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 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet S Parts I-III Date/Time Prepared: 8/30/2023 10:52 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 8/30/2023 Time: 10:52 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 DUPONT HOSPITAL (15-0150) for the cost reporting period beginning 04/01/2022 and ending 03/31/2023 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				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				2
3	Signatory Title				3
4	Date				4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	145,858	-36,633	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	145,858	-36,633	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 8/30/2023 10:52 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2520 E. DUPONT ROAD	PO Box:			1.00
2.00	City: FORT WAYNE	State: IN	Zip Code: 46825-	County: ALLEN	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	DUPONT HOSPITAL	150150	23060	1	05/24/2001	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	04/01/2022	03/31/2023	20.00
21.00	Type of Control (see instructions)	4		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 UCPs, including supplemental UCPs, 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 a final UCP 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.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 8/30/2023 10:52 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,229	1,340	56	95	6,254	430	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 8/30/2023 10:52 am

		V	XVIII	XIX	
		1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 8/30/2023 10:52 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 8/30/2023 10:52 am

				1.00	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)				
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			N	68.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

			1.00	
	Long Term Care Hospital PPS			
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
	TEFRA Providers			
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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

		Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
		1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		0	88.00

		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 8/30/2023 10:52 am

		V	XIX	
		1.00	2.00	
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.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		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)	N		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	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) 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.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 8/30/2023 10:52 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	79,022	113,871	0	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.	Y	5.03	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
	Certified Transplant Center Information			
125.00	Does this facility operate a Medicare-certified 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 program, 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 program, 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 program, 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 program, 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 program, 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 program, 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 program, 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 a hospital-based 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	HB1848	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: CHS/COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS, INC	Contractor's Number: 10301	141.00
142.00	Street: 4000 MERIDIAN BLVD	PO Box:		142.00
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 8/30/2023 10:52 am

					1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	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	166.00

			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)		9.99	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	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part II | Date/Time Prepared: 8/30/2023 10:52 am

			Y/N	Date	
			1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE				
	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.	N			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 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 coinsurance amounts waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	08/02/2023	Y	08/02/2023	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)	N		N		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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-2 Part II | Date/Time Prepared: 8/30/2023 10:52 am

		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				N	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.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	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.				N	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				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	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.				N	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.				N	33.00
	Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				N	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.				N	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.			Y	12/31/2021	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.	KUZIWA		TSIGA		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS, INC.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-3416		KUZIWA_TSIGA@CHS.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet S-2 Part II Date/Time Prepared: 8/30/2023 10:52 am

		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 REVENUE MANAGER		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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part I Date/Time Prepared: 8/30/2023 10:52 am

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
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	88	32,120	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)		88	32,120	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
8.01	NEONATAL INTENSIVE CARE UNIT	31.01	33	12,045	0.00	0	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	43.00				0	13.00
14.00	Total (see instructions)		131	47,815	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						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)		131				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part I | Date/Time Prepared: 8/30/2023 10:52 am

	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	
	PART I - STATISTICAL DATA						
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)	1,118	215	9,462			1.00
2.00	HMO and other (see instructions)	1,662	6,335				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,118	215	9,462			7.00
8.00	INTENSIVE CARE UNIT	178	20	703			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	840	5,662			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		1,564	4,738			13.00
14.00	Total (see instructions)	1,296	2,639	20,565	0.00	566.47	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						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			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	566.47	27.00
28.00	Observation Bed Days		0	2,234			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			729			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	430	1,042			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
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part I | Date/Time Prepared: 8/30/2023 10:52 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA						
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	394	1,122	4,529	1.00
2.00	HMO and other (see instructions)			458	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	394	1,122	4,529	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						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
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part II | Date/Time Prepared: 8/30/2023 10:52 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	47,644,956	0	47,644,956	1,178,255.00	40.44	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		0	0	0	0.00	0.00	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		0	0	0	0.00	0.00	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)		423,617	862,924	1,286,541	26,921.00	47.79	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,356,820	0	2,356,820	20,526.00	114.82	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		323,640	0	323,640	1,175.75	275.26	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		4,895,918	0	4,895,918	126,003.00	38.86	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)		11,167,574	0	11,167,574			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		287,188	0	287,188			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		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			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)		1,199,956	0	1,199,956			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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part II | Date/Time Prepared: 8/30/2023 10:52 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	249,754	0	249,754	6,855.00	36.43	26.00
27.00	Administrative & General	5.00	5,604,270	-1,115,175	4,489,095	114,280.00	39.28	27.00
28.00	Administrative & General under contract (see inst.)		151,341	0	151,341	325.00	465.66	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,072,974	0	1,072,974	40,816.00	26.29	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	594,040	0	594,040	33,431.00	17.77	32.00
33.00	Housekeeping under contract (see instructions)		346,806	0	346,806	21,342.00	16.25	33.00
34.00	Dietary	10.00	1,088,819	-489,725	599,094	21,258.00	28.18	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	489,725	489,725	22,457.00	21.81	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,187,805	177,947	2,365,752	55,888.00	42.33	38.00
39.00	Central Services and Supply	14.00	553,222	0	553,222	24,396.00	22.68	39.00
40.00	Pharmacy	15.00	1,628,982	0	1,628,982	29,078.00	56.02	40.00
41.00	Medical Records & Medical Records Library	16.00	151,825	0	151,825	4,721.00	32.16	41.00
42.00	Social Service	17.00	503,410	0	503,410	12,320.00	40.86	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part III Date/Time Prepared: 8/30/2023 10:52 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		48,143,103	0	48,143,103	1,199,922.00	40.12	1.00
2.00	Excluded area salaries (see instructions)		423,617	862,924	1,286,541	26,921.00	47.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)		47,719,486	-862,924	46,856,562	1,173,001.00	39.95	3.00
4.00	Subtotal other wages & related costs (see inst.)		7,576,378	0	7,576,378	147,704.75	51.29	4.00
5.00	Subtotal wage-related costs (see inst.)		12,367,530	0	12,367,530	0.00	26.39	5.00
6.00	Total (sum of lines 3 thru 5)		67,663,394	-862,924	66,800,470	1,320,705.75	50.58	6.00
7.00	Total overhead cost (see instructions)		14,133,248	-937,228	13,196,020	387,167.00	34.08	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part IV Date/Time Prepared: 8/30/2023 10:52 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	991,813	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	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	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)	6,649,100	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	12,672	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	28,744	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)	10,663	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	298,860	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	2,733,889	17.00
18.00	Medicare Taxes - Employers Portion Only	639,377	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	89,643	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,454,761	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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-3 Part V | Date/Time Prepared: 8/30/2023 10:52 am

	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	2,356,820	11,454,761	1.00
2.00	Hospital	2,356,820	11,454,761	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			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 I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet S-10 | Date/Time Prepared: 8/30/2023 10:52 am

		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)	0.134568	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	30,648,244	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	188,416,122	6.00
7.00	Medicaid cost (line 1 times line 6)	25,354,781	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,912,471	0	6,912,471	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	930,197	0	930,197	21.00
22.00	Payments received from patients for amounts previously written off as charity care	1,990	0	1,990	22.00
23.00	Cost of charity care (line 21 minus line 22)	928,207	0	928,207	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,308,367	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	27,657	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	42,548	27.01
28.00	Non-Medicare bad debt expense (see instructions)	3,265,819	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	454,366	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,382,573	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,382,573	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,959,282	1,959,282	1,991,434	3,950,716	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,881,804	11,881,804	1,103,280	12,985,084	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	249,754	303,127	552,881	8,263,922	8,816,803	4.00
5.01	00570	ADMITTING	0	0	0	2,030,218	2,030,218	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,982,363	1,982,363	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	5,604,270	55,774,091	61,378,361	-15,664,308	45,714,053	5.03
7.00	00700	OPERATION OF PLANT	1,072,974	4,236,767	5,309,741	1,411,984	6,721,725	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	507,528	507,528	0	507,528	8.00
9.00	00900	HOUSEKEEPING	594,040	590,572	1,184,612	-8,533	1,176,079	9.00
10.00	01000	DIETARY	1,088,819	960,882	2,049,701	-1,111,507	938,194	10.00
11.00	01100	CAFETERIA	0	0	0	1,088,178	1,088,178	11.00
13.00	01300	NURSING ADMINISTRATION	2,187,805	420,607	2,608,412	171,773	2,780,185	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	553,222	9,639,975	10,193,197	-8,416,797	1,776,400	14.00
15.00	01500	PHARMACY	1,628,982	4,296,581	5,925,563	-3,836,371	2,089,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	151,825	604,886	756,711	-10,126	746,585	16.00
17.00	01700	SOCIAL SERVICE	503,410	91,591	595,001	0	595,001	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,065,102	3,966,635	14,031,737	-5,066,204	8,965,533	30.00
31.00	03100	INTENSIVE CARE UNIT	1,518,072	756,951	2,275,023	-56	2,274,967	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	4,685,252	1,477,558	6,162,810	-15,524	6,147,286	31.01
43.00	04300	NURSERY	0	140,948	140,948	3,097,626	3,238,574	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,594,677	11,510,218	16,104,895	-1,723,295	14,381,600	50.00
51.00	05100	RECOVERY ROOM	2,971,651	815,343	3,786,994	-3,786,994	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	615	2,099,585	2,100,200	1,995,446	4,095,646	52.00
53.00	05300	ANESTHESIOLOGY	0	1,860,841	1,860,841	2,805	1,863,646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,836,173	656,078	2,492,251	-176,571	2,315,680	54.00
54.01	05401	ULTRA SOUND	503,712	66,363	570,075	650	570,725	54.01
56.00	05600	RADIOISOTOPE	110,623	194,830	305,453	-19,250	286,203	56.00
57.00	05700	CT SCAN	0	66,355	66,355	-66,355	0	57.00
58.00	05800	MRI	264,928	43,743	308,671	0	308,671	58.00
60.00	06000	LABORATORY	1,956,680	1,788,957	3,745,637	-206,799	3,538,838	60.00
65.00	06500	RESPIRATORY THERAPY	1,178,241	579,637	1,757,878	-7,842	1,750,036	65.00
66.00	06600	PHYSICAL THERAPY	185,680	16,897	202,577	299,307	501,884	66.00
67.00	06700	OCCUPATIONAL THERAPY	156,514	13,311	169,825	-169,825	0	67.00
68.00	06800	SPEECH PATHOLOGY	118,748	10,733	129,481	-129,481	0	68.00
69.00	06900	ELECTROCARDIOLOGY	506,666	888,713	1,395,379	0	1,395,379	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,335,564	3,335,564	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,000,432	9,000,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,732,731	3,732,731	73.00
74.00	07400	RENAL DIALYSIS	65,271	99,795	165,066	-16,362	148,704	74.00
76.00	03950	SLEEP LAB	338,547	103,739	442,286	-421	441,865	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	810,060	179,836	989,896	-6,361	983,535	90.00
91.00	09100	EMERGENCY	1,719,026	1,942,254	3,661,280	-11,239	3,650,041	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	24,304	451,776	476,080	0	476,080	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,245,643	120,998,789	168,244,432	-942,508	167,301,924	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	399,313	48,461	447,774	-3,473	444,301	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	119	119	0	119	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	0	945,981	945,981	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	47,644,956	121,047,369	168,692,325	0	168,692,325	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A | Date/Time Prepared: 8/30/2023 10:52 am

		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	-2,011,102	1,939,614		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	319,677	13,304,761		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,816,803		4.00
5.01	00570	ADMITTING	0	2,030,218		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,982,363		5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-18,261,327	27,452,726		5.03
7.00	00700	OPERATION OF PLANT	-9,140	6,712,585		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	507,528		8.00
9.00	00900	HOUSEKEEPING	0	1,176,079		9.00
10.00	01000	DIETARY	0	938,194		10.00
11.00	01100	CAFETERIA	-344,989	743,189		11.00
13.00	01300	NURSING ADMINISTRATION	0	2,780,185		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,776,400		14.00
15.00	01500	PHARMACY	0	2,089,192		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-777	745,808		16.00
17.00	01700	SOCIAL SERVICE	0	595,001		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,918,599	7,046,934		30.00
31.00	03100	INTENSIVE CARE UNIT	-7,000	2,267,967		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-139,390	6,007,896		31.01
43.00	04300	NURSERY	0	3,238,574		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	14,381,600		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,436,450	2,659,196		52.00
53.00	05300	ANESTHESIOLOGY	-1,863,646	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,315,680		54.00
54.01	05401	ULTRA SOUND	0	570,725		54.01
56.00	05600	RADIOISOTOPE	0	286,203		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	308,671		58.00
60.00	06000	LABORATORY	0	3,538,838		60.00
65.00	06500	RESPIRATORY THERAPY	-27,371	1,722,665		65.00
66.00	06600	PHYSICAL THERAPY	0	501,884		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	1,395,379		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,335,564		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,000,432		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,732,731		73.00
74.00	07400	RENAL DIALYSIS	-9,180	139,524		74.00
76.00	03950	SLEEP LAB	0	441,865		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	983,535		90.00
91.00	09100	EMERGENCY	-1,100,050	2,549,991		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-341,100	134,980		95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,150,444	140,151,480		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	444,301		192.00
194.00	07950	MARKETING	0	0		194.00
194.01	07951	PHYSICIAN RELATIONS	0	0		194.01
194.02	07952	SENIOR CIRCLE	0	119		194.02
194.03	07953	WOMENS RESOURCE CENTER	0	945,981		194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,150,444	141,541,881		200.00

RECLASSIFICATIONS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-6 | Date/Time Prepared: 8/30/2023 10:52 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,273,365		1.00
2.00		0.00	0	0		2.00
	0		0	8,273,365		
	B - RENTAL AND LEASE EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	71,250		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,096,823		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
	0		0	1,168,073		
	C - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	271,939		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,568,049		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,457		3.00
	0		0	1,846,445		
	D - REPAIRS & MAINTENANCE					
1.00	OPERATION OF PLANT	7.00	0	842,358		1.00
2.00	ANESTHESIOLOGY	53.00	0	2,805		2.00
3.00	ULTRA SOUND	54.01	0	650		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
	0		0	845,813		
	E - CNO SALARIES					
1.00	NURSING ADMINISTRATION	13.00	252,250	0		1.00
	0		252,250	0		
	F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,335,564		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,000,432		2.00
	0		0	12,335,996		
	G - DRUGS/IV SOLUTIONS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,732,731		1.00
	0		0	3,732,731		
	H - LABOR & DELIVERY COSTS					
1.00	NURSERY	43.00	2,234,877	862,788		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,835,343	0		2.00
	0		5,070,220	862,788		
	I - MISCELLANEOUS					
1.00	ADMITTING	5.01	995,824	1,034,394		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,982,363		2.00
	0		995,824	3,016,757		

RECLASSIFICATIONS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-6 | Date/Time Prepared: 8/30/2023 10:52 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	66,355		1.00
	0		0	66,355		
	K - DIETARY					
1.00	CAFETERIA	11.00	489,725	598,453		1.00
	0		489,725	598,453		
	L - MISC DEPT RECLASS					
1.00	OPERATING ROOM	50.00	2,971,651	810,729		1.00
2.00	PHYSICAL THERAPY	66.00	275,263	24,044		2.00
4.00	WOMENS RESOURCE CENTER	194.03	862,924	83,057		4.00
6.00		0.00	0	0		6.00
	0		4,109,838	917,830		
	M - NON CAPITALIZED EQUIPMENT					
1.00	OPERATION OF PLANT	7.00	0	569,766		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
	0		0	569,766		
	N - SITTER COSTS					
1.00	ADULTS & PEDIATRICS	30.00	74,303	5,507		1.00
	TOTALS		74,303	5,507		
	O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	80,196		1.00
	TOTALS		0	80,196		
500.00	Grand Total: Increases		10,992,160	34,320,075		500.00

RECLASSIFICATIONS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-6 | Date/Time Prepared: 8/30/2023 10:52 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFIT RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	8,273,225	0		1.00
2.00	OPERATION OF PLANT	7.00	0	140	0		2.00
	0		0	8,273,365			
	B - RENTAL AND LEASE EXPENSES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,917	10		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	28,451	10		2.00
3.00	HOUSEKEEPING	9.00	0	16	0		3.00
4.00	DIETARY	10.00	0	2,535	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	307	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	247,918	0		6.00
7.00	PHARMACY	15.00	0	12,268	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,736	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	73	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	41	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	505	0		11.00
12.00	OPERATING ROOM	50.00	0	537,747	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129,603	0		13.00
14.00	LABORATORY	60.00	0	175,543	0		14.00
15.00	RENAL DIALYSIS	74.00	0	16,362	0		15.00
16.00	SLEEP LAB	76.00	0	25	0		16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26	0		17.00
	0		0	1,168,073			
	C - OTHER CAPITAL COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	1,846,445	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	0		0	1,846,445			
	D - REPAIRS & MAINTENANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,526	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	224,577	0		2.00
3.00	HOUSEKEEPING	9.00	0	8,517	0		3.00
4.00	DIETARY	10.00	0	20,255	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	360	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,918	0		6.00
7.00	PHARMACY	15.00	0	91,028	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	390	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	5,129	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	15	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	3,394	0		11.00
12.00	OPERATING ROOM	50.00	0	255,549	0		12.00
13.00	RECOVERY ROOM	51.00	0	1,504	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,265	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	113,323	0		15.00
16.00	RADIOISOTOPE	56.00	0	19,250	0		16.00
17.00	LABORATORY	60.00	0	31,256	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	7,002	0		18.00
19.00	CLINIC	90.00	0	6,361	0		19.00
20.00	EMERGENCY	91.00	0	6,747	0		20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,447	0		21.00
	0		0	845,813			
	E - CNO SALARIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	252,250	0	0		1.00
	0		252,250	0			
	F - MEDICAL SUPPLIES						
1.00	OPERATING ROOM	50.00	0	4,364,429	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,971,567	0		2.00
	0		0	12,335,996			
	G - DRUGS/IV SOLUTIONS						
1.00	PHARMACY	15.00	0	3,732,731	0		1.00
	0		0	3,732,731			
	H - LABOR & DELIVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	5,070,220	36,898	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	825,890	0		2.00
	0		5,070,220	862,788			
	I - MISCELLANEOUS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	995,824	3,016,757	0		1.00
2.00		0.00	0	0	0		2.00

RECLASSIFICATIONS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-6 | Date/Time Prepared: 8/30/2023 10:52 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		995,824	3,016,757			
	J - RADIOLOGY COSTS						
1.00	CT SCAN	57.00	0	66,355	0		1.00
	0		0	66,355			
	K - DIETARY						
1.00	DIETARY	10.00	489,725	598,453	0		1.00
	0		489,725	598,453			
	L - MISC DEPT RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	862,925	83,057	0		1.00
2.00	RECOVERY ROOM	51.00	2,971,651	810,729	0		2.00
4.00	OCCUPATIONAL THERAPY	67.00	156,514	13,311	0		4.00
6.00	SPEECH PATHOLOGY	68.00	118,748	10,733	0		6.00
	0		4,109,838	917,830			
	M - NON CAPITALIZED EQUIPMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	601	0		1.00
2.00	DIETARY	10.00	0	539	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	163,394	0		3.00
4.00	PHARMACY	15.00	0	344	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	33,694	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	11,625	0		6.00
7.00	NURSERY	43.00	0	39	0		7.00
8.00	OPERATING ROOM	50.00	0	347,950	0		8.00
9.00	RECOVERY ROOM	51.00	0	3,110	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,742	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	840	0		11.00
12.00	SLEEP LAB	76.00	0	396	0		12.00
13.00	EMERGENCY	91.00	0	4,492	0		13.00
	0		0	569,766			
	N - SITTER COSTS						
1.00	NURSING ADMINISTRATION	13.00	74,303	5,507	0		1.00
	TOTALS		74,303	5,507			
	O - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	80,196	11		1.00
	TOTALS		0	80,196			
500.00	Grand Total: Decreases		10,992,160	34,320,075			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-7 Part I Date/Time Prepared: 8/30/2023 10:52 am

		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	1,191,309	0	0	0	0	1.00
2.00	Land Improvements	383,462	0	0	0	241,520	2.00
3.00	Buildings and Fixtures	33,624,248	76,465	0	76,465	0	3.00
4.00	Building Improvements	16,989,963	5,839	0	5,839	0	4.00
5.00	Fixed Equipment	3,668,678	275,105	0	275,105	0	5.00
6.00	Movable Equipment	85,368,703	1,581,111	0	1,581,111	10,239,603	6.00
7.00	HIT designated Assets	403,056	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	141,629,419	1,938,520	0	1,938,520	10,481,123	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	141,629,419	1,938,520	0	1,938,520	10,481,123	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,191,309	0	1.00
2.00	Land Improvements	141,942	0	2.00
3.00	Buildings and Fixtures	33,700,713	0	3.00
4.00	Building Improvements	16,995,802	0	4.00
5.00	Fixed Equipment	3,943,783	0	5.00
6.00	Movable Equipment	76,710,211	0	6.00
7.00	HIT designated Assets	403,056	0	7.00
8.00	Subtotal (sum of lines 1-7)	133,086,816	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	133,086,816	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-7 Part II | Date/Time Prepared: 8/30/2023 10:52 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,959,282	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,881,804	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,841,086	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	1,959,282		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,881,804		2.00
3.00	Total (sum of lines 1-2)	0	13,841,086		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-7 Part III Date/Time Prepared: 8/30/2023 10:52 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	52,029,766	0	52,029,766	0.390946	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	81,057,050	0	81,057,050	0.609054	0	2.00
3.00	Total (sum of lines 1-2)	133,086,816	0	133,086,816	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	2,100,905	-205,925	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,161,801	1,136,503	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,262,706	930,578	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	301,144	271,939	1,568,049	-2,096,498	1,939,614	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,457	0	0	13,304,761	2.00
3.00	Total (sum of lines 1-2)	301,144	278,396	1,568,049	-2,096,498	15,244,375	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-8 | Date/Time Prepared: 8/30/2023 10:52 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-9,140	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,866,394			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	-1,001,587			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-344,989	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-777	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A	-24,361	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-8 | Date/Time Prepared: 8/30/2023 10:52 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	VENDING MACHINE INCOME	B	-485	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.00
33.01	LOBBYING	A	-2	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.01
33.02	RENTAL INCOME	B	-277,175	CAP REL COSTS-BLDG & FIXT	1.00	10	33.02
33.03	EQUITY EARNINGS OFFSET	A	-2,096,498	CAP REL COSTS-BLDG & FIXT	1.00	14	33.03
34.00	PENALTIES	A	-91	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	34.00
35.00	MISC INCOME	B	-243,430	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	35.00
36.00	MARKETING DEPARTMENT	A	-498,879	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	36.00
42.01	MINORITY INTEREST	A	-15,040,960	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	42.01
43.00	PHYSICIAN RECRUITING	A	-662,095	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	43.00
44.00	CHARITABLE CONTRIBUTIONS	A	-75,729	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	44.00
45.01	LEGAL FEES	A	-7,852	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	45.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,150,444				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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-8-1 | Date/Time Prepared: 8/30/2023 10:52 am

	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	0.00			0	0	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	Capital-Related Interest	220,948	0	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	PASI Capital Costs - Bldg &	9,216	0	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	PASI Capital Costs - Moveabl	1,925	0	4.02
4.03	5.03	OTHER ADMINISTRATIVE AND GEN	PASI Operating Costs	658,309	574,760	4.03
4.04	5.03	OTHER ADMINISTRATIVE AND GEN	Shared Service Center Alloca	2,988,695	2,084,954	4.04
4.05	1.00	CAP REL COSTS-BLDG & FIXT	New Capital - Building & Fix	132,407	0	4.05
4.06	2.00	CAP REL COSTS-MVBLE EQUIP	New Capital - Movable Equipm	278,072	0	4.06
4.07	5.03	OTHER ADMINISTRATIVE AND GEN	Non-Capital Home Office Cost	5,175,696	0	4.07
4.08	5.03	OTHER ADMINISTRATIVE AND GEN	Malpractice Costs	192,893	510,938	4.08
4.09	2.00	CAP REL COSTS-MVBLE EQUIP	CIG Leased Equipment	344,164	304,484	4.09
4.10	5.03	OTHER ADMINISTRATIVE AND GEN	Management Fees	0	4,156,874	4.10
4.11	5.03	OTHER ADMINISTRATIVE AND GEN	401K Fees	0	4,963	4.11
4.12	5.03	OTHER ADMINISTRATIVE AND GEN	Audit Fees	0	206,608	4.12
4.13	5.03	OTHER ADMINISTRATIVE AND GEN	Corporate Overhead Allocatio	0	2,429,354	4.13
4.14	5.03	OTHER ADMINISTRATIVE AND GEN	HIIM Allocation	0	550,527	4.14
4.15	5.03	OTHER ADMINISTRATIVE AND GEN	Contract Management	0	159,923	4.15
4.16	5.03	OTHER ADMINISTRATIVE AND GEN	PASI Lien Unit Collection Fe	0	20,527	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,002,325	11,003,912	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	CHS, INC.	72.03	CHS, INC.	72.03	6.00
7.00	B	HOSPITAL LAUNDR	100.00	HOSPITAL LAUNDR	100.00	7.00
8.00	B	LUTHERAN HEALTH	100.00	LUTHERAN HEALTH	100.00	8.00
9.00	B	PASI	100.00	PASI	100.00	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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-8-1 | Date/Time Prepared: 8/30/2023 10:52 am

	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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	220,948	11		4.00
4.01	9,216	9		4.01
4.02	1,925	9		4.02
4.03	83,549	0		4.03
4.04	903,741	0		4.04
4.05	132,407	9		4.05
4.06	278,072	9		4.06
4.07	5,175,696	0		4.07
4.08	-318,045	0		4.08
4.09	39,680	10		4.09
4.10	-4,156,874	0		4.10
4.11	-4,963	0		4.11
4.12	-206,608	0		4.12
4.13	-2,429,354	0		4.13
4.14	-550,527	0		4.14
4.15	-159,923	0		4.15
4.16	-20,527	0		4.16
5.00	-1,001,587			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	HOSPITAL MANAGEMENT		6.00
7.00	LAUNDRY		7.00
8.00	HOSPITAL NETWOR		8.00
9.00	DEBT COLLECTION		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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet A-8-2 | Date/Time Prepared: 8/30/2023 10:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	47,969	47,969	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,894,238	1,894,238	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	7,000	7,000	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	139,390	139,390	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,436,450	1,436,450	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,863,646	1,863,646	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	27,371	27,371	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	9,180	9,180	0	0	0	8.00
9.00	91.00	EMERGENCY	1,100,050	1,100,050	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	341,100	341,100	0	0	0	10.00
200.00			6,866,394	6,866,394	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	10.00
200.00			0	0	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	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	47,969		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,894,238		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	7,000		3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	139,390		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,436,450		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,863,646		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	27,371		7.00
8.00	74.00	RENAL DIALYSIS	0	0	0	9,180		8.00
9.00	91.00	EMERGENCY	0	0	0	1,100,050		9.00
10.00	95.00	AMBULANCE SERVICES	0	0	0	341,100		10.00
200.00			0	0	0	6,866,394		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part I | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,939,614	1,939,614				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,304,761		13,304,761			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,816,803	5,171	35,473	8,857,447		4.00
5.01	00570	ADMITTING	2,030,218	0	0	186,105	2,216,323	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,982,363	0	0	0	0	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	27,452,726	38,229	262,231	652,840	0	5.03
7.00	00700	OPERATION OF PLANT	6,712,585	559,186	3,835,733	200,523	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	507,528	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,176,079	6,267	42,987	111,017	0	9.00
10.00	01000	DIETARY	938,194	17,498	120,030	111,962	0	10.00
11.00	01100	CAFETERIA	743,189	33,758	231,562	91,522	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,780,185	0	0	442,124	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,776,400	18,998	130,315	103,389	0	14.00
15.00	01500	PHARMACY	2,089,192	10,675	73,225	304,432	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	745,808	6,698	45,943	28,374	0	16.00
17.00	01700	SOCIAL SERVICE	595,001	0	0	94,080	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,046,934	413,938	2,839,403	947,355	114,843	30.00
31.00	03100	INTENSIVE CARE UNIT	2,267,967	60,531	415,210	283,705	9,930	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	6,007,896	87,331	599,043	875,603	70,056	31.01
43.00	04300	NURSERY	3,238,574	27,455	188,329	417,665	44,782	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,381,600	434,947	2,983,513	1,414,027	738,483	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,659,196	0	0	529,998	56,826	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,315,680	61,069	418,905	343,153	140,329	54.00
54.01	05401	ULTRA SOUND	570,725	15,047	103,217	94,136	23,509	54.01
56.00	05600	RADIOISOTOPE	286,203	7,551	51,793	20,674	16,425	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	308,671	15,478	106,174	49,511	24,872	58.00
60.00	06000	LABORATORY	3,538,838	17,687	121,324	365,674	158,198	60.00
65.00	06500	RESPIRATORY THERAPY	1,722,665	0	0	220,196	25,290	65.00
66.00	06600	PHYSICAL THERAPY	501,884	5,369	36,828	86,143	10,290	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	1,395,379	0	0	94,688	49,462	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,335,564	0	0	0	166,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,000,432	0	0	0	211,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,732,731	0	0	0	213,641	73.00
74.00	07400	RENAL DIALYSIS	139,524	0	0	12,198	2,286	74.00
76.00	03950	SLEEP LAB	441,865	20,075	137,705	63,269	12,206	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	983,535	0	0	151,388	11,739	90.00
91.00	09100	EMERGENCY	2,549,991	71,583	491,022	321,260	114,678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	134,980	0	0	4,542	95	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,151,480	1,934,541	13,269,965	8,621,553	2,216,323	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,073	34,796	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	444,301	0	0	74,626	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	119	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	945,981	0	0	161,268	0	194.03
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)	141,541,881	1,939,614	13,304,761	8,857,447	2,216,323	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part I | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.02	5A.02	5.03	7.00	8.00	
		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	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,982,363					5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	28,406,026	28,406,026			5.03
7.00	00700	OPERATION OF PLANT	0	11,308,027	2,839,208	14,147,235		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	507,528	127,430	0	634,958	8.00
9.00	00900	HOUSEKEEPING	0	1,336,350	335,529	66,309	0	9.00
10.00	01000	DIETARY	0	1,187,684	298,203	185,153	0	10.00
11.00	01100	CAFETERIA	0	1,100,031	276,195	357,196	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,222,309	809,054	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,029,102	509,465	201,018	0	14.00
15.00	01500	PHARMACY	0	2,477,524	622,054	112,954	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	826,823	207,598	70,869	0	16.00
17.00	01700	SOCIAL SERVICE	0	689,081	173,014	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	102,720	11,465,193	2,878,669	4,379,924	155,397	30.00
31.00	03100	INTENSIVE CARE UNIT	8,882	3,046,225	764,843	640,483	38,003	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	62,661	7,702,590	1,933,959	924,054	17,562	31.01
43.00	04300	NURSERY	40,055	3,956,860	993,484	290,507	9,143	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	660,522	20,613,092	5,175,503	4,602,221	145,894	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,828	3,296,848	827,769	0	133,031	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,516	3,404,652	854,837	646,182	38,975	54.00
54.01	05401	ULTRA SOUND	21,028	827,662	207,809	159,218	0	54.01
56.00	05600	RADIOISOTOPE	14,692	397,338	99,763	79,894	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	22,246	526,952	132,307	163,778	14,510	58.00
60.00	06000	LABORATORY	141,499	4,343,220	1,090,491	187,148	0	60.00
65.00	06500	RESPIRATORY THERAPY	22,620	1,990,771	499,841	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,204	649,718	163,131	56,809	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	44,241	1,583,770	397,651	0	9,325	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,855	3,650,842	916,650	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	189,586	9,401,978	2,360,639	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,089	4,137,461	1,038,830	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,044	156,052	39,181	0	0	74.00
76.00	03950	SLEEP LAB	10,917	686,037	172,249	212,418	17,904	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,500	1,157,162	290,539	0	0	90.00
91.00	09100	EMERGENCY	102,573	3,651,107	916,716	757,426	55,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	85	139,702	35,076	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,982,363	139,875,717	27,987,687	14,093,561	634,958	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,869	10,010	53,674	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	518,927	130,292	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	119	30	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	1,107,249	278,007	0	0	194.03
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)	1,982,363	141,541,881	28,406,026	14,147,235	634,958	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part I | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		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	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,738,188					9.00
10.00	01000	DIETARY	22,856	1,693,896				10.00
11.00	01100	CAFETERIA	44,093	0	1,777,515			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	105,815	4,137,178		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,814	0	46,193	0	2,810,592	14.00
15.00	01500	PHARMACY	13,943	0	55,054	88	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,748	0	8,939	0	73	16.00
17.00	01700	SOCIAL SERVICE	0	0	23,313	0	344	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	540,670	1,441,815	228,800	1,581,492	63,738	30.00
31.00	03100	INTENSIVE CARE UNIT	79,063	252,081	54,463	257,447	17,439	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	114,068	0	164,847	811,688	39,930	31.01
43.00	04300	NURSERY	35,861	0	92,190	0	17,264	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	568,111	0	356,276	924,980	719,689	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	116,999	74	75,028	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,767	0	91,166	33,612	18,103	54.00
54.01	05401	ULTRA SOUND	19,654	0	21,580	0	1,187	54.01
56.00	05600	RADIOISOTOPE	9,862	0	4,135	85	18,180	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	20,217	0	12,247	0	2,983	58.00
60.00	06000	LABORATORY	23,102	0	137,989	11,864	118,547	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	52,652	0	34,225	65.00
66.00	06600	PHYSICAL THERAPY	7,013	0	19,848	0	577	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	19,178	40,834	100,912	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	396,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,114,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,402	7,600	3,296	74.00
76.00	03950	SLEEP LAB	26,221	0	20,281	0	8,004	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	33,473	148,288	14,123	90.00
91.00	09100	EMERGENCY	93,499	0	57,850	281,014	43,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	866	1,506	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,731,562	1,693,896	1,726,556	4,100,572	2,808,397	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,626	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,422	36,606	87	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	34,537	0	2,108	194.03
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)	1,738,188	1,693,896	1,777,515	4,137,178	2,810,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part I | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
		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	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,281,617					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,123,050				16.00
17.00	01700	SOCIAL SERVICE	0	0	885,752			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	58,199	437,752	23,231,649	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,032	29,376	5,184,455	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	35,502	228,440	11,972,640	0	31.01
43.00	04300	NURSERY	0	22,694	190,184	5,608,187	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	374,122	0	33,479,888	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,798	0	4,478,547	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,115	0	5,238,409	0	54.00
54.01	05401	ULTRA SOUND	0	11,914	0	1,249,024	0	54.01
56.00	05600	RADIOISOTOPE	0	8,324	0	617,581	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	12,604	0	885,598	0	58.00
60.00	06000	LABORATORY	0	80,171	0	5,992,532	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,816	0	2,590,305	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,215	0	902,311	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	25,066	0	2,176,736	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	84,338	0	5,048,545	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	107,416	0	12,984,720	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,281,617	108,267	0	8,566,175	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,158	0	209,689	0	74.00
76.00	03950	SLEEP LAB	0	6,186	0	1,149,300	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	5,949	0	1,649,534	0	90.00
91.00	09100	EMERGENCY	0	58,116	0	5,914,295	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	48	0	177,198	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,281,617	1,123,050	885,752	139,307,318	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	110,179	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	702,334	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	149	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	0	1,421,901	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,281,617	1,123,050	885,752	141,541,881	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part I | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	Total		
			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	00570	ADMITTING			5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	23,231,649		30.00
31.00	03100	INTENSIVE CARE UNIT	5,184,455		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,972,640		31.01
43.00	04300	NURSERY	5,608,187		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	33,479,888		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,547		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,238,409		54.00
54.01	05401	ULTRA SOUND	1,249,024		54.01
56.00	05600	RADIOISOTOPE	617,581		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	885,598		58.00
60.00	06000	LABORATORY	5,992,532		60.00
65.00	06500	RESPIRATORY THERAPY	2,590,305		65.00
66.00	06600	PHYSICAL THERAPY	902,311		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	2,176,736		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,048,545		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,984,720		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,566,175		73.00
74.00	07400	RENAL DIALYSIS	209,689		74.00
76.00	03950	SLEEP LAB	1,149,300		76.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1,649,534		90.00
91.00	09100	EMERGENCY	5,914,295		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	177,198		95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	139,307,318		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,179		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	702,334		192.00
194.00	07950	MARKETING	0		194.00
194.01	07951	PHYSICIAN RELATIONS	0		194.01
194.02	07952	SENIOR CIRCLE	149		194.02
194.03	07953	WOMENS RESOURCE CENTER	1,421,901		194.03
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	141,541,881		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part II | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	5,171	35,473	40,644	40,644	4.00
5.01	00570	ADMITTING	0	0	0	0	854	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	38,229	262,231	300,460	2,997	5.03
7.00	00700	OPERATION OF PLANT	0	559,186	3,835,733	4,394,919	921	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	6,267	42,987	49,254	510	9.00
10.00	01000	DIETARY	0	17,498	120,030	137,528	514	10.00
11.00	01100	CAFETERIA	0	33,758	231,562	265,320	420	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,030	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,998	130,315	149,313	475	14.00
15.00	01500	PHARMACY	0	10,675	73,225	83,900	1,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,698	45,943	52,641	130	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	432	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	413,938	2,839,403	3,253,341	4,349	30.00
31.00	03100	INTENSIVE CARE UNIT	0	60,531	415,210	475,741	1,303	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	87,331	599,043	686,374	4,020	31.01
43.00	04300	NURSERY	0	27,455	188,329	215,784	1,918	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	434,947	2,983,513	3,418,460	6,471	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	2,433	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,069	418,905	479,974	1,575	54.00
54.01	05401	ULTRA SOUND	0	15,047	103,217	118,264	432	54.01
56.00	05600	RADIOISOTOPE	0	7,551	51,793	59,344	95	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	15,478	106,174	121,652	227	58.00
60.00	06000	LABORATORY	0	17,687	121,324	139,011	1,679	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,011	65.00
66.00	06600	PHYSICAL THERAPY	0	5,369	36,828	42,197	395	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	435	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	56	74.00
76.00	03950	SLEEP LAB	0	20,075	137,705	157,780	290	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	695	90.00
91.00	09100	EMERGENCY	0	71,583	491,022	562,605	1,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	21	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,934,541	13,269,965	15,204,506	39,561	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,073	34,796	39,869	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	343	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	0	0	740	194.03
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)	0	1,939,614	13,304,761	15,244,375	40,644	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part II | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
		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	00570	ADMITTING	854					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	303,457			5.03
7.00	00700	OPERATION OF PLANT	0	0	30,328	4,426,168		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,361	0	1,361	8.00
9.00	00900	HOUSEKEEPING	0	0	3,584	20,746	0	9.00
10.00	01000	DIETARY	0	0	3,185	57,928	0	10.00
11.00	01100	CAFETERIA	0	0	2,950	111,754	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	8,642	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,442	62,891	0	14.00
15.00	01500	PHARMACY	0	0	6,645	35,339	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,218	22,172	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,848	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54	0	30,750	1,370,323	333	30.00
31.00	03100	INTENSIVE CARE UNIT	5	0	8,170	200,384	81	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	33	0	20,658	289,104	38	31.01
43.00	04300	NURSERY	21	0	10,612	90,889	20	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	160	0	55,309	1,439,871	313	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27	0	8,842	0	285	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66	0	9,131	202,168	84	54.00
54.01	05401	ULTRA SOUND	11	0	2,220	49,814	0	54.01
56.00	05600	RADIOISOTOPE	8	0	1,066	24,996	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	12	0	1,413	51,240	31	58.00
60.00	06000	LABORATORY	74	0	11,649	58,552	0	60.00
65.00	06500	RESPIRATORY THERAPY	12	0	5,339	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5	0	1,743	17,774	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	23	0	4,248	0	20	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78	0	9,792	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99	0	25,216	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	0	11,097	0	0	73.00
74.00	07400	RENAL DIALYSIS	1	0	419	0	0	74.00
76.00	03950	SLEEP LAB	6	0	1,840	66,458	38	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5	0	3,104	0	0	90.00
91.00	09100	EMERGENCY	54	0	9,792	236,972	118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	375	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	854	0	298,988	4,409,375	1,361	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	107	16,793	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,392	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	2,970	0	0	194.03
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)	854	0	303,457	4,426,168	1,361	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part II | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		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	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	74,094					9.00
10.00	01000	DIETARY	974	200,129				10.00
11.00	01100	CAFETERIA	1,880	0	382,324			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,760	33,432		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,058	0	9,936	0	229,115	14.00
15.00	01500	PHARMACY	594	0	11,841	1	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	373	0	1,923	0	6	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,014	0	28	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,047	170,346	49,212	12,779	5,196	30.00
31.00	03100	INTENSIVE CARE UNIT	3,370	29,783	11,714	2,080	1,422	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	4,862	0	35,457	6,559	3,255	31.01
43.00	04300	NURSERY	1,529	0	19,829	0	1,407	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,217	0	76,632	7,475	58,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	25,165	1	6,116	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,400	0	19,609	272	1,476	54.00
54.01	05401	ULTRA SOUND	838	0	4,642	0	97	54.01
56.00	05600	RADIOISOTOPE	420	0	889	1	1,482	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	862	0	2,634	0	243	58.00
60.00	06000	LABORATORY	985	0	29,680	96	9,664	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,325	0	2,790	65.00
66.00	06600	PHYSICAL THERAPY	299	0	4,269	0	47	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	4,125	330	8,226	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	32,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	90,863	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	517	61	269	74.00
76.00	03950	SLEEP LAB	1,118	0	4,362	0	653	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	7,200	1,198	1,151	90.00
91.00	09100	EMERGENCY	3,986	0	12,443	2,271	3,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	186	12	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,812	200,129	371,364	33,136	228,936	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	282	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,532	296	7	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	7,428	0	172	194.03
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)	74,094	200,129	382,324	33,432	229,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part II | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
		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	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	139,718					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	79,463				16.00
17.00	01700	SOCIAL SERVICE	0	0	7,322			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,130	3,619	4,927,479	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	357	243	734,653	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	2,520	1,888	1,054,768	0	31.01
43.00	04300	NURSERY	0	1,611	1,572	345,192	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	26,313	0	5,113,891	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,044	0	44,913	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,047	0	722,802	0	54.00
54.01	05401	ULTRA SOUND	0	845	0	177,163	0	54.01
56.00	05600	RADIOISOTOPE	0	591	0	88,892	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	895	0	179,209	0	58.00
60.00	06000	LABORATORY	0	5,690	0	257,080	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	910	0	21,387	0	65.00
66.00	06600	PHYSICAL THERAPY	0	370	0	67,099	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	1,779	0	19,186	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,985	0	48,196	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,623	0	123,801	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,718	7,683	0	158,598	0	73.00
74.00	07400	RENAL DIALYSIS	0	82	0	1,405	0	74.00
76.00	03950	SLEEP LAB	0	439	0	232,984	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	422	0	13,775	0	90.00
91.00	09100	EMERGENCY	0	4,124	0	837,374	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	3	0	597	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	139,718	79,463	7,322	15,170,444	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	57,051	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,570	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	0	11,310	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	139,718	79,463	7,322	15,244,375	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B Part II | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	Total		
			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	00570	ADMITTING			5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	4,927,479		30.00
31.00	03100	INTENSIVE CARE UNIT	734,653		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,054,768		31.01
43.00	04300	NURSERY	345,192		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	5,113,891		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,913		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	722,802		54.00
54.01	05401	ULTRA SOUND	177,163		54.01
56.00	05600	RADIOISOTOPE	88,892		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	179,209		58.00
60.00	06000	LABORATORY	257,080		60.00
65.00	06500	RESPIRATORY THERAPY	21,387		65.00
66.00	06600	PHYSICAL THERAPY	67,099		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	19,186		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,196		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,801		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,598		73.00
74.00	07400	RENAL DIALYSIS	1,405		74.00
76.00	03950	SLEEP LAB	232,984		76.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	13,775		90.00
91.00	09100	EMERGENCY	837,374		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	597		95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,170,444		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,051		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,570		192.00
194.00	07950	MARKETING	0		194.00
194.01	07951	PHYSICIAN RELATIONS	0		194.01
194.02	07952	SENIOR CIRCLE	0		194.02
194.03	07953	WOMENS RESOURCE CENTER	11,310		194.03
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	15,244,375		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B-1 | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	216,037					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		216,037				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	576	576	47,395,202			4.00
5.01	00570	ADMITTING	0	0	995,824	1,035,220,724		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	1,035,220,724	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	4,258	4,258	3,493,271	0	0	5.03
7.00	00700	OPERATION OF PLANT	62,283	62,283	1,072,974	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	698	698	594,040	0	0	9.00
10.00	01000	DIETARY	1,949	1,949	599,094	0	0	10.00
11.00	01100	CAFETERIA	3,760	3,760	489,725	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,365,752	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,116	2,116	553,222	0	0	14.00
15.00	01500	PHARMACY	1,189	1,189	1,628,982	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	746	746	151,825	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	503,410	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,105	46,105	5,069,185	53,639,900	53,639,900	30.00
31.00	03100	INTENSIVE CARE UNIT	6,742	6,742	1,518,072	4,637,981	4,637,981	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	9,727	9,727	4,685,252	32,721,184	32,721,184	31.01
43.00	04300	NURSERY	3,058	3,058	2,234,877	20,916,452	20,916,452	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,445	48,445	7,566,328	344,963,320	344,963,320	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,835,958	26,542,026	26,542,026	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,802	6,802	1,836,173	65,543,489	65,543,489	54.00
54.01	05401	ULTRA SOUND	1,676	1,676	503,712	10,980,451	10,980,451	54.01
56.00	05600	RADIOISOTOPE	841	841	110,623	7,671,807	7,671,807	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	1,724	1,724	264,928	11,616,962	11,616,962	58.00
60.00	06000	LABORATORY	1,970	1,970	1,956,680	73,889,972	73,889,972	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,178,241	11,812,267	11,812,267	65.00
66.00	06600	PHYSICAL THERAPY	598	598	460,943	4,806,050	4,806,050	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	506,666	23,102,204	23,102,204	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	77,731,318	77,731,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,000,689	99,000,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	99,785,535	99,785,535	73.00
74.00	07400	RENAL DIALYSIS	0	0	65,271	1,067,520	1,067,520	74.00
76.00	03950	SLEEP LAB	2,236	2,236	338,547	5,700,961	5,700,961	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	810,060	5,483,089	5,483,089	90.00
91.00	09100	EMERGENCY	7,973	7,973	1,719,026	53,563,017	53,563,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	24,304	44,530	44,530	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	215,472	215,472	46,132,965	1,035,220,724	1,035,220,724	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	565	565	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	399,313	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0	862,924	0	0	194.03
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)	1,939,614	13,304,761	8,857,447	2,216,323	1,982,363	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.978157	61.585566	0.186885	0.002141	0.001915	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			40,644	854	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000858	0.000001	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B-1 | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B-1 | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.03	5.03	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-28,406,026	113,135,855				5.03
7.00	00700	OPERATION OF PLANT	0	11,308,027	148,920			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	507,528	0	532,287		8.00
9.00	00900	HOUSEKEEPING	0	1,336,350	698	0	148,222	9.00
10.00	01000	DIETARY	0	1,187,684	1,949	0	1,949	10.00
11.00	01100	CAFETERIA	0	1,100,031	3,760	0	3,760	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,222,309	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,029,102	2,116	0	2,116	14.00
15.00	01500	PHARMACY	0	2,477,524	1,189	0	1,189	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	826,823	746	0	746	16.00
17.00	01700	SOCIAL SERVICE	0	689,081	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	11,465,193	46,105	130,270	46,105	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,046,225	6,742	31,858	6,742	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	7,702,590	9,727	14,722	9,727	31.01
43.00	04300	NURSERY	0	3,956,860	3,058	7,665	3,058	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	20,613,092	48,445	122,303	48,445	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,296,848	0	111,520	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,404,652	6,802	32,673	6,802	54.00
54.01	05401	ULTRA SOUND	0	827,662	1,676	0	1,676	54.01
56.00	05600	RADIOISOTOPE	0	397,338	841	0	841	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	526,952	1,724	12,164	1,724	58.00
60.00	06000	LABORATORY	0	4,343,220	1,970	0	1,970	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,990,771	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	649,718	598	0	598	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	1,583,770	0	7,817	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,650,842	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,401,978	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,137,461	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	156,052	0	0	0	74.00
76.00	03950	SLEEP LAB	0	686,037	2,236	15,009	2,236	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,157,162	0	0	0	90.00
91.00	09100	EMERGENCY	0	3,651,107	7,973	46,286	7,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	139,702	0	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,406,026	111,469,691	148,355	532,287	147,657	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,869	565	0	565	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	518,927	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	119	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	1,107,249	0	0	0	194.03
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)		28,406,026	14,147,235	634,958	1,738,188	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.251079	94.998892	1.192887	11.726923	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		303,457	4,426,168	1,361	74,094	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.002682	29.721784	0.002557	0.499885	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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B-1 | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	21,093					10.00
11.00	01100	CAFETERIA	0	45,137				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,687	23,331,040			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,173	0	22,939,898		14.00
15.00	01500	PHARMACY	0	1,398	496	0	3,732,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	227	0	598	0	16.00
17.00	01700	SOCIAL SERVICE	0	592	0	2,810	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,954	5,810	8,918,597	520,227	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,139	1,383	1,451,839	142,332	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	4,186	4,577,405	325,906	0	31.01
43.00	04300	NURSERY	0	2,341	0	140,909	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	9,047	5,216,297	5,874,051	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,971	417	612,376	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,315	189,548	147,756	0	54.00
54.01	05401	ULTRA SOUND	0	548	0	9,686	0	54.01
56.00	05600	RADIOISOTOPE	0	105	478	148,387	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	311	0	24,345	0	58.00
60.00	06000	LABORATORY	0	3,504	66,906	967,569	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,337	0	279,343	0	65.00
66.00	06600	PHYSICAL THERAPY	0	504	0	4,707	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	487	230,278	823,635	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,237,958	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,098,037	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,732,731	73.00
74.00	07400	RENAL DIALYSIS	0	61	42,860	26,905	0	74.00
76.00	03950	SLEEP LAB	0	515	0	65,332	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	850	836,251	115,273	0	90.00
91.00	09100	EMERGENCY	0	1,469	1,584,742	353,845	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	22	8,491	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,093	43,843	23,124,605	22,921,987	3,732,731	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	417	206,435	709	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN RELATIONS	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	WOMENS RESOURCE CENTER	0	877	0	17,202	0	194.03
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)	1,693,896	1,777,515	4,137,178	2,810,592	3,281,617	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	80.306073	39.380442	0.177325	0.122520	0.879146	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	200,129	382,324	33,432	229,115	139,718	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.487934	8.470302	0.001433	0.009988	0.037431	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B-1 | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B-1 | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
			16.00	17.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,035,220,724			16.00
17.00	01700	SOCIAL SERVICE	0	22,644		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	53,639,900	11,191		30.00
31.00	03100	INTENSIVE CARE UNIT	4,637,981	751		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	32,721,184	5,840		31.01
43.00	04300	NURSERY	20,916,452	4,862		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	344,963,320	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,542,026	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,543,489	0		54.00
54.01	05401	ULTRA SOUND	10,980,451	0		54.01
56.00	05600	RADIOISOTOPE	7,671,807	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	11,616,962	0		58.00
60.00	06000	LABORATORY	73,889,972	0		60.00
65.00	06500	RESPIRATORY THERAPY	11,812,267	0		65.00
66.00	06600	PHYSICAL THERAPY	4,806,050	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	23,102,204	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,731,318	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99,000,689	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,785,535	0		73.00
74.00	07400	RENAL DIALYSIS	1,067,520	0		74.00
76.00	03950	SLEEP LAB	5,700,961	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	5,483,089	0		90.00
91.00	09100	EMERGENCY	53,563,017	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	44,530	0		95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,035,220,724	22,644		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
194.00	07950	MARKETING	0	0		194.00
194.01	07951	PHYSICIAN RELATIONS	0	0		194.01
194.02	07952	SENIOR CIRCLE	0	0		194.02
194.03	07953	WOMENS RESOURCE CENTER	0	0		194.03
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)	1,123,050	885,752		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001085	39.116411		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	79,463	7,322		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000077	0.323353		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet B-1 | Date/Time Prepared: 8/30/2023 10:52 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
			16.00	17.00		
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part I Date/Time Prepared: 8/30/2023 10:52 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,231,649		23,231,649	0	23,231,649	30.00
31.00	03100	INTENSIVE CARE UNIT	5,184,455		5,184,455	0	5,184,455	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,972,640		11,972,640	0	11,972,640	31.01
43.00	04300	NURSERY	5,608,187		5,608,187	0	5,608,187	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,479,888		33,479,888	0	33,479,888	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,547		4,478,547	0	4,478,547	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,238,409		5,238,409	0	5,238,409	54.00
54.01	05401	ULTRA SOUND	1,249,024		1,249,024	0	1,249,024	54.01
56.00	05600	RADIOISOTOPE	617,581		617,581	0	617,581	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	885,598		885,598	0	885,598	58.00
60.00	06000	LABORATORY	5,992,532		5,992,532	0	5,992,532	60.00
65.00	06500	RESPIRATORY THERAPY	2,590,305	0	2,590,305	0	2,590,305	65.00
66.00	06600	PHYSICAL THERAPY	902,311	0	902,311	0	902,311	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	2,176,736		2,176,736	0	2,176,736	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,048,545		5,048,545	0	5,048,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,984,720		12,984,720	0	12,984,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,566,175		8,566,175	0	8,566,175	73.00
74.00	07400	RENAL DIALYSIS	209,689		209,689	0	209,689	74.00
76.00	03950	SLEEP LAB	1,149,300		1,149,300	0	1,149,300	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,649,534		1,649,534	0	1,649,534	90.00
91.00	09100	EMERGENCY	5,914,295		5,914,295	0	5,914,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,437,372		4,437,372		4,437,372	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	177,198		177,198	0	177,198	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
200.00		Subtotal (see instructions)	143,744,690	0	143,744,690	0	143,744,690	200.00
201.00		Less Observation Beds	4,437,372		4,437,372		4,437,372	201.00
202.00		Total (see instructions)	139,307,318	0	139,307,318	0	139,307,318	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part I Date/Time Prepared: 8/30/2023 10:52 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,295,616		45,295,616			30.00
31.00	03100	INTENSIVE CARE UNIT	4,637,981		4,637,981			31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	32,721,184		32,721,184			31.01
43.00	04300	NURSERY	20,916,452		20,916,452			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,452,724	290,510,596	344,963,320	0.097053	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	26,198,523	343,503	26,542,026	0.168734	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,789,503	55,753,986	65,543,489	0.079923	0.000000	54.00
54.01	05401	ULTRA SOUND	1,540,336	9,440,115	10,980,451	0.113750	0.000000	54.01
56.00	05600	RADIOISOTOPE	451,319	7,220,488	7,671,807	0.080500	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	875,512	10,741,450	11,616,962	0.076233	0.000000	58.00
60.00	06000	LABORATORY	28,066,106	45,823,866	73,889,972	0.081101	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,459,868	2,352,399	11,812,267	0.219289	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,919,112	886,938	4,806,050	0.187745	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	5,558,126	17,544,078	23,102,204	0.094222	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,617,277	55,114,041	77,731,318	0.064949	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,362,458	76,638,231	99,000,689	0.131158	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,168,037	59,617,498	99,785,535	0.085846	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,067,520	0	1,067,520	0.196426	0.000000	74.00
76.00	03950	SLEEP LAB	95,290	5,605,671	5,700,961	0.201598	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	341,556	5,141,533	5,483,089	0.300840	0.000000	90.00
91.00	09100	EMERGENCY	8,882,190	44,680,827	53,563,017	0.110418	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,328,200	7,016,084	8,344,284	0.531786	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	39,010	5,520	44,530	3.979295	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	340,783,900	694,436,824	1,035,220,724			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	340,783,900	694,436,824	1,035,220,724			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part I Date/Time Prepared: 8/30/2023 10:52 am

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		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
31.01	03101	NEONATAL INTENSIVE CARE UNIT	
43.00	04300	NURSERY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.097053
51.00	05100	RECOVERY ROOM	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.168734
53.00	05300	ANESTHESIOLOGY	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079923
54.01	05401	ULTRA SOUND	0.113750
56.00	05600	RADIOISOTOPE	0.080500
57.00	05700	CT SCAN	0.000000
58.00	05800	MRI	0.076233
60.00	06000	LABORATORY	0.081101
65.00	06500	RESPIRATORY THERAPY	0.219289
66.00	06600	PHYSICAL THERAPY	0.187745
67.00	06700	OCCUPATIONAL THERAPY	0.000000
68.00	06800	SPEECH PATHOLOGY	0.000000
69.00	06900	ELECTROCARDIOLOGY	0.094222
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.064949
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131158
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085846
74.00	07400	RENAL DIALYSIS	0.196426
76.00	03950	SLEEP LAB	0.201598
		OUTPATIENT SERVICE COST CENTERS	
90.00	09000	CLINIC	0.300840
91.00	09100	EMERGENCY	0.110418
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.531786
		OTHER REIMBURSABLE COST CENTERS	
95.00	09500	AMBULANCE SERVICES	3.979295
102.00	10200	OPIOID TREATMENT PROGRAM	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part I Date/Time Prepared: 8/30/2023 10:52 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,231,649		23,231,649	0	23,231,649	30.00
31.00	03100	INTENSIVE CARE UNIT	5,184,455		5,184,455	0	5,184,455	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,972,640		11,972,640	0	11,972,640	31.01
43.00	04300	NURSERY	5,608,187		5,608,187	0	5,608,187	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,479,888		33,479,888	0	33,479,888	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,547		4,478,547	0	4,478,547	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,238,409		5,238,409	0	5,238,409	54.00
54.01	05401	ULTRA SOUND	1,249,024		1,249,024	0	1,249,024	54.01
56.00	05600	RADIOISOTOPE	617,581		617,581	0	617,581	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	885,598		885,598	0	885,598	58.00
60.00	06000	LABORATORY	5,992,532		5,992,532	0	5,992,532	60.00
65.00	06500	RESPIRATORY THERAPY	2,590,305	0	2,590,305	0	2,590,305	65.00
66.00	06600	PHYSICAL THERAPY	902,311	0	902,311	0	902,311	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	2,176,736		2,176,736	0	2,176,736	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,048,545		5,048,545	0	5,048,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,984,720		12,984,720	0	12,984,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,566,175		8,566,175	0	8,566,175	73.00
74.00	07400	RENAL DIALYSIS	209,689		209,689	0	209,689	74.00
76.00	03950	SLEEP LAB	1,149,300		1,149,300	0	1,149,300	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,649,534		1,649,534	0	1,649,534	90.00
91.00	09100	EMERGENCY	5,914,295		5,914,295	0	5,914,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,437,372		4,437,372		4,437,372	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	177,198		177,198	0	177,198	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
200.00		Subtotal (see instructions)	143,744,690	0	143,744,690	0	143,744,690	200.00
201.00		Less Observation Beds	4,437,372		4,437,372		4,437,372	201.00
202.00		Total (see instructions)	139,307,318	0	139,307,318	0	139,307,318	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part I Date/Time Prepared: 8/30/2023 10:52 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,295,616		45,295,616			30.00
31.00	03100	INTENSIVE CARE UNIT	4,637,981		4,637,981			31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	32,721,184		32,721,184			31.01
43.00	04300	NURSERY	20,916,452		20,916,452			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,452,724	290,510,596	344,963,320	0.097053	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	26,198,523	343,503	26,542,026	0.168734	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,789,503	55,753,986	65,543,489	0.079923	0.000000	54.00
54.01	05401	ULTRA SOUND	1,540,336	9,440,115	10,980,451	0.113750	0.000000	54.01
56.00	05600	RADIOISOTOPE	451,319	7,220,488	7,671,807	0.080500	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	875,512	10,741,450	11,616,962	0.076233	0.000000	58.00
60.00	06000	LABORATORY	28,066,106	45,823,866	73,889,972	0.081101	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,459,868	2,352,399	11,812,267	0.219289	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,919,112	886,938	4,806,050	0.187745	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	5,558,126	17,544,078	23,102,204	0.094222	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,617,277	55,114,041	77,731,318	0.064949	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,362,458	76,638,231	99,000,689	0.131158	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,168,037	59,617,498	99,785,535	0.085846	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,067,520	0	1,067,520	0.196426	0.000000	74.00
76.00	03950	SLEEP LAB	95,290	5,605,671	5,700,961	0.201598	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	341,556	5,141,533	5,483,089	0.300840	0.000000	90.00
91.00	09100	EMERGENCY	8,882,190	44,680,827	53,563,017	0.110418	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,328,200	7,016,084	8,344,284	0.531786	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	39,010	5,520	44,530	3.979295	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	340,783,900	694,436,824	1,035,220,724			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	340,783,900	694,436,824	1,035,220,724			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part I Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		31.01
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.097053	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.168734	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079923	54.00
54.01	05401	ULTRA SOUND	0.113750	54.01
56.00	05600	RADIOISOTOPE	0.080500	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.076233	58.00
60.00	06000	LABORATORY	0.081101	60.00
65.00	06500	RESPIRATORY THERAPY	0.219289	65.00
66.00	06600	PHYSICAL THERAPY	0.187745	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094222	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.064949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085846	73.00
74.00	07400	RENAL DIALYSIS	0.196426	74.00
76.00	03950	SLEEP LAB	0.201598	76.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.300840	90.00
91.00	09100	EMERGENCY	0.110418	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.531786	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	3.979295	95.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part II Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,479,888	5,113,891	28,365,997	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,547	44,913	4,433,634	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,238,409	722,802	4,515,607	0	0	54.00
54.01	05401	ULTRA SOUND	1,249,024	177,163	1,071,861	0	0	54.01
56.00	05600	RADIOISOTOPE	617,581	88,892	528,689	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	885,598	179,209	706,389	0	0	58.00
60.00	06000	LABORATORY	5,992,532	257,080	5,735,452	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,590,305	21,387	2,568,918	0	0	65.00
66.00	06600	PHYSICAL THERAPY	902,311	67,099	835,212	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	2,176,736	19,186	2,157,550	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,048,545	48,196	5,000,349	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,984,720	123,801	12,860,919	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,566,175	158,598	8,407,577	0	0	73.00
74.00	07400	RENAL DIALYSIS	209,689	1,405	208,284	0	0	74.00
76.00	03950	SLEEP LAB	1,149,300	232,984	916,316	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,649,534	13,775	1,635,759	0	0	90.00
91.00	09100	EMERGENCY	5,914,295	837,374	5,076,921	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,437,372	941,175	3,496,197	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	177,198	597	176,601	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
200.00		Subtotal (sum of lines 50 thru 199)	97,747,759	9,049,527	88,698,232	0	0	200.00
201.00		Less Observation Beds	4,437,372	941,175	3,496,197	0	0	201.00
202.00		Total (line 200 minus line 201)	93,310,387	8,108,352	85,202,035	0	0	202.00

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

Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet C Part II Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	33,479,888	344,963,320	0.097053		50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,547	26,542,026	0.168734		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,238,409	65,543,489	0.079923		54.00
54.01	05401	ULTRA SOUND	1,249,024	10,980,451	0.113750		54.01
56.00	05600	RADIOISOTOPE	617,581	7,671,807	0.080500		56.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MRI	885,598	11,616,962	0.076233		58.00
60.00	06000	LABORATORY	5,992,532	73,889,972	0.081101		60.00
65.00	06500	RESPIRATORY THERAPY	2,590,305	11,812,267	0.219289		65.00
66.00	06600	PHYSICAL THERAPY	902,311	4,806,050	0.187745		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	2,176,736	23,102,204	0.094222		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,048,545	77,731,318	0.064949		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,984,720	99,000,689	0.131158		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,566,175	99,785,535	0.085846		73.00
74.00	07400	RENAL DIALYSIS	209,689	1,067,520	0.196426		74.00
76.00	03950	SLEEP LAB	1,149,300	5,700,961	0.201598		76.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,649,534	5,483,089	0.300840		90.00
91.00	09100	EMERGENCY	5,914,295	53,563,017	0.110418		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,437,372	8,344,284	0.531786		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	177,198	44,530	3.979295		95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
200.00		Subtotal (sum of lines 50 thru 199)	97,747,759	931,649,491			200.00
201.00		Less Observation Beds	4,437,372	0			201.00
202.00		Total (line 200 minus line 201)	93,310,387	931,649,491			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part I Date/Time Prepared: 8/30/2023 10:52 am

Title XVIII | 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	4,927,479	0	4,927,479	11,696	421.30	30.00
31.00	INTENSIVE CARE UNIT	734,653		734,653	703	1,045.03	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,054,768		1,054,768	5,662	186.29	31.01
43.00	NURSERY	345,192		345,192	4,738	72.86	43.00
200.00	Total (lines 30 through 199)	7,062,092		7,062,092	22,799		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,118	471,013				30.00
31.00	INTENSIVE CARE UNIT	178	186,015				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	1,296	657,028				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part II Date/Time Prepared: 8/30/2023 10:52 am

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	5,113,891	344,963,320	0.014824	3,687,688	54,666	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,913	26,542,026	0.001692	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	722,802	65,543,489	0.011028	1,986,208	21,904	54.00
54.01	05401	ULTRA SOUND	177,163	10,980,451	0.016134	226,091	3,648	54.01
56.00	05600	RADIOISOTOPE	88,892	7,671,807	0.011587	128,531	1,489	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	179,209	11,616,962	0.015426	183,468	2,830	58.00
60.00	06000	LABORATORY	257,080	73,889,972	0.003479	2,679,309	9,321	60.00
65.00	06500	RESPIRATORY THERAPY	21,387	11,812,267	0.001811	1,300,505	2,355	65.00
66.00	06600	PHYSICAL THERAPY	67,099	4,806,050	0.013961	638,372	8,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,186	23,102,204	0.000830	1,177,350	977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,196	77,731,318	0.000620	1,327,717	823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,801	99,000,689	0.001251	2,605,954	3,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,598	99,785,535	0.001589	3,749,361	5,958	73.00
74.00	07400	RENAL DIALYSIS	1,405	1,067,520	0.001316	291,224	383	74.00
76.00	03950	SLEEP LAB	232,984	5,700,961	0.040867	15,090	617	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,775	5,483,089	0.002512	19,880	50	90.00
91.00	09100	EMERGENCY	837,374	53,563,017	0.015633	1,440,797	22,524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	941,175	8,344,284	0.112793	300,328	33,875	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	9,048,930	931,604,961		21,757,873	173,592	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part III Date/Time Prepared: 8/30/2023 10:52 am

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		Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	11,696	0.00	1,118	30.00
31.00	03100	INTENSIVE CARE UNIT		0	703	0.00	178	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	5,662	0.00	0	31.01
43.00	04300	NURSERY		0	4,738	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	22,799		1,296	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	03101	NEONATAL INTENSIVE CARE UNIT	0	31.01
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part IV | Date/Time Prepared: 8/30/2023 10:52 am

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		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	05401	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00
		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 (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part IV | Date/Time Prepared: 8/30/2023 10:52 am

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	344,963,320	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	26,542,026	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	65,543,489	0.000000	54.00
54.01	05401	ULTRA SOUND	0	0	0	10,980,451	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	7,671,807	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	11,616,962	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	73,889,972	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,812,267	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,806,050	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	23,102,204	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	77,731,318	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,000,689	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	99,785,535	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,067,520	0.000000	74.00
76.00	03950	SLEEP LAB	0	0	0	5,700,961	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	5,483,089	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	53,563,017	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,344,284	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	931,604,961		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part IV Date/Time Prepared: 8/30/2023 10:52 am

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		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	3,687,688	0	32,495,280	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	1,986,208	0	6,720,360	0	54.00
54.01	05401	ULTRA SOUND	0.000000	226,091	0	752,185	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	128,531	0	1,500,215	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	183,468	0	1,287,550	0	58.00
60.00	06000	LABORATORY	0.000000	2,679,309	0	2,525,771	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,300,505	0	276,756	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	638,372	0	32,348	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	1,177,350	0	3,081,154	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,327,717	0	4,593,753	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,605,954	0	12,069,477	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,749,361	0	10,894,431	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	291,224	0	0	0	74.00
76.00	03950	SLEEP LAB	0.000000	15,090	0	449,630	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	19,880	0	669,461	0	90.00
91.00	09100	EMERGENCY	0.000000	1,440,797	0	2,949,032	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	300,328	0	664,034	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		21,757,873	0	80,961,437	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part V Date/Time Prepared: 8/30/2023 10:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.097053	32,495,280	0	0	3,153,764	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.168734	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079923	6,720,360	0	0	537,111	54.00
54.01	05401	ULTRA SOUND	0.113750	752,185	0	0	85,561	54.01
56.00	05600	RADIOISOTOPE	0.080500	1,500,215	0	0	120,767	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.076233	1,287,550	0	0	98,154	58.00
60.00	06000	LABORATORY	0.081101	2,525,771	12,000	0	204,843	60.00
65.00	06500	RESPIRATORY THERAPY	0.219289	276,756	0	0	60,690	65.00
66.00	06600	PHYSICAL THERAPY	0.187745	32,348	0	0	6,073	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	0.094222	3,081,154	0	0	290,312	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.064949	4,593,753	0	0	298,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131158	12,069,477	0	0	1,583,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085846	10,894,431	2,625	27,281	935,243	73.00
74.00	07400	RENAL DIALYSIS	0.196426	0	0	0	0	74.00
76.00	03950	SLEEP LAB	0.201598	449,630	0	0	90,645	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.300840	669,461	0	0	201,401	90.00
91.00	09100	EMERGENCY	0.110418	2,949,032	0	0	325,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.531786	664,034	0	0	353,124	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3.979295		0			95.00
200.00		Subtotal (see instructions)		80,961,437	14,625	27,281	8,344,682	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		80,961,437	14,625	27,281	8,344,682	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part V Date/Time Prepared: 8/30/2023 10:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05401	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	973	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225	2,342		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	SLEEP LAB	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,198	2,342		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,198	2,342		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part I Date/Time Prepared: 8/30/2023 10:52 am

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	4,927,479	0	4,927,479	11,696	421.30	30.00
31.00	INTENSIVE CARE UNIT	734,653		734,653	703	1,045.03	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,054,768		1,054,768	5,662	186.29	31.01
43.00	NURSERY	345,192		345,192	4,738	72.86	43.00
200.00	Total (lines 30 through 199)	7,062,092		7,062,092	22,799		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	215	90,580				30.00
31.00	INTENSIVE CARE UNIT	20	20,901				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	840	156,484				31.01
43.00	NURSERY	1,564	113,953				43.00
200.00	Total (lines 30 through 199)	2,639	381,918				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part II Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | 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	5,113,891	344,963,320	0.014824	1,143,276	16,948	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,913	26,542,026	0.001692	602,598	1,020	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	722,802	65,543,489	0.011028	527,030	5,812	54.00
54.01	05401	ULTRA SOUND	177,163	10,980,451	0.016134	104,081	1,679	54.01
56.00	05600	RADIOISOTOPE	88,892	7,671,807	0.011587	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	179,209	11,616,962	0.015426	29,442	454	58.00
60.00	06000	LABORATORY	257,080	73,889,972	0.003479	1,997,171	6,948	60.00
65.00	06500	RESPIRATORY THERAPY	21,387	11,812,267	0.001811	1,200,615	2,174	65.00
66.00	06600	PHYSICAL THERAPY	67,099	4,806,050	0.013961	338,053	4,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,186	23,102,204	0.000830	208,676	173	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,196	77,731,318	0.000620	2,592,128	1,607	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,801	99,000,689	0.001251	43,801	55	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,598	99,785,535	0.001589	1,981,544	3,149	73.00
74.00	07400	RENAL DIALYSIS	1,405	1,067,520	0.001316	0	0	74.00
76.00	03950	SLEEP LAB	232,984	5,700,961	0.040867	3,094	126	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,775	5,483,089	0.002512	20,298	51	90.00
91.00	09100	EMERGENCY	837,374	53,563,017	0.015633	285,673	4,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	941,175	8,344,284	0.112793	24,337	2,745	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	9,048,930	931,604,961		11,101,817	52,127	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part III Date/Time Prepared: 8/30/2023 10:52 am

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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	11,696	0.00	215	30.00
31.00	03100	INTENSIVE CARE UNIT		0	703	0.00	20	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	5,662	0.00	840	31.01
43.00	04300	NURSERY		0	4,738	0.00	1,564	43.00
200.00		Total (lines 30 through 199)		0	22,799		2,639	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	03101	NEONATAL INTENSIVE CARE UNIT	0	31.01
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part IV | Date/Time Prepared: 8/30/2023 10:52 am

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	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	05401	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00
		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 (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part IV Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | 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	344,963,320	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	26,542,026	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	65,543,489	0.000000	54.00
54.01	05401	ULTRA SOUND	0	0	0	10,980,451	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	7,671,807	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	11,616,962	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	73,889,972	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,812,267	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,806,050	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	23,102,204	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	77,731,318	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,000,689	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	99,785,535	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,067,520	0.000000	74.00
76.00	03950	SLEEP LAB	0	0	0	5,700,961	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	5,483,089	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	53,563,017	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,344,284	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	931,604,961		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part IV | Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | Hospital | 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	1,143,276	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	602,598	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	527,030	0	0	0	54.00
54.01	05401	ULTRA SOUND	0.000000	104,081	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	29,442	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	1,997,171	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,200,615	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	338,053	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	208,676	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,592,128	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	43,801	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,981,544	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03950	SLEEP LAB	0.000000	3,094	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	20,298	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	285,673	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	24,337	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		11,101,817	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part V Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.097053	0	0	1,998,188	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.168734	0	0	6,588	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079923	0	0	732,255	0	54.00
54.01	05401	ULTRA SOUND	0.113750	0	0	101,315	0	54.01
56.00	05600	RADIOISOTOPE	0.080500	0	0	44,037	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.076233	0	0	95,220	0	58.00
60.00	06000	LABORATORY	0.081101	0	0	517,271	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.219289	0	0	26,705	0	65.00
66.00	06600	PHYSICAL THERAPY	0.187745	0	0	4,083	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	0.094222	0	0	95,602	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.064949	0	0	289,041	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131158	0	0	236,601	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085846	0	0	439,130	0	73.00
74.00	07400	RENAL DIALYSIS	0.196426	0	0	0	0	74.00
76.00	03950	SLEEP LAB	0.201598	0	0	17,021	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.300840	0	0	2,284	0	90.00
91.00	09100	EMERGENCY	0.110418	0	0	1,215,447	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.531786	0	0	142,461	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3.979295	0	0			95.00
200.00		Subtotal (see instructions)		0	0	5,963,249	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	5,963,249	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D Part V Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	193,930		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,112		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,524		54.00
54.01	05401	ULTRA SOUND	0	11,525		54.01
56.00	05600	RADIOISOTOPE	0	3,545		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	7,259		58.00
60.00	06000	LABORATORY	0	41,951		60.00
65.00	06500	RESPIRATORY THERAPY	0	5,856		65.00
66.00	06600	PHYSICAL THERAPY	0	767		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	9,008		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,773		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,032		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,698		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	SLEEP LAB	0	3,431		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	687		90.00
91.00	09100	EMERGENCY	0	134,207		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	75,759		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	635,064		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	635,064		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D-1 | Date/Time Prepared: 8/30/2023 10:52 am

Title XVIII | 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)	11,696	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,696	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)	9,462	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,118	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)	23,231,649	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)	23,231,649	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)	23,231,649	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)	1,986.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,220,672	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)	2,220,672	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D-1 | Date/Time Prepared: 8/30/2023 10:52 am

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	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	5,184,455	703	7,374.76	178	1,312,707	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	11,972,640	5,662	2,114.56	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,434,881	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	5,968,260	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)	657,028	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	173,592	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	830,620	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,137,640	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
55.01	Permanent adjustment amount per discharge	0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)	2,234	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,986.29	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet D-1 Date/Time Prepared: 8/30/2023 10:52 am
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	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,437,372	89.00

	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	4,927,479	23,231,649	0.212102	4,437,372	941,175	90.00
91.00	Nursing Program cost	0	23,231,649	0.000000	4,437,372	0	91.00
92.00	Allied health cost	0	23,231,649	0.000000	4,437,372	0	92.00
93.00	All other Medical Education	0	23,231,649	0.000000	4,437,372	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D-1 | Date/Time Prepared: 8/30/2023 10:52 am

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)	11,696	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,696	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)	9,462	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)	215	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	4,738	15.00
16.00	Nursery days (title V or XIX only)	1,564	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)	23,231,649	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)	23,231,649	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)	23,231,649	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)	1,986.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	427,052	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)	427,052	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D-1 | Date/Time Prepared: 8/30/2023 10:52 am

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	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)	5,608,187	4,738	1,183.66	1,564	1,851,244	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,184,455	703	7,374.76	20	147,495	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	11,972,640	5,662	2,114.56	840	1,776,230	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,172,651	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	5,374,672	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)	381,918	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	52,127	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	434,045	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,940,627	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
55.01	Permanent adjustment amount per discharge	0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)	2,234	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,986.29	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet D-1 Date/Time Prepared: 8/30/2023 10:52 am
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	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,437,372	89.00

	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	4,927,479	23,231,649	0.212102	4,437,372	941,175	90.00
91.00	Nursing Program cost	0	23,231,649	0.000000	4,437,372	0	91.00
92.00	Allied health cost	0	23,231,649	0.000000	4,437,372	0	92.00
93.00	All other Medical Education	0	23,231,649	0.000000	4,437,372	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D-3 | Date/Time Prepared: 8/30/2023 10:52 am

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		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		4,613,317		30.00
31.00	03100	INTENSIVE CARE UNIT		1,080,941		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0		31.01
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.097053	3,687,688	357,901	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.168734	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079923	1,986,208	158,744	54.00
54.01	05401	ULTRA SOUND	0.113750	226,091	25,718	54.01
56.00	05600	RADIOISOTOPE	0.080500	128,531	10,347	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.076233	183,468	13,986	58.00
60.00	06000	LABORATORY	0.081101	2,679,309	217,295	60.00
65.00	06500	RESPIRATORY THERAPY	0.219289	1,300,505	285,186	65.00
66.00	06600	PHYSICAL THERAPY	0.187745	638,372	119,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094222	1,177,350	110,932	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.064949	1,327,717	86,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131158	2,605,954	341,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085846	3,749,361	321,868	73.00
74.00	07400	RENAL DIALYSIS	0.196426	291,224	57,204	74.00
76.00	03950	SLEEP LAB	0.201598	15,090	3,042	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.300840	19,880	5,981	90.00
91.00	09100	EMERGENCY	0.110418	1,440,797	159,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.531786	300,328	159,710	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		21,757,873	2,434,881	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)		21,757,873		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet D-3 | Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | 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		924,004		30.00
31.00	03100	INTENSIVE CARE UNIT		12,418		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		4,922,791		31.01
43.00	04300	NURSERY		4,119,647		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.097053	1,143,276	110,958	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.168734	602,598	101,679	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079923	527,030	42,122	54.00
54.01	05401	ULTRA SOUND	0.113750	104,081	11,839	54.01
56.00	05600	RADIOISOTOPE	0.080500	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.076233	29,442	2,244	58.00
60.00	06000	LABORATORY	0.081101	1,997,171	161,973	60.00
65.00	06500	RESPIRATORY THERAPY	0.219289	1,200,615	263,282	65.00
66.00	06600	PHYSICAL THERAPY	0.187745	338,053	63,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094222	208,676	19,662	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.064949	2,592,128	168,356	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131158	43,801	5,745	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085846	1,981,544	170,108	73.00
74.00	07400	RENAL DIALYSIS	0.196426	0	0	74.00
76.00	03950	SLEEP LAB	0.201598	3,094	624	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.300840	20,298	6,106	90.00
91.00	09100	EMERGENCY	0.110418	285,673	31,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.531786	24,337	12,942	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,101,817	1,172,651	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)		11,101,817		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet E Part A Date/Time Prepared: 8/30/2023 10:52 am
	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)	1,639,343	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	1,728,991	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)	81,595	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	126,262	2.04
3.00	Managed Care Simulated Payments	4,381,156	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	124.80	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
5.01	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01
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
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6.26
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
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00	7.02
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
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (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 (see instructions)	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)	3.50	30.00
31.00	Percentage of Medicaid patient days (see instructions)	42.10	31.00
32.00	Sum of lines 30 and 31	45.60	32.00
33.00	Allowable disproportionate share percentage (see instructions)	26.84	33.00
34.00	Disproportionate share adjustment (see instructions)	226,015	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet E Part A Date/Time Prepared: 8/30/2023 10:52 am

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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Payment Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	290,057	316,618	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	145,426	157,875	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	303,301		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	4,105,507		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		4,105,507	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		330,788	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		3,646	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		4,439,941	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		4,439,941	61.00
62.00	Deductibles billed to program beneficiaries		429,084	62.00
63.00	Coinsurance billed to program beneficiaries		3,589	63.00
64.00	Allowable bad debts (see instructions)		6,581	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		4,278	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,395	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		4,011,546	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-7,065	70.94
70.95	Recovery of accelerated depreciation		0	70.95

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		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	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)		4,004,481	71.00
71.01	Sequestration adjustment (see instructions)		70,078	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		3,788,545	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)		145,858	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		999,233	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
	Comparision 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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet E Part B Date/Time Prepared: 8/30/2023 10:52 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	3,540	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	8,344,682	2.00
3.00	OPPS or REH payments	7,259,244	3.00
4.00	Outlier payment (see instructions)	249,253	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)	3,540	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	41,906	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)	41,906	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)	41,906	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	38,366	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)	3,540	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	7,508,497	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	10,071	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	1,200,463	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	6,301,503	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
28.50	REH facility payment amount		28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)	6,301,503	30.00
31.00	Primary payer payments	2,257	31.00
32.00	Subtotal (line 30 minus line 31)	6,299,246	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)	35,967	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	23,379	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	27,120	36.00
37.00	Subtotal (see instructions)	6,322,625	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-117	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75
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)	6,322,742	40.00
40.01	Sequestration adjustment (see instructions)	110,648	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	6,248,727	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-36,633	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	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

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	Title XVIII	Hospital	PPS

		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet E-1 Part I Date/Time Prepared: 8/30/2023 10:52 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,788,545		6,248,727	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)		3,788,545		6,248,727	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		145,858		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		36,633	6.02
7.00	Total Medicare program liability (see instructions)		3,934,403		6,212,094	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: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet E-1 Part II Date/Time Prepared: 8/30/2023 10:52 am
	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 (see instructions)		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days (see instructions)		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: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet E-3 Part VII | Date/Time Prepared: 8/30/2023 10:52 am

Title XIX | Hospital | PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		635,064	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	635,064	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	635,064	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	9,978,860		8.00
9.00	Ancillary service charges	11,101,817	5,963,249	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	21,080,677	5,963,249	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	21,080,677	5,963,249	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	21,080,677	5,328,185	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	635,064	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	635,064	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	635,064	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	635,064	36.00
37.00	ADJUSTMENT TO OFFSET SETTLEMENT	0	-635,064	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet E-5 Date/Time Prepared: 8/30/2023 10:52 am
	Title XVIII		PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR		
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)	0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2	0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)	0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)	0	4.00
5.00	The rate used to calculate the time value of money (see instructions)	0.00	5.00
6.00	Time value of money for operating expenses (see instructions)	0	6.00
7.00	Time value of money for capital related expenses (see instructions)	0	7.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet G | Date/Time Prepared: 8/30/2023 10:52 am

		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	-1,298,593	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	48,187,494	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,397,987	0	0	0	6.00
7.00	Inventory	4,389,720	0	0	0	7.00
8.00	Prepaid expenses	2,220,398	0	0	0	8.00
9.00	Other current assets	30,709	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	47,131,741	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,060,000	0	0	0	12.00
13.00	Land improvements	568,321	0	0	0	13.00
14.00	Accumulated depreciation	-451,743	0	0	0	14.00
15.00	Buildings	63,632,083	0	0	0	15.00
16.00	Accumulated depreciation	-20,161,786	0	0	0	16.00
17.00	Leasehold improvements	16,871,997	0	0	0	17.00
18.00	Accumulated depreciation	-1,566,768	0	0	0	18.00
19.00	Fixed equipment	2,580,483	0	0	0	19.00
20.00	Accumulated depreciation	-6,859,347	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	70,374,632	0	0	0	23.00
24.00	Accumulated depreciation	-29,164,494	0	0	0	24.00
25.00	Minor equipment depreciable	12,692,075	0	0	0	25.00
26.00	Accumulated depreciation	-8,316,659	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)	101,258,794	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	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	9,407,973	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,407,973	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	157,798,508	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	3,961,847	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,605,147	0	0	0	38.00
39.00	Payroll taxes payable	358,842	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,108,379	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	-461,388,528	0	0	0	43.00
44.00	Other current liabilities	2,143,256	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-448,211,057	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	62,500	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	78,864,334	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	78,926,834	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-369,284,223	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	527,082,731				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)	527,082,731	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	157,798,508	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet G-1 | Date/Time Prepared: 8/30/2023 10:52 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		489,032,349		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		38,054,845				2.00
3.00	Total (sum of line 1 and line 2)		527,087,194		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		527,087,194		0		11.00
12.00	SE ACCOUNT ADJUSTMENT	4,463		0		0	12.00
13.00		0		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)		4,463		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		527,082,731		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			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	SE ACCOUNT ADJUSTMENT		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet G-2 Parts I & II | Date/Time Prepared: 8/30/2023 10:52 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	66,212,068		66,212,068	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	66,212,068		66,212,068	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	4,637,981		4,637,981	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	32,721,184		32,721,184	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	37,359,165		37,359,165	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,571,233		103,571,233	17.00
18.00	Ancillary services	226,660,721	637,592,860	864,253,581	18.00
19.00	Outpatient services	10,551,946	56,843,964	67,395,910	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	IP CONTRACTED HOSPICE	209,003	0	209,003	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	340,992,903	694,436,824	1,035,429,727	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		168,692,325		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)		168,692,325		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0150 | Period: From 04/01/2022 To 03/31/2023 | Worksheet G-3 | Date/Time Prepared: 8/30/2023 10:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,035,429,727	1.00
2.00	Less contractual allowances and discounts on patients' accounts	829,146,857	2.00
3.00	Net patient revenues (line 1 minus line 2)	206,282,870	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	168,692,325	4.00
5.00	Net income from service to patients (line 3 minus line 4)	37,590,545	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	464,300	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	464,300	25.00
26.00	Total (line 5 plus line 25)	38,054,845	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)	38,054,845	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0150	Period: From 04/01/2022 To 03/31/2023	Worksheet L Parts I-III Date/Time Prepared: 8/30/2023 10:52 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	253,793	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	52,453	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)	48.21	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)	3.50	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	42.10	8.00
9.00	Sum of lines 7 and 8	45.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.67	10.00
11.00	Disproportionate share adjustment (see instructions)	24,542	11.00
12.00	Total prospective capital payments (see instructions)	330,788	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