	B	-11,584	OPERATING ROOM	50.00	0	37.17
38.00	MISC INCOME OFFSET	B	-3,950	DELIVERY ROOM & LABOR ROOM	52.00	0	38.00
39.00	MISC INCOME OFFSET	B	-3,219	COMPUTED TOMOGRAPHY (CT)	57.00	0	39.00
				SCAN			
40.00	MISC INCOME OFFSET	B	-14,909	CARDIAC CATHETERIZATION	59.00	0	40.00
40.06	MISC INCOME OFFSET	B	-1,906,892	LABORATORY	60.00	0	40.06
40.07	MISC INCOME OFFSET	B	-5,719	CARDIAC REHABILITATION	76.97	0	40.07
40.08	MISC INCOME OFFSET	B	-16,380	CLINIC	90.00	0	40.08
40.09	MISC INCOME OFFSET	B	-4	EMERGENCY	91.00	0	40.09
40.10	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	40.10
	(3)						
41.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	41.00
	(3)						
42.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	42.00
	(3)						
42.01	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	42.01
	(3)						
42.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	42.02
	(3)						
42.03	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	42.03
	(3)						
44.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	44.00
	(3)						
44.01	PART TIME TUITION	A	-16,685	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.01
44.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	44.02
	(3)						
44.03	AHA DEPR	A	2,304,113	CAP REL COSTS-BLDG & FIXT	1.00	9	44.03
44.06	AHA DEPR	A	19,279	A&G	5.04	0	44.06
44.07	AHA DEPR	A	9,473	NURSING ADMINISTRATION	13.00	0	44.07
44.08	AHA DEPR	A	-34,504	PHARMACY	15.00	0	44.08
44.09	AHA DEPR	A	4,598	ADULTS & PEDIATRICS	30.00	0	44.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		2.00	3.00	4.00	5.00		
44.10	AHA DEPR	A	31,894	INTENSIVE CARE UNIT	31.00	0	44.10
44.11	AHA DEPR	A	-1,398	CORONARY CARE UNIT	32.00	0	44.11
44.12	AHA DEPR	A	-258	NURSERY	43.00	0	44.12
44.13	AHA DEPR	A	-270,453	OPERATING ROOM	50.00	0	44.13
44.14	AHA DEPR	A	13,732	RECOVERY ROOM	51.00	0	44.14
44.15	AHA DEPR	A	4,648	DELIVERY ROOM & LABOR ROOM	52.00	0	44.15
44.16	AHA DEPR	A	2,807	ANESTHESIOLOGY	53.00	0	44.16
44.17	AHA DEPR	A	72,502	RADIOLOGY-DIAGNOSTIC	54.00	0	44.17
44.18	AHA DEPR	A	899	ULTRA SOUND	54.02	0	44.18
44.19	AHA DEPR	A	148,561	RADIOLOGY-THERAPEUTIC	55.00	0	44.19
44.20	AHA DEPR	A	79,701	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	44.20
44.21	AHA DEPR	A	122,647	CARDIAC CATHETERIZATION	59.00	0	44.21
44.22	AHA DEPR	A	11,368	LABORATORY	60.00	0	44.22
44.23	AHA DEPR	A	28,494	INTRAVENOUS THERAPY	64.00	0	44.23
44.24	AHA DEPR	A	638	RESPIRATORY THERAPY	65.00	0	44.24
44.25	AHA DEPR	A	-36	PULMONARY FUNCTION TESTING	65.01	0	44.25
44.26	AHA DEPR	A	-39	SPEECH PATHOLOGY	68.00	0	44.26
44.27	AHA DEPR	A	56,237	CARDIOLOGY	69.01	0	44.27
44.28	AHA DEPR	A	1,055	RENAL DIALYSIS	74.00	0	44.28
44.29	AHA DEPR	A	4,706	GASTRO INTESTINAL SERVICES	76.00	0	44.29
44.30	AHA DEPR	A	5,300	CARDIAC REHABILITATION	76.97	0	44.30
44.31	AHA DEPR	A	2,894	CLINIC	90.00	0	44.31
44.32	AHA DEPR	A	42,526	EMERGENCY	91.00	0	44.32
44.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.33
44.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.34
44.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.35
44.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.36
44.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.37
44.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.38
44.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.39
44.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.40
44.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.42
44.44	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,493,621				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2022 2:15 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.04	A&G	TRHS	48,955,872	82,967,340	1.00
2.00	5.01	PURCHASING RECEIVING AND STO	TRHS	1,770,373	0	2.00
3.00	5.02	ADMITTING	TRHS	2,678,801	0	3.00
3.01	5.03	CASHIERING/ACCOUNTS RECEIVAB	TRHS	4,933,499	0	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRHS	2,370,066	0	3.02
3.03	7.00	OPERATION OF PLANT	TRHS	8,753,283	0	3.03
3.04	9.00	HOUSEKEEPING	TRHS	304,740	0	3.04
3.05	13.00	NURSING ADMINISTRATION	TRHS	2,177,904	0	3.05
3.06	14.00	CENTRAL SERVICES & SUPPLY	TRHS	86,664	0	3.06
3.07	16.00	MEDICAL RECORDS & LIBRARY	TRHS	1,400,947	0	3.07
3.08	17.00	SOCIAL SERVICE	TRHS	3,134,042	0	3.08
4.00	50.00	OPERATING ROOM	TRHS	692,574	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			77,258,765	82,967,340	5.00

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

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

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

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

6.00	B	UNITYPOINT HEAL	100.00		0.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYST	100.00	TRINITY REGIONAL HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2022 2:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-34,011,468	0		1.00
2.00	1,770,373	0		2.00
3.00	2,678,801	0		3.00
3.01	4,933,499	0		3.01
3.02	2,370,066	0		3.02
3.03	8,753,283	0		3.03
3.04	304,740	0		3.04
3.05	2,177,904	0		3.05
3.06	86,664	0		3.06
3.07	1,400,947	0		3.07
3.08	3,134,042	0		3.08
4.00	692,574	0		4.00
5.00	-5,708,575			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00			6.00
7.00	HEALTH SYSTEM		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2022 2:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	496,284	496,284	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	2,246,245	2,246,245	0	0	0	2.00
3.00	31.01	NEONATAL INTENSIVE CARE UNIT	915,238	915,238	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	475,400	475,400	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	206,000	206,000	0	0	0	5.00
6.00	50.00	OPERATING ROOM	62,003	62,003	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	557,488	557,488	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	1,435,230	1,435,230	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	1,396,634	1,396,634	0	0	0	9.00
10.00	64.00	INTRAVENOUS THERAPY	65,064	65,064	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	1,178	1,178	0	0	0	11.00
12.00	65.01	PULMONARY FUNCTION TESTING	53,515	53,515	0	0	0	12.00
13.00	69.01	CARDIOLOGY	301,230	301,230	0	0	0	13.00
14.00	74.00	RENAL DIALYSIS	49,862	49,862	0	0	0	14.00
15.00	90.00	CLINIC	4,094,594	4,094,594	0	0	0	15.00
16.00	91.00	EMERGENCY	9,567,728	9,197,549	370,179	211,500	1,886	16.00
200.00			21,923,693	21,553,514	370,179		1,886	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	65.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	12.00
13.00	69.01	CARDIOLOGY	0	0	0	0	0	13.00
14.00	74.00	RENAL DIALYSIS	0	0	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	191,774	9,589	0	0	0	16.00
200.00			191,774	9,589	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	496,284		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,246,245		2.00
3.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	915,238		3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	475,400		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	206,000		5.00
6.00	50.00	OPERATING ROOM	0	0	0	62,003		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	557,488		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	1,435,230		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,396,634		9.00
10.00	64.00	INTRAVENOUS THERAPY	0	0	0	65,064		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	1,178		11.00
12.00	65.01	PULMONARY FUNCTION TESTING	0	0	0	53,515		12.00
13.00	69.01	CARDIOLOGY	0	0	0	301,230		13.00
14.00	74.00	RENAL DIALYSIS	0	0	0	49,862		14.00
15.00	90.00	CLINIC	0	0	0	4,094,594		15.00
16.00	91.00	EMERGENCY	0	191,774	178,405	9,375,954		16.00
200.00			0	191,774	178,405	21,731,919		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,673,634	7,673,634			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,382,914	19,875	0	2,402,789	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,770,373	0	0		5.01
5.02	00570	ADMITTING	2,678,801	110,407	0	1,770,373	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,933,499	48,422	0	0	5.03
5.04	00590	A&G	49,355,062	1,297,854	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	15,458,781	897,673	0	37,348	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,634,941	65,224	0	64,929	9.00
10.00	01000	DIETARY	2,774,002	200,517	0	54,863	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,007,802	25,592	0	32,352	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	942,411	203,820	0	0	14.00
15.00	01500	PHARMACY	3,080,884	89,504	0	97,548	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,400,947	14,801	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,134,042	22,041	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,402,486	787,495	0	275,365	30.00
31.00	03100	INTENSIVE CARE UNIT	6,846,654	118,179	0	105,767	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,447,736	37,044	0	45,451	31.01
32.00	03200	CORONARY CARE UNIT	4,919,081	72,390	0	90,729	32.00
41.00	04100	SUBPROVIDER - IRF	2,091,128	76,722	0	38,685	41.00
43.00	04300	NURSERY	701,794	41,953	0	14,140	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,553,467	463,559	0	104,227	50.00
51.00	05100	RECOVERY ROOM	3,670,022	185,826	0	71,205	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,647,980	67,720	0	32,816	52.00
53.00	05300	ANESTHESIOLOGY	256,610	8,681	0	3,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,735,492	234,367	0	47,758	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	773,580	16,783	0	3,659	54.01
54.02	03630	ULTRA SOUND	840,444	2,166	0	11,730	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,633,944	114,793	0	43,452	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,666,084	11,222	0	24,961	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	818,768	14,205	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,160,341	211,473	0	53,689	59.00
60.00	06000	LABORATORY	16,529,349	136,339	0	126,510	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	852,558	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,299,498	109,930	0	46,713	64.00
65.00	06500	RESPIRATORY THERAPY	2,165,569	31,768	0	22,708	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,705,066	24,904	0	20,656	65.01
66.00	06600	PHYSICAL THERAPY	2,419,401	36,310	0	46,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	999,611	7,286	0	20,469	67.00
68.00	06800	SPEECH PATHOLOGY	524,422	14,003	0	10,567	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	966,984	102,965	0	16,089	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	819,348	0	0	13,591	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,022,907	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,755,512	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,902,977	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	776,038	9,259	0	12,849	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,124,658	26,592	0	13,852	76.00
76.97	07697	CARDIAC REHABILITATION	758,499	46,908	0	11,247	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,792,891	179,613	0	164,319	9,690	90.00
91.00	09100	EMERGENCY	8,550,543	305,051	0	311,127	4,650	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	265,359,535	6,491,236	0	2,091,641	1,762,028	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	176,224	24,436	0	3,466	22	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,797,322	177,540	0	228,104	7,395	192.00
192.01	19201	RIVERSIDE OUTPATIENT	489,665	26,638	0	10,387	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	3,194,643	27,785	0	67,734	907	192.06
194.00	07950	NON REIMBURSABLE	0	917,126	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	65,487	8,873	0	1,457	21	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	281,082,876	7,673,634	0	2,402,789	1,770,373	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	2,789,208					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,981,921				5.03
5.04	00590	A&G	0	0	50,652,916	50,652,916		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	16,416,622	3,608,685	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,784,672	1,051,762	0	9.00
10.00	01000	DIETARY	0	0	3,029,382	665,916	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,066,722	893,943	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,155,675	254,039	0	14.00
15.00	01500	PHARMACY	0	0	3,287,918	722,747	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,415,748	311,208	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,156,083	693,767	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,789	238,974	17,868,274	3,927,786	0	30.00
31.00	03100	INTENSIVE CARE UNIT	43,206	77,174	7,194,617	1,581,514	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,958	10,642	1,547,528	340,176	0	31.01
32.00	03200	CORONARY CARE UNIT	52,509	93,791	5,232,940	1,150,300	0	32.00
41.00	04100	SUBPROVIDER - IRF	19,961	35,653	2,265,645	498,032	0	41.00
43.00	04300	NURSERY	4,629	8,269	773,111	169,944	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	260,233	464,828	14,883,941	3,271,773	0	50.00
51.00	05100	RECOVERY ROOM	38,457	68,693	4,038,269	887,688	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,479	27,649	1,791,644	393,837	0	52.00
53.00	05300	ANESTHESIOLOGY	34,293	61,255	364,827	80,196	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,983	126,790	3,218,066	707,392	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	7,666	13,692	872,129	191,711	0	54.01
54.02	03630	ULTRA SOUND	17,636	31,502	903,478	198,602	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	133,828	239,043	3,168,788	696,560	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	222,437	397,316	2,344,661	515,401	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,034	26,853	874,897	192,319	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	238,786	426,518	3,090,807	679,418	0	59.00
60.00	06000	LABORATORY	297,353	531,132	17,625,377	3,874,393	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,114	16,279	964,572	212,031	0	63.00
64.00	06400	INTRAVENOUS THERAPY	65,764	117,468	3,649,057	802,132	0	64.00
65.00	06500	RESPIRATORY THERAPY	47,484	84,816	2,352,661	517,160	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	31,411	56,106	1,840,282	404,529	0	65.01
66.00	06600	PHYSICAL THERAPY	29,345	52,416	2,584,928	568,216	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,673	29,781	1,074,488	236,193	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,790	13,915	571,319	125,587	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	53,146	94,929	1,237,539	272,035	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,032	25,064	873,782	192,074	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	112,451	200,860	6,686,793	1,469,884	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	165,042	294,797	22,246,262	4,890,151	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	325,939	582,036	25,810,952	5,673,770	0	73.00
74.00	07400	RENAL DIALYSIS	7,048	12,589	821,557	180,594	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	21,370	38,171	1,228,515	270,051	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,725	17,370	846,129	185,995	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	57,824	103,285	5,307,622	1,166,716	0	90.00
91.00	09100	EMERGENCY	202,813	362,265	9,736,449	2,140,256	0	91.00
92.00	09200	OBSERVATION BEDS			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,789,208	4,981,921	263,857,644	46,866,483	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	204,148	44,876	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,210,361	2,684,069	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	526,690	115,776	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	3,291,069	723,439	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	917,126	201,602	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	75,838	16,671	0	194.07
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,789,208	4,981,921	281,082,876	50,652,916	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2021
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	20,025,307					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	246,467	0	6,082,901			9.00
10.00	01000	DIETARY	757,709	0	233,030	4,686,037		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	96,707	0	29,742	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	770,192	0	236,869	0	0	14.00
15.00	01500	PHARMACY	338,216	0	104,017	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,930	0	17,201	0	0	16.00
17.00	01700	SOCIAL SERVICE	83,288	0	25,615	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,975,774	0	915,187	2,280,751	0	30.00
31.00	03100	INTENSIVE CARE UNIT	446,574	0	137,342	519,282	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	139,981	0	43,051	0	0	31.01
32.00	03200	CORONARY CARE UNIT	273,548	0	84,129	1,119,619	0	32.00
41.00	04100	SUBPROVIDER - IRF	289,914	0	89,162	408,137	0	41.00
43.00	04300	NURSERY	158,532	0	48,756	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,751,691	0	538,725	0	0	50.00
51.00	05100	RECOVERY ROOM	702,195	0	215,957	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,899	0	78,701	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,802	0	10,088	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	885,624	0	272,370	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	63,420	0	19,505	3,177	0	54.01
54.02	03630	ULTRA SOUND	8,183	0	2,517	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	433,779	0	133,407	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	42,407	0	13,042	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,676	0	16,508	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	799,111	0	245,763	0	0	59.00
60.00	06000	LABORATORY	515,195	0	158,446	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	415,402	0	127,755	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	120,043	0	36,919	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	94,107	0	28,942	0	0	65.01
66.00	06600	PHYSICAL THERAPY	137,207	0	42,198	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,532	0	8,467	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	52,913	0	16,273	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	389,084	0	119,661	75,042	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	34,987	0	10,760	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	100,487	0	30,904	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	177,257	0	54,515	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	678,721	0	208,738	11,290	0	90.00
91.00	09100	EMERGENCY	1,152,722	0	354,515	120,992	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,557,276	0	4,708,777	4,538,290	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	92,338	0	28,398	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	670,884	0	206,328	0	0 192.00
192.01	19201	RIVERSIDE OUTPATIENT	100,660	0	30,958	0	0 192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0 192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0 192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0 192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0 192.05
192.06	19206	ONCOLOGY CLINIC	104,995	0	32,291	0	0 192.06
194.00	07950	NON REIMBURSABLE	3,465,624	0	1,065,837	147,747	0 194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0 194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0 194.02
194.03	07953	PRECEDENCE	0	0	0	0	0 194.03
194.04	07954	CALL CENTER	0	0	0	0	0 194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0 194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0 194.06
194.07	07957	RESEARCH	33,530	0	10,312	0	0 194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	20,025,307	0	6,082,901	4,686,037	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA	0					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,087,114			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,416,775		14.00
15.00	01500	PHARMACY	0	0	0	28,116	4,481,014	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	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,940,011	42,445	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	750,551	5,118	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	189,514	981	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	859,220	6,248	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	386,234	4,920	0	41.00
43.00	04300	NURSERY	0	0	134,478	3,273	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	154,927	52,946	0	50.00
51.00	05100	RECOVERY ROOM	0	0	34,442	5,721	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	210,559	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13,662	787	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,766	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	79,853	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	5,246	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	31,859	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	52	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	6,605	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	121,886	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	129,577	13,626	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	445	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	24,052	3,010	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	864	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	940	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	23,455	875	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	4,821	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,458	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	493,298	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,450,590	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,473,577	73.00
74.00	07400	RENAL DIALYSIS	0	0	118,349	5,310	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	5,448	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,349	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	118,083	13,635	0	90.00
91.00	09100	EMERGENCY	0	0	0	6,542	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	5,087,114	2,405,033	4,473,577	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	31	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	10,405	7,437	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	1,276	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	30	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	5,087,114	2,416,775	4,481,014	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
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	1,800,087					16.00
17.00	01700	SOCIAL SERVICE	0	3,958,753				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0		0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0				23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,337	1,981,557	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,882	451,166	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,845	89,480	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	33,885	972,749	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	12,881	354,593	0	0	0	41.00
43.00	04300	NURSERY	2,987	109,208	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	167,934	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	24,817	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,989	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,130	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,807	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,947	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	11,381	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	86,362	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	143,543	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,702	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	154,094	0	0	0	0	59.00
60.00	06000	LABORATORY	191,889	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,881	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	42,439	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,643	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	20,270	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	18,937	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,759	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,027	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	34,296	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,055	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	72,567	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,505	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	210,486	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,548	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	13,791	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,276	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,315	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY	130,880	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,800,087	3,958,753	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,800,087	3,958,753	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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5/25/2022 2:15 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
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 SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)		0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH			0			23.01
23.02	02302	PARAMED PROGRAM-EMS				0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE					0	23.03
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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00					
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	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
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
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
11.01	01101	EMPLOYEE CAFETERIA				11.01
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 SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)				23.00
23.01	02301	PARAMED PROGRAM-OR TECH				23.01
23.02	02302	PARAMED PROGRAM-EMS				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,018,122	0	32,018,122	30.00
31.00	03100	INTENSIVE CARE UNIT	11,114,046	0	11,114,046	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,354,556	0	2,354,556	31.01
32.00	03200	CORONARY CARE UNIT	9,732,638	0	9,732,638	32.00
41.00	04100	SUBPROVIDER - IRF	4,309,518	0	4,309,518	41.00
43.00	04300	NURSERY	1,400,289	0	1,400,289	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,821,937	0	20,821,937	50.00
51.00	05100	RECOVERY ROOM	5,909,089	0	5,909,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,740,629	0	2,740,629	52.00
53.00	05300	ANESTHESIOLOGY	524,492	0	524,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133,025	0	5,133,025	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,234,742	0	1,234,742	54.01
54.02	03630	ULTRA SOUND	1,124,161	0	1,124,161	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,524,142	0	4,524,142	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,090,913	0	3,090,913	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,147,154	0	1,147,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,969,193	0	4,969,193	59.00
60.00	06000	LABORATORY	22,371,905	0	22,371,905	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,304,370	0	1,304,370	63.00
64.00	06400	INTRAVENOUS THERAPY	5,179,988	0	5,179,988	64.00
65.00	06500	RESPIRATORY THERAPY	3,057,871	0	3,057,871	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,415,192	0	2,415,192	65.01
66.00	06600	PHYSICAL THERAPY	3,352,350	0	3,352,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,358,379	0	1,358,379	67.00
68.00	06800	SPEECH PATHOLOGY	795,449	0	795,449	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,132,478	0	2,132,478	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,077,369	0	1,077,369	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,722,542	0	8,722,542	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,693,508	0	28,693,508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,168,785	0	36,168,785	73.00
74.00	07400	RENAL DIALYSIS	1,176,105	0	1,176,105	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,649,196	0	1,649,196	76.00
76.97	07697	CARDIAC REHABILITATION	1,273,521	0	1,273,521	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,542,120	0	7,542,120	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	13,642,356	0	13,642,356	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	254,062,130	0	254,062,130	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	369,791	0	369,791	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,789,484	0	15,789,484	192.00
192.01	19201	RIVERSIDE OUTPATIENT	774,084	0	774,084	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	4,153,070	0	4,153,070	192.06
194.00	07950	NON REIMBURSABLE	5,797,936	0	5,797,936	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	136,381	0	136,381	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	281,082,876	0	281,082,876	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,875	0	19,875	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.01
5.02	00570	ADMITTING	0	110,407	0	110,407	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	48,422	0	48,422	5.03
5.04	00590	A&G	164,038	1,297,854	0	1,461,892	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	146,956	897,673	0	1,044,629	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,232	65,224	0	74,456	9.00
10.00	01000	DIETARY	27,884	200,517	0	228,401	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	197,696	25,592	0	223,288	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	203,820	0	203,820	14.00
15.00	01500	PHARMACY	243,735	89,504	0	333,239	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,801	0	14,801	16.00
17.00	01700	SOCIAL SERVICE	0	22,041	0	22,041	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	123,052	787,495	0	910,547	30.00
31.00	03100	INTENSIVE CARE UNIT	243,185	118,179	0	361,364	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,899	37,044	0	41,943	31.01
32.00	03200	CORONARY CARE UNIT	27,050	72,390	0	99,440	32.00
41.00	04100	SUBPROVIDER - IRF	8,585	76,722	0	85,307	41.00
43.00	04300	NURSERY	13,480	41,953	0	55,433	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	788,841	463,559	0	1,252,400	50.00
51.00	05100	RECOVERY ROOM	73,477	185,826	0	259,303	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,122	67,720	0	97,842	52.00
53.00	05300	ANESTHESIOLOGY	18,324	8,681	0	27,005	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	432,227	234,367	0	666,594	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	16,783	0	16,783	54.01
54.02	03630	ULTRA SOUND	9,410	2,166	0	11,576	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	493,726	114,793	0	608,519	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	199,571	11,222	0	210,793	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,205	0	14,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	884,850	211,473	0	1,096,323	59.00
60.00	06000	LABORATORY	336,004	136,339	0	472,343	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	118,298	109,930	0	228,228	64.00
65.00	06500	RESPIRATORY THERAPY	24,098	31,768	0	55,866	65.00
65.01	03560	PULMONARY FUNCTION TESTING	17,598	24,904	0	42,502	65.01
66.00	06600	PHYSICAL THERAPY	11,221	36,310	0	47,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,591	7,286	0	10,877	67.00
68.00	06800	SPEECH PATHOLOGY	3,847	14,003	0	17,850	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	148,749	102,965	0	251,714	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	45,276	0	0	45,276	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,091	9,259	0	21,350	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	46,865	26,592	0	73,457	76.00
76.97	07697	CARDIAC REHABILITATION	32,179	46,908	0	79,087	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	70,960	179,613	0	250,573	1,357	90.00
91.00	09100 EMERGENCY	221,964	305,051	0	527,015	2,601	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,233,081	6,491,236	0	11,724,317	17,305	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,633	24,436	0	26,069	29	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	25,241	177,540	0	202,781	1,884	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	26,638	0	26,638	86	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206 ONCOLOGY CLINIC	725	27,785	0	28,510	559	192.06
194.00	07950 NON REIMBURSABLE	0	917,126	0	917,126	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	8,873	0	8,873	12	194.07
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)	5,260,680	7,673,634	0	12,934,314	19,875	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0					5.01
5.02	00570	ADMITTING	0	110,407				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	48,422			5.03
5.04	00590	A&G	0	0	0	1,461,892		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	104,147		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	30,354	0	9.00
10.00	01000	DIETARY	0	0	0	19,218	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	25,799	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	7,332	0	14.00
15.00	01500	PHARMACY	0	0	0	20,859	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8,982	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	20,022	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,283	2,332	113,356	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,706	753	45,643	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	235	104	9,818	0	31.01
32.00	03200	CORONARY CARE UNIT	0	2,073	915	33,198	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	788	348	14,373	0	41.00
43.00	04300	NURSERY	0	183	81	4,905	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,276	4,536	94,424	0	50.00
51.00	05100	RECOVERY ROOM	0	1,519	670	25,619	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	611	270	11,366	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,354	598	2,314	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,803	1,237	20,415	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	303	134	5,533	0	54.01
54.02	03630	ULTRA SOUND	0	696	307	5,732	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,285	2,333	20,103	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,784	3,877	14,875	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	594	262	5,550	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,429	4,162	19,608	0	59.00
60.00	06000	LABORATORY	0	11,742	5,183	111,815	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	360	159	6,119	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,597	1,146	23,150	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,875	828	14,925	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,240	548	11,675	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,159	512	16,399	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	658	291	6,817	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	308	136	3,624	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	2,099	926	7,851	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	554	245	5,543	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,440	1,960	42,421	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,517	2,877	141,130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,138	5,483	163,787	0	73.00
74.00	07400	RENAL DIALYSIS	0	278	123	5,212	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	844	373	7,794	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	384	170	5,368	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,283	1,008	33,672	0	90.00
91.00	09100	EMERGENCY	0	8,009	3,535	61,768	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	110,407	48,422	1,352,615	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,295	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	77,463	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	3,341	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	20,879	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	5,818	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	481	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	110,407	48,422	1,461,892	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	1,149,084					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	14,143	0	119,489			9.00
10.00	01000	DIETARY	43,479	0	4,578	296,129		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,549	0	584	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,195	0	4,653	0	0	14.00
15.00	01500	PHARMACY	19,407	0	2,043	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,209	0	338	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,779	0	503	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,755	0	17,977	144,130	0	30.00
31.00	03100	INTENSIVE CARE UNIT	25,625	0	2,698	32,815	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,032	0	846	0	0	31.01
32.00	03200	CORONARY CARE UNIT	15,697	0	1,653	70,753	0	32.00
41.00	04100	SUBPROVIDER - IRF	16,636	0	1,751	25,792	0	41.00
43.00	04300	NURSERY	9,097	0	958	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,515	0	10,582	0	0	50.00
51.00	05100	RECOVERY ROOM	40,293	0	4,242	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,684	0	1,546	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,882	0	198	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,818	0	5,350	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,639	0	383	201	0	54.01
54.02	03630	ULTRA SOUND	470	0	49	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	24,891	0	2,621	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,433	0	256	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,080	0	324	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,854	0	4,828	0	0	59.00
60.00	06000	LABORATORY	29,563	0	3,112	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	23,836	0	2,510	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,888	0	725	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	5,400	0	569	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,873	0	829	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,580	0	166	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,036	0	320	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	22,326	0	2,351	4,742	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	2,008	0	211	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	5,766	0	607	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,171	0	1,071	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,946	0	4,100	713	0	90.00
91.00	09100	EMERGENCY	66,145	0	6,964	7,646	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	892,700	0	92,496	286,792	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,299	0	558	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	38,496	0	4,053	0	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	5,776	0	608	0	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206 ONCOLOGY CLINIC	6,025	0	634	0	0	192.06
194.00	07950 NON REIMBURSABLE	198,864	0	20,937	9,337	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	1,924	0	203	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,149,084	0	119,489	296,129	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA	0					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	255,487			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	260,000		14.00
15.00	01500	PHARMACY	0	0	0	3,025	379,379	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	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	97,430	4,566	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	37,695	551	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	9,518	106	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	43,152	672	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	19,398	529	0	41.00
43.00	04300	NURSERY	0	0	6,754	352	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,781	5,696	0	50.00
51.00	05100	RECOVERY ROOM	0	0	1,730	615	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,575	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	686	85	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	405	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	8,591	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	564	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	3,427	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	711	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,112	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6,508	1,466	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	48	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	1,208	324	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	93	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	101	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,178	94	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	519	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	264	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	53,069	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	156,059	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	378,749	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,944	571	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	586	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	360	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5,930	1,467	0	90.00
91.00	09100	EMERGENCY	0	0	0	704	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	255,487	258,738	378,749	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,119	630	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	137	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	3	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	255,487	260,000	379,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
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	27,330					16.00
17.00	01700	SOCIAL SERVICE	0	47,345				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0		0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0			23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0			23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0			23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,333	23,698				30.00
31.00	03100	INTENSIVE CARE UNIT	430	5,396				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	59	1,070				31.01
32.00	03200	CORONARY CARE UNIT	523	11,634				32.00
41.00	04100	SUBPROVIDER - IRF	199	4,241				41.00
43.00	04300	NURSERY	46	1,306				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,592	0				50.00
51.00	05100	RECOVERY ROOM	383	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154	0				52.00
53.00	05300	ANESTHESIOLOGY	342	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	707	0				54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	76	0				54.01
54.02	03630	ULTRA SOUND	176	0				54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,333	0				55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,216	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	150	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	2,379	0				59.00
60.00	06000	LABORATORY	2,962	0				60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0				62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	91	0				63.00
64.00	06400	INTRAVENOUS THERAPY	655	0				64.00
65.00	06500	RESPIRATORY THERAPY	473	0				65.00
65.01	03560	PULMONARY FUNCTION TESTING	313	0				65.01
66.00	06600	PHYSICAL THERAPY	292	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	166	0				67.00
68.00	06800	SPEECH PATHOLOGY	78	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
69.01	03140	CARDIOLOGY	529	0				69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	140	0				70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,120	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,644	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,793	0				73.00
74.00	07400	RENAL DIALYSIS	70	0				74.00
76.00	03340	GASTRO INTESTINAL SERVICES	213	0				76.00
76.97	07697	CARDIAC REHABILITATION	97	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99	07699	LITHOTRIPS	0	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	576	0				90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS	2,020	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,330	47,345	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0				192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0				192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0				192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0				192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0				192.05
192.06	19206	ONCOLOGY CLINIC	0	0				192.06
194.00	07950	NON REIMBURSABLE	0	0				194.00
194.01	07951	MEDICAL OFFICE	0	0				194.01
194.02	07952	GROUP HOMES DEPT 783	0	0				194.02
194.03	07953	PRECEDENCE	0	0				194.03
194.04	07954	CALL CENTER	0	0				194.04
194.05	07955	WORK FITNESS CENTER	0	0				194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0				194.06
194.07	07957	RESEARCH	0	0				194.07
200.00		Cross Foot Adjustments			0	0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	27,330	47,345	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
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 SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)		0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH			0			23.01
23.02	02302	PARAMED PROGRAM-EMS				0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE					0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC						54.01
54.02	03630	ULTRA SOUND						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	03140	CARDIOLOGY						69.01
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03340	GASTRO INTESTINAL SERVICES						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00					
91.00	09100	EMERGENCY		23.00	23.01	23.02	23.03	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
192.06	19206	ONCOLOGY CLINIC						192.06
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
194.07	07957	RESEARCH						194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	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
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
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
11.01	01101	EMPLOYEE CAFETERIA				11.01
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 SRVCS-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)				23.00
23.01	02301	PARAMED PROGRAM-OR TECH				23.01
23.02	02302	PARAMED PROGRAM-EMS				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,493,681	0	1,493,681	30.00
31.00	03100	INTENSIVE CARE UNIT	515,550	0	515,550	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	72,106	0	72,106	31.01
32.00	03200	CORONARY CARE UNIT	280,459	0	280,459	32.00
41.00	04100	SUBPROVIDER - IRF	169,682	0	169,682	41.00
43.00	04300	NURSERY	79,232	0	79,232	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,489,663	0	1,489,663	50.00
51.00	05100	RECOVERY ROOM	334,962	0	334,962	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,319	0	137,319	52.00
53.00	05300	ANESTHESIOLOGY	34,492	0	34,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	748,723	0	748,723	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	35,673	0	35,673	54.01
54.02	03630	ULTRA SOUND	19,103	0	19,103	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	666,008	0	666,008	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	246,867	0	246,867	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,171	0	24,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,183,026	0	1,183,026	59.00
60.00	06000	LABORATORY	638,476	0	638,476	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,841	0	19,841	63.00
64.00	06400	INTRAVENOUS THERAPY	290,482	0	290,482	64.00
65.00	06500	RESPIRATORY THERAPY	81,816	0	81,816	65.00
65.01	03560	PULMONARY FUNCTION TESTING	63,950	0	63,950	65.01
66.00	06600	PHYSICAL THERAPY	75,075	0	75,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,825	0	20,825	67.00
68.00	06800	SPEECH PATHOLOGY	26,711	0	26,711	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	293,190	0	293,190	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	52,134	0	52,134	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	103,010	0	103,010	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	308,227	0	308,227	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	563,950	0	563,950	73.00
74.00	07400	RENAL DIALYSIS	35,873	0	35,873	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	89,754	0	89,754	76.00
76.97	07697	CARDIAC REHABILITATION	96,801	0	96,801	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	340,625	0	340,625	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	686,407	0	686,407	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		11,317,864	0	11,317,864	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,253	0	33,253	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	326,426	0	326,426	192.00
192.01	19201	RIVERSIDE OUTPATIENT	36,449	0	36,449	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	56,744	0	56,744	192.06
194.00	07950	NON REIMBURSABLE	1,152,082	0	1,152,082	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	11,496	0	11,496	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,934,314	0	12,934,314	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	836,261					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,166	0	85,909,974			4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	17,425,917		5.01
5.02	00570	ADMITTING	12,032	0	0	0	992,206,009	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,277	0	0	0	0	5.03
5.04	00590	A&G	141,438	0	0	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	97,827	0	1,335,349	224,623	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,108	0	2,321,456	192,713	0	9.00
10.00	01000	DIETARY	21,852	0	1,961,576	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,789	0	1,156,722	9,605	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,212	0	0	92,956	0	14.00
15.00	01500	PHARMACY	9,754	0	3,487,717	196,682	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,613	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,402	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	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,820	0	9,845,371	296,917	47,594,959	30.00
31.00	03100	INTENSIVE CARE UNIT	12,879	0	3,781,572	35,802	15,370,255	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,037	0	1,625,064	6,862	2,119,409	31.01
32.00	03200	CORONARY CARE UNIT	7,889	0	3,243,908	43,705	18,679,739	32.00
41.00	04100	SUBPROVIDER - IRF	8,361	0	1,383,149	34,415	7,100,860	41.00
43.00	04300	NURSERY	4,572	0	505,555	22,898	1,646,831	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,518	0	3,726,529	370,370	92,576,721	50.00
51.00	05100	RECOVERY ROOM	20,251	0	2,545,868	40,020	13,681,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,380	0	1,173,287	0	5,506,721	52.00
53.00	05300	ANESTHESIOLOGY	946	0	122,580	5,508	12,199,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,541	0	1,707,524	26,341	25,251,939	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,829	0	130,811	558,589	2,726,993	54.01
54.02	03630	ULTRA SOUND	236	0	419,400	0	6,273,963	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	12,510	0	1,553,566	36,696	47,608,692	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,223	0	892,445	222,862	79,130,890	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,548	0	0	365	5,348,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,046	0	1,919,580	0	84,946,865	59.00
60.00	06000	LABORATORY	14,858	0	4,523,235	46,201	105,782,055	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	852,622	3,242,202	63.00
64.00	06400	INTRAVENOUS THERAPY	11,980	0	1,670,154	95,318	23,395,384	64.00
65.00	06500	RESPIRATORY THERAPY	3,462	0	811,910	3,113	16,892,341	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,714	0	738,535	21,057	11,174,234	65.01
66.00	06600	PHYSICAL THERAPY	3,957	0	1,674,776	6,044	10,439,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	794	0	731,854	6,574	5,931,327	67.00
68.00	06800	SPEECH PATHOLOGY	1,526	0	377,799	6,123	2,771,285	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	11,221	0	575,233	33,725	18,906,378	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	485,934	17,193	4,991,845	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	3,450,748	40,004,056	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,147,299	58,712,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	115,909,552	73.00
74.00	07400	RENAL DIALYSIS	1,009	0	459,419	37,148	2,507,252	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,898	0	495,267	38,108	7,602,288	76.00
76.97	07697	CARDIAC REHABILITATION	5,112	0	402,115	23,429	3,459,486	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	19,574	0	5,875,044	95,383	20,570,604	90.00
91.00	09100 EMERGENCY	33,244	0	11,124,910	45,766	72,149,895	91.00
92.00	09200 OBSERVATION BEDS						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	707,405	0	74,785,214	17,343,780	992,206,009	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,663	0	123,924	216	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	19,348	0	8,155,596	72,785	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	2,903	0	371,365	0	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206 ONCOLOGY CLINIC	3,028	0	2,421,768	8,927	0	192.06
194.00	07950 NON REIMBURSABLE	99,947	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	967	0	52,107	209	0	194.07
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)	7,673,634	0	2,402,789	1,770,373	2,789,208	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.176123	0.000000	0.027969	0.101594	0.002811	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			19,875	0	110,407	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000231	0.000000	0.000111	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	992,206,009					5.03
5.04	00590	A&G	0	-50,652,916	230,429,960			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	16,416,622	0	577,521	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,784,672		7,108	9.00
10.00	01000	DIETARY	0	0	3,029,382	0	21,852	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,066,722	0	2,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,155,675	0	22,212	14.00
15.00	01500	PHARMACY	0	0	3,287,918	0	9,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,415,748	0	1,613	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,156,083	0	2,402	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,594,959	0	17,868,274	0	85,820	30.00
31.00	03100	INTENSIVE CARE UNIT	15,370,255	0	7,194,617	0	12,879	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,119,409	0	1,547,528	0	4,037	31.01
32.00	03200	CORONARY CARE UNIT	18,679,739	0	5,232,940	0	7,889	32.00
41.00	04100	SUBPROVIDER - IRF	7,100,860	0	2,265,645	0	8,361	41.00
43.00	04300	NURSERY	1,646,831	0	773,111	0	4,572	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,576,721	0	14,883,941	0	50,518	50.00
51.00	05100	RECOVERY ROOM	13,681,073	0	4,038,269	0	20,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,506,721	0	1,791,644	0	7,380	52.00
53.00	05300	ANESTHESIOLOGY	12,199,683	0	364,827	0	946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,251,939	0	3,218,066	0	25,541	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,726,993	0	872,129	0	1,829	54.01
54.02	03630	ULTRA SOUND	6,273,963	0	903,478	0	236	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	47,608,692	0	3,168,788	0	12,510	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	79,130,890	0	2,344,661	0	1,223	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,348,166	0	874,897	0	1,548	58.00
59.00	05900	CARDIAC CATHETERIZATION	84,946,865	0	3,090,807	0	23,046	59.00
60.00	06000	LABORATORY	105,782,055	0	17,625,377	0	14,858	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,242,202	0	964,572	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	23,395,384	0	3,649,057	0	11,980	64.00
65.00	06500	RESPIRATORY THERAPY	16,892,341	0	2,352,661	0	3,462	65.00
65.01	03560	PULMONARY FUNCTION TESTING	11,174,234	0	1,840,282	0	2,714	65.01
66.00	06600	PHYSICAL THERAPY	10,439,317	0	2,584,928	0	3,957	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,931,327	0	1,074,488	0	794	67.00
68.00	06800	SPEECH PATHOLOGY	2,771,285	0	571,319	0	1,526	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	18,906,378	0	1,237,539	0	11,221	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,991,845	0	873,782	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	40,004,056	0	6,686,793	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,712,749	0	22,246,262	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,909,552	0	25,810,952	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,507,252	0	821,557	0	1,009	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	7,602,288	0	1,228,515	0	2,898	76.00
76.97	07697	CARDIAC REHABILITATION	3,459,486	0	846,129	0	5,112	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,570,604	0	5,307,622	0	19,574	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
91.00	09100	EMERGENCY	72,149,895	0	9,736,449	0	33,244	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	992,206,009	-50,652,916	213,204,728	0	448,665	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	204,148	0	2,663	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,210,361	0	19,348	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	526,690	0	2,903	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	3,291,069	0	3,028	192.06
194.00	07950	NON REIMBURSABLE	0	0	917,126	0	99,947	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	75,838	0	967	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,981,921		50,652,916	0	20,025,307	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005021		0.219819	0.000000	34.674595	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	48,422		1,461,892	0	1,149,084	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000049		0.006344	0.000000	1.989683	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	0	570,413				9.00
10.00	01000	DIETARY	0	21,852	178,469			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,789	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,212	0	0	0	14.00
15.00	01500	PHARMACY	0	9,754	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,613	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,402	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	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	85,820	86,863	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,879	19,777	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,037	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	7,889	42,641	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	8,361	15,544	0	0	41.00
43.00	04300	NURSERY	0	4,572	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,518	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	20,251	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,380	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	946	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,541	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,829	121	0	0	54.01
54.02	03630	ULTRA SOUND	0	236	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,510	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,223	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,548	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,046	0	0	0	59.00
60.00	06000	LABORATORY	0	14,858	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	11,980	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,462	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,714	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	3,957	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	794	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,526	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	11,221	2,858	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	1,009	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	2,898	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,112	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	19,574	430	0	0	90.00
91.00	09100	EMERGENCY	0	33,244	4,608	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

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Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	441,557	172,842	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,663	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	2,903	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	3,028	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	99,947	5,627	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	967	0	0	0	194.07
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)	0	6,082,901	4,686,037	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	10.664029	26.256868	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	119,489	296,129	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.209478	1.659274	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	631,132				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	16,906,020			14.00
15.00	01500	PHARMACY	0	0	196,682	24,944,378		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	992,206,009	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	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	240,687	296,917	0	47,594,959	30.00
31.00	03100	INTENSIVE CARE UNIT	0	93,117	35,802	0	15,370,255	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	23,512	6,862	0	2,119,409	31.01
32.00	03200	CORONARY CARE UNIT	0	106,599	43,705	0	18,679,739	32.00
41.00	04100	SUBPROVIDER - IRF	0	47,918	34,415	0	7,100,860	41.00
43.00	04300	NURSERY	0	16,684	22,898	0	1,646,831	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,221	370,370	0	92,576,721	50.00
51.00	05100	RECOVERY ROOM	0	4,273	40,020	0	13,681,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,123	0	0	5,506,721	52.00
53.00	05300	ANESTHESIOLOGY	0	1,695	5,508	0	12,199,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	26,341	0	25,251,939	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	558,589	0	2,726,993	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	6,273,963	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	36,696	0	47,608,692	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	222,862	0	79,130,890	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	365	0	5,348,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	84,946,865	59.00
60.00	06000	LABORATORY	0	0	46,201	0	105,782,055	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	852,622	0	3,242,202	63.00
64.00	06400	INTRAVENOUS THERAPY	0	16,076	95,318	0	23,395,384	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,113	0	16,892,341	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,984	21,057	0	11,174,234	65.01
66.00	06600	PHYSICAL THERAPY	0	0	6,044	0	10,439,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,574	0	5,931,327	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,910	6,123	0	2,771,285	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	33,725	0	18,906,378	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	17,193	0	4,991,845	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	3,450,748	0	40,004,056	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	10,147,299	0	58,712,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,902,978	115,909,552	73.00
74.00	07400	RENAL DIALYSIS	0	14,683	37,148	0	2,507,252	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	38,108	0	7,602,288	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	23,429	0	3,459,486	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,650	95,383	0	20,570,604	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	0	45,766	0	72,149,895	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	631,132	16,823,883	24,902,978	992,206,009	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	216	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	72,785	41,400	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	8,927	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	209	0	0	194.07
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)	0	5,087,114	2,416,775	4,481,014	1,800,087	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	8.060301	0.142954	0.179640	0.001814	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	255,487	260,000	379,379	27,330	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.404808	0.015379	0.015209	0.000028	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			INTERNS & RESIDENTS			
			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	SRVCES-SALARY & FRINGES (ASSIGNED TIME)
			17.00	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
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
11.01	01101	EMPLOYEE CAFETERIA				11.01
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	53,577			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING PROGRAM	0		0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0			22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0			23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0			23.01
23.02	02302	PARAMED PROGRAM-EMS	0			23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,818	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,106	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,211	0	0	31.01
32.00	03200	CORONARY CARE UNIT	13,165	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	4,799	0	0	41.00
43.00	04300	NURSERY	1,478	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	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	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN	NURSING	SRVCES-SALARY	SRVCES-OTHER	
			(PATIENT DAYS)	ANESTHETISTS	PROGRAM	& FRINGES	PRGM COSTS	
			(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	
			TIME)	TIME)	TIME)	TIME)	TIME)	
			17.00	19.00	20.00	21.00	22.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,577	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
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)	3,958,753	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	73.889038	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	47,345	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.883681	0.000000	0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			PARAMED ED PRGM-(RADIOLOG Y) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)	
			23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
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
11.01	01101	EMPLOYEE CAFETERIA					11.01
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 SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH		0			23.01
23.02	02302	PARAMED PROGRAM-EMS			0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
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
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.00
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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			PARAMED ED PRGM-(RADIOLOG Y) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0		192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
194.07	07957	RESEARCH	0	0	0	0		194.07
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)	0	0	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,018,122	32,018,122	0	32,018,122 30.00
31.00	03100	INTENSIVE CARE UNIT	11,114,046	11,114,046	0	11,114,046 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,354,556	2,354,556	0	2,354,556 31.01
32.00	03200	CORONARY CARE UNIT	9,732,638	9,732,638	0	9,732,638 32.00
41.00	04100	SUBPROVIDER - IRF	4,309,518	4,309,518	0	4,309,518 41.00
43.00	04300	NURSERY	1,400,289	1,400,289	0	1,400,289 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,821,937	20,821,937	0	20,821,937 50.00
51.00	05100	RECOVERY ROOM	5,909,089	5,909,089	0	5,909,089 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,740,629	2,740,629	0	2,740,629 52.00
53.00	05300	ANESTHESIOLOGY	524,492	524,492	0	524,492 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133,025	5,133,025	0	5,133,025 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,234,742	1,234,742	0	1,234,742 54.01
54.02	03630	ULTRA SOUND	1,124,161	1,124,161	0	1,124,161 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,524,142	4,524,142	0	4,524,142 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,090,913	3,090,913	0	3,090,913 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,147,154	1,147,154	0	1,147,154 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,969,193	4,969,193	0	4,969,193 59.00
60.00	06000	LABORATORY	22,371,905	22,371,905	0	22,371,905 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,304,370	1,304,370	0	1,304,370 63.00
64.00	06400	INTRAVENOUS THERAPY	5,179,988	5,179,988	0	5,179,988 64.00
65.00	06500	RESPIRATORY THERAPY	3,057,871	3,057,871	0	3,057,871 65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,415,192	2,415,192	0	2,415,192 65.01
66.00	06600	PHYSICAL THERAPY	3,352,350	3,352,350	0	3,352,350 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,358,379	1,358,379	0	1,358,379 67.00
68.00	06800	SPEECH PATHOLOGY	795,449	795,449	0	795,449 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	2,132,478	2,132,478	0	2,132,478 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,077,369	1,077,369	0	1,077,369 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,722,542	8,722,542	0	8,722,542 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,693,508	28,693,508	0	28,693,508 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,168,785	36,168,785	0	36,168,785 73.00
74.00	07400	RENAL DIALYSIS	1,176,105	1,176,105	0	1,176,105 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,649,196	1,649,196	0	1,649,196 76.00
76.97	07697	CARDIAC REHABILITATION	1,273,521	1,273,521	0	1,273,521 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,542,120	7,542,120	0	7,542,120 90.00
91.00	09100	EMERGENCY	13,642,356	13,642,356	178,405	13,820,761 91.00
92.00	09200	OBSERVATION BEDS	5,110,963	5,110,963	0	5,110,963 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0 95.00
200.00		Subtotal (see instructions)	259,173,093	259,173,093	178,405	259,351,498 200.00
201.00		Less Observation Beds	5,110,963	5,110,963	0	5,110,963 201.00
202.00		Total (see instructions)	254,062,130	254,062,130	178,405	254,240,535 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,570,989		42,570,989		30.00
31.00	03100	INTENSIVE CARE UNIT	15,370,255		15,370,255		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,119,409		2,119,409		31.01
32.00	03200	CORONARY CARE UNIT	18,679,739		18,679,739		32.00
41.00	04100	SUBPROVIDER - IRF	7,100,860		7,100,860		41.00
43.00	04300	NURSERY	1,646,831		1,646,831		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,730,389	58,846,332	92,576,721	0.224915	50.00
51.00	05100	RECOVERY ROOM	2,671,553	11,009,520	13,681,073	0.431917	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,449,580	1,057,141	5,506,721	0.497688	52.00
53.00	05300	ANESTHESIOLOGY	3,907,178	8,292,505	12,199,683	0.042992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,970,719	19,281,220	25,251,939	0.203273	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	431,902	2,295,091	2,726,993	0.452785	54.01
54.02	03630	ULTRA SOUND	908,221	5,365,742	6,273,963	0.179179	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	109,326	47,499,366	47,608,692	0.095028	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	20,480,645	58,650,245	79,130,890	0.039061	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,443,477	1,904,689	5,348,166	0.214495	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,613,752	63,333,113	84,946,865	0.058498	59.00
60.00	06000	LABORATORY	32,881,468	72,900,587	105,782,055	0.211491	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,319,604	922,598	3,242,202	0.402310	63.00
64.00	06400	INTRAVENOUS THERAPY	5,241,915	18,153,469	23,395,384	0.221411	64.00
65.00	06500	RESPIRATORY THERAPY	15,683,036	1,209,305	16,892,341	0.181021	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,648,732	2,525,502	11,174,234	0.216139	65.01
66.00	06600	PHYSICAL THERAPY	5,923,705	4,515,612	10,439,317	0.321127	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,548,242	1,383,085	5,931,327	0.229018	67.00
68.00	06800	SPEECH PATHOLOGY	1,980,826	790,459	2,771,285	0.287033	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	8,957,758	9,948,620	18,906,378	0.112791	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	986,701	4,005,144	4,991,845	0.215826	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	22,641,008	17,363,048	40,004,056	0.218041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,054,570	26,658,179	58,712,749	0.488710	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,619,380	69,290,172	115,909,552	0.312043	73.00
74.00	07400	RENAL DIALYSIS	2,507,252	0	2,507,252	0.469081	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,736,404	4,865,884	7,602,288	0.216934	76.00
76.97	07697	CARDIAC REHABILITATION	179,402	3,280,084	3,459,486	0.368124	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,720,824	17,849,780	20,570,604	0.366646	90.00
91.00	09100	EMERGENCY	13,993,691	58,156,204	72,149,895	0.189084	91.00
92.00	09200	OBSERVATION BEDS	1,122,044	3,901,926	5,023,970	1.017316	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	396,951,387	595,254,622	992,206,009		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	396,951,387	595,254,622	992,206,009		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.224915			50.00
51.00	05100	RECOVERY ROOM	0.431917			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.497688			52.00
53.00	05300	ANESTHESIOLOGY	0.042992			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203273			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.452785			54.01
54.02	03630	ULTRA SOUND	0.179179			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095028			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.039061			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.214495			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058498			59.00
60.00	06000	LABORATORY	0.211491			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402310			63.00
64.00	06400	INTRAVENOUS THERAPY	0.221411			64.00
65.00	06500	RESPIRATORY THERAPY	0.181021			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.216139			65.01
66.00	06600	PHYSICAL THERAPY	0.321127			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229018			67.00
68.00	06800	SPEECH PATHOLOGY	0.287033			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY	0.112791			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215826			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.218041			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.488710			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.312043			73.00
74.00	07400	RENAL DIALYSIS	0.469081			74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.216934			76.00
76.97	07697	CARDIAC REHABILITATION	0.368124			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.366646			90.00
91.00	09100	EMERGENCY	0.191556			91.00
92.00	09200	OBSERVATION BEDS	1.017316			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

			Title XIX	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,018,122	32,018,122	0	32,018,122 30.00
31.00	03100	INTENSIVE CARE UNIT	11,114,046	11,114,046	0	11,114,046 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,354,556	2,354,556	0	2,354,556 31.01
32.00	03200	CORONARY CARE UNIT	9,732,638	9,732,638	0	9,732,638 32.00
41.00	04100	SUBPROVIDER - IRF	4,309,518	4,309,518	0	4,309,518 41.00
43.00	04300	NURSERY	1,400,289	1,400,289	0	1,400,289 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,821,937	20,821,937	0	20,821,937 50.00
51.00	05100	RECOVERY ROOM	5,909,089	5,909,089	0	5,909,089 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,740,629	2,740,629	0	2,740,629 52.00
53.00	05300	ANESTHESIOLOGY	524,492	524,492	0	524,492 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133,025	5,133,025	0	5,133,025 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,234,742	1,234,742	0	1,234,742 54.01
54.02	03630	ULTRA SOUND	1,124,161	1,124,161	0	1,124,161 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,524,142	4,524,142	0	4,524,142 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,090,913	3,090,913	0	3,090,913 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,147,154	1,147,154	0	1,147,154 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,969,193	4,969,193	0	4,969,193 59.00
60.00	06000	LABORATORY	22,371,905	22,371,905	0	22,371,905 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,304,370	1,304,370	0	1,304,370 63.00
64.00	06400	INTRAVENOUS THERAPY	5,179,988	5,179,988	0	5,179,988 64.00
65.00	06500	RESPIRATORY THERAPY	3,057,871	3,057,871	0	3,057,871 65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,415,192	2,415,192	0	2,415,192 65.01
66.00	06600	PHYSICAL THERAPY	3,352,350	3,352,350	0	3,352,350 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,358,379	1,358,379	0	1,358,379 67.00
68.00	06800	SPEECH PATHOLOGY	795,449	795,449	0	795,449 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	2,132,478	2,132,478	0	2,132,478 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,077,369	1,077,369	0	1,077,369 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,722,542	8,722,542	0	8,722,542 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,693,508	28,693,508	0	28,693,508 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,168,785	36,168,785	0	36,168,785 73.00
74.00	07400	RENAL DIALYSIS	1,176,105	1,176,105	0	1,176,105 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,649,196	1,649,196	0	1,649,196 76.00
76.97	07697	CARDIAC REHABILITATION	1,273,521	1,273,521	0	1,273,521 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,542,120	7,542,120	0	7,542,120 90.00
91.00	09100	EMERGENCY	13,642,356	13,642,356	178,405	13,820,761 91.00
92.00	09200	OBSERVATION BEDS	5,110,963	5,110,963	0	5,110,963 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0 95.00
200.00		Subtotal (see instructions)	259,173,093	259,173,093	178,405	259,351,498 200.00
201.00		Less Observation Beds	5,110,963	5,110,963	0	5,110,963 201.00
202.00		Total (see instructions)	254,062,130	254,062,130	178,405	254,240,535 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0		0			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.01
54.02	03630	ULTRA SOUND	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
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
69.01	03140	CARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000			76.00
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,821,937	1,489,663	19,332,274	0	0	50.00
51.00	05100	RECOVERY ROOM	5,909,089	334,962	5,574,127	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,740,629	137,319	2,603,310	0	0	52.00
53.00	05300	ANESTHESIOLOGY	524,492	34,492	490,000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133,025	748,723	4,384,302	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,234,742	35,673	1,199,069	0	0	54.01
54.02	03630	ULTRA SOUND	1,124,161	19,103	1,105,058	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,524,142	666,008	3,858,134	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,090,913	246,867	2,844,046	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,147,154	24,171	1,122,983	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,969,193	1,183,026	3,786,167	0	0	59.00
60.00	06000	LABORATORY	22,371,905	638,476	21,733,429	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,304,370	19,841	1,284,529	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,179,988	290,482	4,889,506	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,057,871	81,816	2,976,055	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,415,192	63,950	2,351,242	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,352,350	75,075	3,277,275	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,358,379	20,825	1,337,554	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	795,449	26,711	768,738	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,132,478	293,190	1,839,288	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,077,369	52,134	1,025,235	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,722,542	103,010	8,619,532	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,693,508	308,227	28,385,281	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,168,785	563,950	35,604,835	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,176,105	35,873	1,140,232	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,649,196	89,754	1,559,442	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,273,521	96,801	1,176,720	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,542,120	340,625	7,201,495	0	0	90.00
91.00	09100	EMERGENCY	13,642,356	686,407	12,955,949	0	0	91.00
92.00	09200	OBSERVATION BEDS	5,110,963	238,432	4,872,531	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	198,243,924	8,945,586	189,298,338	0	0	200.00
201.00		Less Observation Beds	5,110,963	238,432	4,872,531	0	0	201.00
202.00		Total (line 200 minus line 201)	193,132,961	8,707,154	184,425,807	0	0	202.00

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

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

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	PPS
			6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,821,937	92,576,721	0.224915		50.00
51.00	05100	RECOVERY ROOM	5,909,089	13,681,073	0.431917		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,740,629	5,506,721	0.497688		52.00
53.00	05300	ANESTHESIOLOGY	524,492	12,199,683	0.042992		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133,025	25,251,939	0.203273		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,234,742	2,726,993	0.452785		54.01
54.02	03630	ULTRA SOUND	1,124,161	6,273,963	0.179179		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,524,142	47,608,692	0.095028		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,090,913	79,130,890	0.039061		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,147,154	5,348,166	0.214495		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,969,193	84,946,865	0.058498		59.00
60.00	06000	LABORATORY	22,371,905	105,782,055	0.211491		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,304,370	3,242,202	0.402310		63.00
64.00	06400	INTRAVENOUS THERAPY	5,179,988	23,395,384	0.221411		64.00
65.00	06500	RESPIRATORY THERAPY	3,057,871	16,892,341	0.181021		65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,415,192	11,174,234	0.216139		65.01
66.00	06600	PHYSICAL THERAPY	3,352,350	10,439,317	0.321127		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,358,379	5,931,327	0.229018		67.00
68.00	06800	SPEECH PATHOLOGY	795,449	2,771,285	0.287033		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000		69.00
69.01	03140	CARDIOLOGY	2,132,478	18,906,378	0.112791		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,077,369	4,991,845	0.215826		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,722,542	40,004,056	0.218041		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,693,508	58,712,749	0.488710		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,168,785	115,909,552	0.312043		73.00
74.00	07400	RENAL DIALYSIS	1,176,105	2,507,252	0.469081		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,649,196	7,602,288	0.216934		76.00
76.97	07697	CARDIAC REHABILITATION	1,273,521	3,459,486	0.368124		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,542,120	20,570,604	0.366646		90.00
91.00	09100	EMERGENCY	13,642,356	72,149,895	0.189084		91.00
92.00	09200	OBSERVATION BEDS	5,110,963	5,023,970	1.017316		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000		95.00
200.00		Subtotal (sum of lines 50 thru 199)	198,243,924	904,717,926			200.00
201.00		Less Observation Beds	5,110,963	0			201.00
202.00		Total (line 200 minus line 201)	193,132,961	904,717,926			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,493,681	0	1,493,681	31,912	46.81	30.00
31.00	INTENSIVE CARE UNIT	515,550		515,550	6,106	84.43	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	72,106		72,106	1,211	59.54	31.01
32.00	CORONARY CARE UNIT	280,459		280,459	13,165	21.30	32.00
41.00	SUBPROVIDER - IRF	169,682	0	169,682	4,799	35.36	41.00
43.00	NURSERY	79,232		79,232	1,478	53.61	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	2,610,710		2,610,710	58,671		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	8,649	404,860				30.00
31.00	INTENSIVE CARE UNIT	1,637	138,212				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	3,827	81,515				32.00
41.00	SUBPROVIDER - IRF	2,381	84,192				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	16,494	708,779				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/25/2022 2:15 pm			
				Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,489,663	92,576,721	0.016091	12,350,749	198,736	50.00	
51.00	05100	RECOVERY ROOM	334,962	13,681,073	0.024484	1,096,499	26,847	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,319	5,506,721	0.024937	13,679	341	52.00	
53.00	05300	ANESTHESIOLOGY	34,492	12,199,683	0.002827	1,393,530	3,940	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	748,723	25,251,939	0.029650	2,123,176	62,952	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	35,673	2,726,993	0.013081	183,256	2,397	54.01	
54.02	03630	ULTRA SOUND	19,103	6,273,963	0.003045	248,899	758	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	666,008	47,608,692	0.013989	57,093	799	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	246,867	79,130,890	0.003120	7,081,513	22,094	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,171	5,348,166	0.004519	1,108,609	5,010	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,183,026	84,946,865	0.013927	6,690,493	93,178	59.00	
60.00	06000	LABORATORY	638,476	105,782,055	0.006036	10,272,269	62,003	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,841	3,242,202	0.006120	798,541	4,887	63.00	
64.00	06400	INTRAVENOUS THERAPY	290,482	23,395,384	0.012416	1,779,033	22,088	64.00	
65.00	06500	RESPIRATORY THERAPY	81,816	16,892,341	0.004843	4,582,714	22,194	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	63,950	11,174,234	0.005723	2,739,441	15,678	65.01	
66.00	06600	PHYSICAL THERAPY	75,075	10,439,317	0.007192	1,404,323	10,100	66.00	
67.00	06700	OCCUPATIONAL THERAPY	20,825	5,931,327	0.003511	763,296	2,680	67.00	
68.00	06800	SPEECH PATHOLOGY	26,711	2,771,285	0.009638	267,017	2,574	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00	
69.01	03140	CARDIOLOGY	293,190	18,906,378	0.015507	3,603,738	55,883	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	52,134	4,991,845	0.010444	319,792	3,340	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	103,010	40,004,056	0.002575	7,294,450	18,783	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	308,227	58,712,749	0.005250	15,326,587	80,465	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	563,950	115,909,552	0.004865	13,691,435	66,609	73.00	
74.00	07400	RENAL DIALYSIS	35,873	2,507,252	0.014308	698,329	9,992	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	89,754	7,602,288	0.011806	1,094,597	12,923	76.00	
76.97	07697	CARDIAC REHABILITATION	96,801	3,459,486	0.027981	66,624	1,864	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	340,625	20,570,604	0.016559	882,288	14,610	90.00	
91.00	09100	EMERGENCY	686,407	72,149,895	0.009514	4,285,440	40,772	91.00	
92.00	09200	OBSERVATION BEDS	238,432	5,023,970	0.047459	225,440	10,699	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	8,945,586	904,717,926		102,442,850	875,196	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/25/2022 2:15 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	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	0	31,912	0.00	8,649	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,106	0.00	1,637	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,211	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	13,165	0.00	3,827	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	4,799	0.00	2,381	41.00	
43.00	04300	NURSERY	0	0	0	1,478	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	58,671		16,494	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0							31.01
32.00	03200	CORONARY CARE UNIT	0							32.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	92,576,721	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,681,073	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,506,721	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,199,683	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	25,251,939	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,726,993	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	6,273,963	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	47,608,692	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	79,130,890	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,348,166	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	84,946,865	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	105,782,055	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,242,202	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	23,395,384	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,892,341	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	11,174,234	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	10,439,317	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,931,327	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,771,285	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	18,906,378	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,991,845	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	40,004,056	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	58,712,749	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	115,909,552	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,507,252	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	7,602,288	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,459,486	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	20,570,604	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	72,149,895	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	5,023,970	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	904,717,926		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	12,350,749	0	10,393,293	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,096,499	0	2,599,190	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	13,679	0	4,741	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,393,530	0	1,835,092	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,123,176	0	2,652,985	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	183,256	0	450,354	0	54.01
54.02	03630	ULTRA SOUND	0.000000	248,899	0	603,875	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	57,093	0	14,983,185	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	7,081,513	0	10,402,516	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,108,609	0	280,671	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,690,493	0	21,807,081	0	59.00
60.00	06000	LABORATORY	0.000000	10,272,269	0	5,082,094	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	798,541	0	269,324	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,779,033	0	2,852,337	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,582,714	0	121,582	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	2,739,441	0	531,713	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	1,404,323	0	21,452	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	763,296	0	5,613	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	267,017	0	2,461	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	3,603,738	0	2,434,530	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	319,792	0	927,391	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	7,294,450	0	5,229,289	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	15,326,587	0	6,406,467	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	13,691,435	0	25,745,873	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	698,329	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	1,094,597	0	1,234,080	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	66,624	0	1,076,089	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	882,288	0	4,889,495	0	90.00
91.00	09100	EMERGENCY	0.000000	4,285,440	0	6,835,241	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	225,440	0	267,214	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		102,442,850	0	129,945,228	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/25/2022 2:15 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.224915	10,393,293	0	0	2,337,607	50.00
51.00	05100	RECOVERY ROOM	0.431917	2,599,190	0	0	1,122,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.497688	4,741	0	0	2,360	52.00
53.00	05300	ANESTHESIOLOGY	0.042992	1,835,092	0	0	78,894	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203273	2,652,985	0	0	539,280	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.452785	450,354	0	0	203,914	54.01
54.02	03630	ULTRA SOUND	0.179179	603,875	0	0	108,202	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095028	14,983,185	0	0	1,423,822	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.039061	10,402,516	0	0	406,333	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.214495	280,671	0	0	60,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058498	21,807,081	0	0	1,275,671	59.00
60.00	06000	LABORATORY	0.211491	5,082,094	0	0	1,074,817	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402310	269,324	0	0	108,352	63.00
64.00	06400	INTRAVENOUS THERAPY	0.221411	2,852,337	0	0	631,539	64.00
65.00	06500	RESPIRATORY THERAPY	0.181021	121,582	0	0	22,009	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.216139	531,713	0	0	114,924	65.01
66.00	06600	PHYSICAL THERAPY	0.321127	21,452	0	0	6,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229018	5,613	0	0	1,285	67.00
68.00	06800	SPEECH PATHOLOGY	0.287033	2,461	0	0	706	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.112791	2,434,530	0	0	274,593	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215826	927,391	0	0	200,155	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.218041	5,229,289	0	0	1,140,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.488710	6,406,467	31,597	0	3,130,904	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.312043	25,745,873	461	198,128	8,033,819	73.00
74.00	07400	RENAL DIALYSIS	0.469081	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.216934	1,234,080	0	0	267,714	76.00
76.97	07697	CARDIAC REHABILITATION	0.368124	1,076,089	0	0	396,134	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.366646	4,889,495	0	83	1,792,714	90.00
91.00	09100	EMERGENCY	0.189084	6,835,241	0	0	1,292,435	91.00
92.00	09200	OBSERVATION BEDS	1.017316	267,214	0	0	271,841	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		129,945,228	32,058	198,211	26,319,949	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		129,945,228	32,058	198,211	26,319,949	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/25/2022 2:15 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02	03630	ULTRA SOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
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
69.01	03140	CARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,442	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	144	61,824		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0		76.00
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	30		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	15,586	61,854		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	15,586	61,854		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/25/2022 2:15 pm	
				Component CCN: 14-T280					
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,489,663	92,576,721	0.016091	2,347	38	50.00	
51.00	05100	RECOVERY ROOM	334,962	13,681,073	0.024484	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,319	5,506,721	0.024937	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	34,492	12,199,683	0.002827	2,755	8	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	748,723	25,251,939	0.029650	69,676	2,066	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	35,673	2,726,993	0.013081	1,640	21	54.01	
54.02	03630	ULTRA SOUND	19,103	6,273,963	0.003045	9,919	30	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	666,008	47,608,692	0.013989	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	246,867	79,130,890	0.003120	114,158	356	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,171	5,348,166	0.004519	26,960	122	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,183,026	84,946,865	0.013927	18,067	252	59.00	
60.00	06000	LABORATORY	638,476	105,782,055	0.006036	365,726	2,208	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,841	3,242,202	0.006120	19,870	122	63.00	
64.00	06400	INTRAVENOUS THERAPY	290,482	23,395,384	0.012416	865	11	64.00	
65.00	06500	RESPIRATORY THERAPY	81,816	16,892,341	0.004843	124,919	605	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	63,950	11,174,234	0.005723	358,056	2,049	65.01	
66.00	06600	PHYSICAL THERAPY	75,075	10,439,317	0.007192	1,275,733	9,175	66.00	
67.00	06700	OCCUPATIONAL THERAPY	20,825	5,931,327	0.003511	1,408,028	4,944	67.00	
68.00	06800	SPEECH PATHOLOGY	26,711	2,771,285	0.009638	471,977	4,549	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00	
69.01	03140	CARDIOLOGY	293,190	18,906,378	0.015507	17,287	268	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	52,134	4,991,845	0.010444	3,364	35	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	103,010	40,004,056	0.002575	223,889	577	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	308,227	58,712,749	0.005250	17,286	91	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	563,950	115,909,552	0.004865	415,567	2,022	73.00	
74.00	07400	RENAL DIALYSIS	35,873	2,507,252	0.014308	127,112	1,819	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	89,754	7,602,288	0.011806	11,341	134	76.00	
76.97	07697	CARDIAC REHABILITATION	96,801	3,459,486	0.027981	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	340,625	20,570,604	0.016559	7,154	118	90.00	
91.00	09100	EMERGENCY	686,407	72,149,895	0.009514	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	5,023,970	0.000000	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	8,707,154	904,717,926		5,093,696	31,620	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	92,576,721	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	13,681,073	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,506,721	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	12,199,683	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	25,251,939	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	2,726,993	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	6,273,963	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	47,608,692	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	79,130,890	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	5,348,166	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	84,946,865	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	105,782,055	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	3,242,202	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	23,395,384	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	16,892,341	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	11,174,234	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	10,439,317	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	5,931,327	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,771,285	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	18,906,378	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	4,991,845	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	40,004,056	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	58,712,749	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	115,909,552	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,507,252	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	7,602,288	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,459,486	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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	20,570,604	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	72,149,895	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	5,023,970	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	904,717,926		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	2,347	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	2,755	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	69,676	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	1,640	0	0	0	54.01
54.02	03630	ULTRA SOUND		0.000000	9,919	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	114,158	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	26,960	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	18,067	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	365,726	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	19,870	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	865	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	124,919	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	358,056	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,275,733	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,408,028	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	471,977	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0.000000	17,287	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	3,364	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	223,889	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	17,286	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	415,567	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	127,112	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0.000000	11,341	0	0	0	76.00
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	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	7,154	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			5,093,696	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

			Title XIX		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,493,681	0	1,493,681	31,912	46.81	30.00	
31.00	INTENSIVE CARE UNIT	515,550		515,550	6,106	84.43	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	72,106		72,106	1,211	59.54	31.01	
32.00	CORONARY CARE UNIT	280,459		280,459	13,165	21.30	32.00	
41.00	SUBPROVIDER - IRF	169,682	0	169,682	4,799	35.36	41.00	
43.00	NURSERY	79,232		79,232	1,478	53.61	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	2,610,710		2,610,710	58,671		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	0	0					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	0	0					32.00
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	0	0					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,489,663	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	334,962	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,319	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	34,492	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	748,723	0	0.000000	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	35,673	0	0.000000	0	54.01
54.02	03630	ULTRA SOUND	19,103	0	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	666,008	0	0.000000	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	246,867	0	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,171	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,183,026	0	0.000000	0	59.00
60.00	06000	LABORATORY	638,476	0	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,841	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	290,482	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	81,816	0	0.000000	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	63,950	0	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	75,075	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,825	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,711	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	69.00
69.01	03140	CARDIOLOGY	293,190	0	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	52,134	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	103,010	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	308,227	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	563,950	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	35,873	0	0.000000	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	89,754	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	96,801	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	340,625	0	0.000000	0	90.00
91.00	09100	EMERGENCY	686,407	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS	238,432	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	8,945,586	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/25/2022 2:15 pm	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	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	31,912	0.00	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	6,106	0.00	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	1,211	0.00	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	13,165	0.00	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,799	0.00	0	0	41.00	
43.00	04300	NURSERY	0	0	1,478	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	58,671		0	0	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0							31.01
32.00	03200	CORONARY CARE UNIT	0							32.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XIX		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description			Title XIX		Hospital	PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000
54.02	03630	ULTRA SOUND	0	0	0	0	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00	06000	LABORATORY	0	0	0	0	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000
69.01	03140	CARDIOLOGY	0	0	0	0	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	0	0	0	0.000000
92.00	09200	OBSERVATION BEDS	0	0	0	0	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	0	0	0	0.000000

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XIX		Hospital	PPS		
			Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
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
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.00
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	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:

Worksheet D

Component CCN: 14-T280

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/25/2022 2:15 pm

Title XIX

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,489,663	0	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	334,962	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	137,319	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	34,492	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	748,723	0	0.000000	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	35,673	0	0.000000	0	0	54.01
54.02	03630 ULTRA SOUND	19,103	0	0.000000	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	666,008	0	0.000000	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	246,867	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	24,171	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,183,026	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	638,476	0	0.000000	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	19,841	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	290,482	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	81,816	0	0.000000	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	63,950	0	0.000000	0	0	65.01
66.00	06600 PHYSICAL THERAPY	75,075	0	0.000000	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,825	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	26,711	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	293,190	0	0.000000	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	52,134	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	103,010	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	308,227	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	563,950	0	0.000000	0	0	73.00
74.00	07400 RENAL DIALYSIS	35,873	0	0.000000	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	89,754	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	96,801	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	340,625	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	686,407	0	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	8,707,154	0		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		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
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.00
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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0.000000	76.00
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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							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: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
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
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		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
76.00	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.00
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	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 2:15 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,912	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,912	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)		26,818	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)		8,649	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,018,122	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)		32,018,122	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,018,122	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,003.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,677,801	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)		8,677,801	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,114,046	6,106	1,820.18	1,637	2,979,635	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	2,354,556	1,211	1,944.31	0	0	43.01
44.00	CORONARY CARE UNIT	9,732,638	13,165	739.28	3,827	2,829,225	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,592,120	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,078,781	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)					624,587	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					875,196	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,499,783	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,578,998	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)					5,094	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,003.33	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,110,963	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	1,493,681	32,018,122	0.046651	5,110,963	238,432
91.00	Nursing Program cost	0	32,018,122	0.000000	5,110,963	0
92.00	Allied health cost	0	32,018,122	0.000000	5,110,963	0
93.00	All other Medical Education	0	32,018,122	0.000000	5,110,963	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 2:15 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,799	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,799	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,799	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)		2,381	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,309,518	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,309,518	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,309,518	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		898.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,138,138	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)		2,138,138	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-T280		Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,336,099	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,474,237	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)					84,192	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					31,620	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					115,812	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,358,425	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: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 2:15 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	169,682	4,309,518	0.039374	0	0	90.00
91.00	Nursing Program cost	0	4,309,518	0.000000	0	0	91.00
92.00	Allied health cost	0	4,309,518	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,309,518	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 2:15 pm
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,912	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,912	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)		26,818	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,478	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,018,122	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)		32,018,122	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,018,122	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,003.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,400,289	1,478	947.42	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	11,114,046	6,106	1,820.18	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	2,354,556	1,211	1,944.31	0	0	43.01
44.00	CORONARY CARE UNIT	9,732,638	13,165	739.28	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					5,094	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,003.33	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,110,963	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XIX		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	1,493,681	32,018,122	0.046651	5,110,963	238,432		90.00	
91.00	Nursing Program cost	0	32,018,122	0.000000	5,110,963	0		91.00	
92.00	Allied health cost	0	32,018,122	0.000000	5,110,963	0		92.00	
93.00	All other Medical Education	0	32,018,122	0.000000	5,110,963	0		93.00	

Health Financial Systems		TRINITY ROCK ISLAND		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
		Component CCN: 14-T280		Date/Time Prepared: 5/25/2022 2:15 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,799	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,799	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,799	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			1,478	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			4,309,518	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,309,518	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,309,518	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			898.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			0	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 2:15 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00	
46.00	SURGICAL INTENSIVE CARE UNIT							46.00	
47.00	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)						0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						0		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)						0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		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: 14-0280 Component CCN: 14-T280		Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 2:15 pm	
		Title XIX		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	169,682	4,309,518	0.039374	0	0 90.00
91.00	Nursing Program cost	0	4,309,518	0.000000	0	0 91.00
92.00	Allied health cost	0	4,309,518	0.000000	0	0 92.00
93.00	All other Medical Education	0	4,309,518	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 2:15 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,426,951	30.00
31.00	03100	INTENSIVE CARE UNIT		4,283,668	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		6,991,978	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.224915	12,350,749	50.00
51.00	05100	RECOVERY ROOM	0.431917	1,096,499	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.497688	13,679	52.00
53.00	05300	ANESTHESIOLOGY	0.042992	1,393,530	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203273	2,123,176	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.452785	183,256	54.01
54.02	03630	ULTRA SOUND	0.179179	248,899	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095028	57,093	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.039061	7,081,513	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.214495	1,108,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058498	6,690,493	59.00
60.00	06000	LABORATORY	0.211491	10,272,269	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.402310	798,541	63.00
64.00	06400	INTRAVENOUS THERAPY	0.221411	1,779,033	64.00
65.00	06500	RESPIRATORY THERAPY	0.181021	4,582,714	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.216139	2,739,441	65.01
66.00	06600	PHYSICAL THERAPY	0.321127	1,404,323	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229018	763,296	67.00
68.00	06800	SPEECH PATHOLOGY	0.287033	267,017	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.112791	3,603,738	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215826	319,792	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.218041	7,294,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.488710	15,326,587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.312043	13,691,435	73.00
74.00	07400	RENAL DIALYSIS	0.469081	698,329	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.216934	1,094,597	76.00
76.97	07697	CARDIAC REHABILITATION	0.368124	66,624	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.366646	882,288	90.00
91.00	09100	EMERGENCY	0.191556	4,285,440	91.00
92.00	09200	OBSERVATION BEDS	1.017316	225,440	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		102,442,850	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		102,442,850	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Component CCN: 14-T280		Date/Time Prepared: 5/25/2022 2:15 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200 CORONARY CARE UNIT				32.00
41.00	04100 SUBPROVIDER - IRF		3,554,266		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.224915	2,347	528	50.00
51.00	05100 RECOVERY ROOM	0.431917	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.497688	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.042992	2,755	118	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203273	69,676	14,163	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.452785	1,640	743	54.01
54.02	03630 ULTRA SOUND	0.179179	9,919	1,777	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.095028	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.039061	114,158	4,459	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.214495	26,960	5,783	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.058498	18,067	1,057	59.00
60.00	06000 LABORATORY	0.211491	365,726	77,348	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.402310	19,870	7,994	63.00
64.00	06400 INTRAVENOUS THERAPY	0.221411	865	192	64.00
65.00	06500 RESPIRATORY THERAPY	0.181021	124,919	22,613	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.216139	358,056	77,390	65.01
66.00	06600 PHYSICAL THERAPY	0.321127	1,275,733	409,672	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.229018	1,408,028	322,464	67.00
68.00	06800 SPEECH PATHOLOGY	0.287033	471,977	135,473	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	0.112791	17,287	1,950	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.215826	3,364	726	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.218041	223,889	48,817	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.488710	17,286	8,448	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.312043	415,567	129,675	73.00
74.00	07400 RENAL DIALYSIS	0.469081	127,112	59,626	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0.216934	11,341	2,460	76.00
76.97	07697 CARDIAC REHABILITATION	0.368124	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.366646	7,154	2,623	90.00
91.00	09100 EMERGENCY	0.191556	0	0	91.00
92.00	09200 OBSERVATION BEDS	1.017316	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,093,696	1,336,099	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		5,093,696		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/25/2022 2:15 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			23,210,191	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			8,330,466	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)			172,178	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			121,086	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			240.12	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.97	31.00
32.00	Sum of lines 30 and 31			28.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.99	33.00
34.00	Disproportionate share adjustment (see instructions)			1,024,283	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/25/2022 2:15 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,777,915	1,334,408	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,329,783	336,344	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,666,127		
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		
41.00	Total ESRD Medicare discharges (see instructions)	0		
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	34,524,331		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		34,524,331	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,402,324	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		306,285	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	
59.00	Total (sum of amounts on lines 49 through 58)		37,232,940	
60.00	Primary payer payments		33,384	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,199,556	
62.00	Deductibles billed to program beneficiaries		3,380,860	
63.00	Coinsurance billed to program beneficiaries		74,942	
64.00	Allowable bad debts (see instructions)		240,483	
65.00	Adjusted reimbursable bad debts (see instructions)		156,314	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		58,944	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,900,068	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		79,900	
70.94	HRR adjustment amount (see instructions)		-353,397	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/25/2022 2:15 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,626,571	71.00	
71.01	Sequestration adjustment (see instructions)		0	71.01	
71.02	Demonstration payment adjustment amount after sequestration		445,200	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		33,121,952	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)		59,419	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		669,248	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2022 2:15 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,210,191	0	23,210,191		23,210,191
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,330,466	0		8,330,466	8,330,466
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	172,178	0	172,178		172,178
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	121,086	0		121,086	121,086
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1299	0.1299	0.1299	0.1299	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,024,283	0	753,751	270,532	1,024,283
11.01	Uncompensated care payments	36.00	1,666,127	0	1,329,783	336,344	1,666,127
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	34,524,331	0	25,465,903	9,058,428	34,524,331
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,524,331	0	25,465,903	9,058,428	34,524,331
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,402,324	0	1,779,538	622,786	2,402,324

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2022 2:15 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	306,285	0	178,339	127,946	306,285	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	27,423,780	9,809,160	37,232,940	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,397,770	0	1,777,098	620,672	2,397,770	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	4,554	0	2,440	2,114	4,554	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,402,324	0	1,779,538	622,786	2,402,324	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2022 2:15 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,210,191	23,210,191		23,210,191	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,330,466		8,330,466	8,330,466	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	172,178	172,178		172,178	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	121,086		121,086	121,086	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1299	0.1299	0.1299		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,024,283	753,751	270,532	1,024,283	11.00
11.01	Uncompensated care payments	36.00	1,666,127	1,329,783	336,344	1,666,127	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,524,331	25,465,903	9,058,428	34,524,331	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,524,331	25,465,903	9,058,428	34,524,331	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,402,324	1,779,538	622,786	2,402,324	16.00
17.00	Special add-on payments for new technologies	54.00	306,285	178,339	127,946	306,285	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			27,423,780	9,809,160	37,232,940	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2022 2:15 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,397,770	1,777,098	620,672	2,397,770	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	4,554	2,440	2,114	4,554	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,402,324	1,779,538	622,786	2,402,324	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	79,900	79,900	0	79,900	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-353,397	-240,901	-112,496	-353,397	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/25/2022 2:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		77,440	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,319,949	2.00
3.00	OPPS payments		28,172,171	3.00
4.00	Outlier payment (see instructions)		2,323	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)		77,440	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		230,269	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)		230,269	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		230,269	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		152,829	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		77,440	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)		28,174,494	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		6,319	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,907,078	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)		23,338,537	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)		23,338,537	30.00
31.00	Primary payer payments		1,645	31.00
32.00	Subtotal (line 30 minus line 31)		23,336,892	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		200,933	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		130,606	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		57,902	36.00
37.00	Subtotal (see instructions)		23,467,498	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-144	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)		23,467,642	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		343,382	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		23,390,614	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)		-266,354	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/25/2022 2:15 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		33,121,952		23,390,614	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)		33,121,952		23,390,614	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		59,419		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		266,354	6.02
7.00	Total Medicare program liability (see instructions)		33,181,371		23,124,260	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: 14-0280

Period:

Worksheet E-1

Component CCN: 14-T280

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 2:15 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,765,557		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)		3,765,557		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		37,041		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,802,598		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 FOR HIT		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/25/2022 2:15 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/25/2022 2:15 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,540,635 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0264 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			173,137 3.00
4.00	Outlier Payments			185,334 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.147945 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,899,106 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,899,106 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,899,106 19.00
20.00	Deductibles			29,604 20.00
21.00	Subtotal (line 19 minus line 20)			3,869,502 21.00
22.00	Coinsurance			20,405 22.00
23.00	Subtotal (line 21 minus line 22)			3,849,097 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,704 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,758 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,484 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,850,855 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,850,855 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			48,257 32.02
33.00	Interim payments			3,765,557 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			37,041 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			185,334 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/25/2022 2:15 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part	Managed Care	Total	
		A			
		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)	16,494	13,794		26.00
27.00	Total Inpatient Days (see instructions)	52,687	52,687		27.00
28.00	Ratio of inpatient days to total inpatient days	0.313056	0.261810		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/25/2022 2:15 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,507,252	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		43,553,018	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)		33,384	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		43,519,634	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		26,397,389	42.00
43.00	Primary payer payments (see instructions)		1,645	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,395,744	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		69,915,378	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.622462	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.377538	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 14-0280

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

Worksheet G

Date/Time Prepared:
5/25/2022 2:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,749,195	0	0	0	1.00
2.00	Temporary investments	1,481,686	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	188,164,722	0	0	0	4.00
5.00	Other receivable	2,971,702	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-134,270,387	0	0	0	6.00
7.00	Inventory	9,487,689	0	0	0	7.00
8.00	Prepaid expenses	1,978,646	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	17,762,508	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	90,325,761	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,887,534	0	0	0	12.00
13.00	Land improvements	10,719,782	0	0	0	13.00
14.00	Accumulated depreciation	-8,183,459	0	0	0	14.00
15.00	Buildings	308,078,956	0	0	0	15.00
16.00	Accumulated depreciation	-187,273,196	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	3,281,537	0	0	0	19.00
20.00	Accumulated depreciation	-1,413,980	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	124,816,985	0	0	0	23.00
24.00	Accumulated depreciation	-92,359,134	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)	164,555,025	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	44,514,871	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	248,849,815	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	293,364,686	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	548,245,472	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,688,358	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,889,744	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,395,605	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	122,338,267	0	0	0	43.00
44.00	Other current liabilities	53,755,520	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	209,067,494	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	26,876,329	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	26,876,329	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	235,943,823	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	312,301,649				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	312,301,649	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	548,245,472	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0280

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

Worksheet G-1

Date/Time Prepared:
5/25/2022 2:15 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		294,750,981		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		30,922,509				2.00
3.00	Total (sum of line 1 and line 2)		325,673,490		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RELATED PROVIDER NET INCOME	10,228,271		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		10,228,271		0		10.00
11.00	Subtotal (line 3 plus line 10)		335,901,761		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	FUND BALANCE ADJ	23,600,112		0		0	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)		23,600,112		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		312,301,649		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	RELATED PROVIDER NET INCOME		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	FUND BALANCE ADJ		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0280

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2022 2:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	39,921,835		39,921,835	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,253,388		7,253,388	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,175,223		47,175,223	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,032,549		18,032,549	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	2,391,128		2,391,128	11.01
12.00	CORONARY CARE UNIT	25,770,755		25,770,755	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	46,194,432		46,194,432	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,369,655		93,369,655	17.00
18.00	Ancillary services	306,613,501	609,356,336	915,969,837	18.00
19.00	Outpatient services	0	18,873,459	18,873,459	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	30,373,771	30,373,771	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	399,983,156	658,603,566	1,058,586,722	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		322,576,497		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		322,576,497		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0280

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

Worksheet G-3

Date/Time Prepared:
5/25/2022 2:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,058,586,722	1.00
2.00	Less contractual allowances and discounts on patients' accounts	719,938,953	2.00
3.00	Net patient revenues (line 1 minus line 2)	338,647,769	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	322,576,497	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,071,272	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	14,851,237	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	14,851,237	25.00
26.00	Total (line 5 plus line 25)	30,922,509	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)	30,922,509	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0280	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/25/2022 2:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,397,770	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		4,554	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)		132.30	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,402,324	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00