

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 1/27/2023 9:27 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/27/2023	Time: 9:27 am
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date:	11. Contractor's Vendor Code: 4
		12. <input type="checkbox"/> 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 ST. JOSEPHS REG MED CENTER S. BEND (15-0012) for the cost reporting period beginning 07/01/2021 and ending 06/30/2022 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	Melissa Lukasick	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name		Melissa Lukasi ck	2
3	Signatory Title		CFO	3
4	Date		(Dated when report is electronica	4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,545,270	136,601	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	1,545,270	136,601	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 1/27/2023 9:27 am					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 5215 HOLY CROSS PARKWAY			PO Box:							1.00		
2.00	City: MISHAWAKA			State: IN		Zip Code: 46545		County:			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			ST. JOSEPHS REG MED CENTER S. BEND		150012	43780	1	07/01/1996	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)						07/01/2021		06/30/2022		20.00		
21.00	Type of Control (see instructions)						1				21.00		
							1.00		2.00		3.00		
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			22.03		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 1/27/2023 9:27 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.	2,460	988	138	170	10,042	298	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	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 classification 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? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02		
		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 FTE Count	IME	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00	5.00		
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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 1/27/2023 9:27 am	
		V		XIX			
		1.00		2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	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.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00		2.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
				1.00		2.00	
				3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		0		118.01	
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 1/27/2023 9:27 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H034		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: ST JOSEPH REG MED CTR	Contractor's Name: WISCONSIN PROVIDER SERVICES CO		Contractor's Number: 08001		141.00	
142.00	Street: 5215 HOLY CROSS PARKWAY	PO Box:				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46545		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 1/27/2023 9:27 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 1/27/2023 9:27 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			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.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	10/01/2022	Y	10/01/2022
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	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 1/27/2023 9:27 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 relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TRACY		WORKMAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOSEPH REGIONAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(574) 335-4656		WORKMANT@SJRMC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet S-2
Part II
Date/Time Prepared:
1/27/2023 9:27 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.	FINANCE - REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2023 9:27 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	213	77,745	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)		213	77,745	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		253	92,345	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	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)		253				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)		4	1,460			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2023 9:27 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		
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)	15,424	3,756	48,550			1.00
2.00	HMO and other (see instructions)	15,256	7,375				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,424	3,756	48,550			7.00
8.00	INTENSIVE CARE UNIT	1,848	0	5,137			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	0	491			12.00
13.00	NURSERY		2,667	6,105			13.00
14.00	Total (see instructions)	17,272	6,423	60,283	32.68	1,431.71	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	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)			14			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)				32.68	1,431.71	27.00
28.00	Observation Bed Days		1,217	6,083			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			481			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	298	625			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2023 9:27 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,154	324	11,828	1.00
2.00 HMO and other (see instructions)			2,477	2,165		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	533.00	0	3,154	324	11,828	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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)	533.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part II Date/Time Prepared: 1/27/2023 9:27 am
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	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	121,693,615	0	121,693,615	2,977,962.10	40.86
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		119,467	0	119,467	730.00	163.65
4.01	Physicians - Part A - Teaching		2,230,228	0	2,230,228	17,585.00	126.83
5.00	Physician and Non-Physician-Part B		4,551,074	0	4,551,074	41,629.00	109.32
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	2,254,321	68,705	2,323,026	68,895.72	33.72
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,578,918	263,169	8,842,087	258,551.91	34.20
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		26,470,828	0	26,470,828	186,896.00	141.63
12.00	Contract labor: Top level management and other management and administrative services		91,309	0	91,309	1,996.00	45.75
13.00	Contract Labor: Physician-Part A - Administrative		1,760,667	0	1,760,667	15,725.00	111.97
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		32,154,429	0	32,154,429	689,980.00	46.60
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		31,397,772	0	31,397,772		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,129,459	0	3,129,459		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		8,851	0	8,851		
22.01	Physician Part A - Teaching		213,128	0	213,128		
23.00	Physician Part B		504,543	0	504,543		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		776,083	0	776,083		
25.50	Home office wage-related (core)		6,781,684	0	6,781,684		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet S-3
Part II
Date/Time Prepared:
1/27/2023 9:27 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	-46,725	139,381	92,656	2,928.99	31.63	26.00
27.00	Administrative & General	21,165,335	-14,323,839	6,841,496	135,013.63	50.67	27.00
28.00	Administrative & General under contract (see inst.)	2,389,741	0	2,389,741	28,721.00	83.21	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,798,148	1,111	1,799,259	61,933.84	29.05	30.00
31.00	Laundry & Linen Service	153,880	3,807	157,687	8,332.05	18.93	31.00
32.00	Housekeeping	1,533,271	0	1,533,271	89,666.95	17.10	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,852,839	-1,006,944	845,895	39,313.89	21.52	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	2,057	1,006,944	1,009,001	57,785.59	17.46	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,406,759	554,612	3,961,371	95,008.54	41.69	38.00
39.00	Central Services and Supply	460,040	21,899	481,939	23,298.49	20.69	39.00
40.00	Pharmacy	4,832,483	-331,874	4,500,609	93,035.36	48.38	40.00
41.00	Medical Records & Medical Records Library	1,433,670	0	1,433,670	53,790.51	26.65	41.00
42.00	Social Service	2,381,968	0	2,381,968	64,238.73	37.08	42.00
43.00	Other General Service	970,944	7,882	978,826	42,574.69	22.99	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet S-3
Part III
Date/Time Prepared:
1/27/2023 9:27 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	115,047,733	-68,705	114,979,028	2,878,573.38	39.94	1.00
2.00	Excluded area salaries (see instructions)	8,578,918	263,169	8,842,087	258,551.91	34.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	106,468,815	-331,874	106,136,941	2,620,021.47	40.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	60,477,233	0	60,477,233	894,597.00	67.60	4.00
5.00	Subtotal wage-related costs (see inst.)	38,188,307	0	38,188,307	0.00	35.98	5.00
6.00	Total (sum of lines 3 thru 5)	205,134,355	-331,874	204,802,481	3,514,618.47	58.27	6.00
7.00	Total overhead cost (see instructions)	42,334,410	-13,927,021	28,407,389	795,642.26	35.70	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 1/27/2023 9:27 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,775,963	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)		2,651,967	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		586,042	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)		12,757,742	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		4,100,365	9.00
10.00	Dental, Hearing and Vision Plan		516,347	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		124,098	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)		920,169	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		542,309	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		212,907	16.00
TAXES				
17.00	FICA-Employers Portion Only		8,716,503	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		179,919	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		158,411	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		36,242,742	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: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 1/27/2023 9:27 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		26,470,828	36,242,742 1.00
2.00	Hospital		26,470,828	36,242,742 2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	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: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 1/27/2023 9:27 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.293257	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		60,944,979	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		222,638,067	6.00	
7.00	Medicaid cost (line 1 times line 6)		65,290,172	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,345,193	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)		4,345,193	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)	12,214,350	1,587,359	13,801,709	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,581,944	1,587,359	5,169,303	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,581,944	1,587,359	5,169,303	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)		22,546,722		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		693,090		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,066,293		27.01
28.00	Non-Medicare bad debt expense (see instructions)		21,480,429		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,672,489		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,841,792		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,186,985		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A
Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	19,066,185	19,066,185	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	7,295,706	7,295,706	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-46,725	519,498	472,773	139,381	4.00	
5.01	00540	NONPATIENT TELEPHONES	185,901	53,516	239,417	0	5.01	
5.04	00570	ADMINISTRATIVE	1,067,151	406,397	1,473,548	89,246	5.04	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	19,912,283	116,559,883	136,472,166	-35,076,086	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	1,798,148	4,923,828	6,721,976	-295,914	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	153,880	1,125,963	1,279,843	-25,191	8.00	
9.00	00900	HOUSEKEEPING	1,533,271	1,398,003	2,931,274	-486	9.00	
10.00	01000	DIETARY	1,852,839	2,670,230	4,523,069	-2,729,791	10.00	
11.00	01100	CAFETERIA	2,057	36,117	38,174	2,666,986	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	3,406,759	2,475,592	5,882,351	-1,363,818	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	460,040	714,813	1,174,853	-8,550	14.00	
15.00	01500	PHARMACY	4,832,483	23,745,982	28,578,465	-23,620,007	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,433,670	483,287	1,916,957	-55,993	16.00	
17.00	01700	SOCIAL SERVICE	2,381,968	1,193,795	3,575,763	-27,570	17.00	
18.00	01850	STERILE SUPPLY	970,944	2,577,189	3,548,133	-464,222	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,254,321	760,124	3,014,445	-151,107	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,593,129	729,460	3,322,589	74,154	22.00	
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	78,583	39,008	117,591	-230	23.00	
23.02	02302	PHARMACY RESIDENCY PROGRAM	128,464	66,452	194,916	516,995	711,911	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,457,414	22,803,562	42,260,976	3,824,903	46,085,879	30.00
31.00	03100	INTENSIVE CARE UNIT	4,031,083	6,013,322	10,044,405	1,217,591	11,261,996	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,704,377	1,712,436	4,416,813	255,935	4,672,748	35.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,981,513	1,981,513	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,965,928	41,299,997	54,265,925	-15,234,517	39,031,408	50.00
51.00	05100	RECOVERY ROOM	1,402,037	425,191	1,827,228	269,634	2,096,862	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,235,554	1,261,487	4,497,041	417,157	4,914,198	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,483,831	3,599,148	7,082,979	-1,219,488	5,863,491	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	159,951	121,282	281,233	0	281,233	55.00
57.00	05700	CT SCAN	815,344	915,307	1,730,651	-109,262	1,621,389	57.00
58.00	05800	MRI	36,163	1,395,138	1,431,301	0	1,431,301	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,813,723	10,343,668	13,157,391	-3,277,382	9,880,009	59.00
60.00	06000	LABORATORY	3,081,770	10,353,765	13,435,535	44,348	13,479,883	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,045,785	1,786,588	3,832,373	274,854	4,107,227	65.00
65.01	03610	SLEEP LAB	368,756	398,851	767,607	-15,729	751,878	65.01
66.00	06600	PHYSICAL THERAPY	2,505,884	1,165,632	3,671,516	-356,482	3,315,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	779,692	179,086	958,778	-390	958,388	67.00
68.00	06800	SPEECH PATHOLOGY	294,182	61,382	355,564	-3,801	351,763	68.00
69.00	06900	ELECTROCARDIOLOGY	1,194,820	650,629	1,845,449	-262,621	1,582,828	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-429,338	-429,338	429,338	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,053,878	20,053,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	371,154	523,112	894,266	24,582,215	25,476,481	73.00
74.00	07400	RENAL DIALYSIS	1,445	1,554,736	1,556,181	611,231	2,167,412	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	49,722	49,722	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	133,632	1,557,460	1,691,092	17,662	1,708,754	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	844,774	268,296	1,113,070	111,226	1,224,296	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00	09100	EMERGENCY	5,595,279	4,040,050	9,635,329	1,283,471	10,918,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,321,744	272,479,924	385,801,668	974,694	386,776,362	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet A Date/Time Prepared: 1/27/2023 9:27 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		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,232	52,232	0	52,232	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,603,946	2,716,583	7,320,529	-786,680	6,533,849	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0	192.01
192.02	19202	NEONATOLOGISTS	0	0	0	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	3,127,698	1,213,857	4,341,555	-107,583	4,233,972	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	739	739	0	739	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	640,227	180,578	820,805	-80,431	740,374	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	121,693,615	276,643,913	398,337,528	0	398,337,528	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A
Date/Time Prepared:
1/27/2023 9:27 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	5,531,026	24,597,211	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-46,500	7,249,206	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,347,853	-735,699	4.00
5.01	00540	NONPATIENT TELEPHONES	0	239,417	5.01
5.04	00570	ADMITTING	0	1,562,794	5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-27,724,824	73,671,256	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-10,744	6,415,318	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,254,652	8.00
9.00	00900	HOUSEKEEPING	0	2,930,788	9.00
10.00	01000	DIETARY	0	1,793,278	10.00
11.00	01100	CAFETERIA	-1,143,859	1,561,301	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	21	4,518,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,145	1,177,448	14.00
15.00	01500	PHARMACY	-39,430	4,919,028	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,866	1,834,098	16.00
17.00	01700	SOCIAL SERVICE	0	3,548,193	17.00
18.00	01850	STERILE SUPPLY	0	3,083,911	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,863,338	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-26,000	3,370,743	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	117,361	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	711,911	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-33,256	46,052,623	30.00
31.00	03100	INTENSIVE CARE UNIT	-699	11,261,297	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-3,904	4,668,844	35.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	1,981,513	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,109,516	31,921,892	50.00
51.00	05100	RECOVERY ROOM	-2,842	2,094,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-135	4,914,063	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-15,834	5,847,657	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	281,233	55.00
57.00	05700	CT SCAN	0	1,621,389	57.00
58.00	05800	MRI	-26,264	1,405,037	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,513	9,877,496	59.00
60.00	06000	LABORATORY	-2,259	13,477,624	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-6,000	4,101,227	65.00
65.01	03610	SLEEP LAB	-1,816	750,062	65.01
66.00	06600	PHYSICAL THERAPY	0	3,315,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	958,388	67.00
68.00	06800	SPEECH PATHOLOGY	0	351,763	68.00
69.00	06900	ELECTROCARDIOLOGY	-11,009	1,571,819	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,053,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,476,481	73.00
74.00	07400	RENAL DIALYSIS	0	2,167,412	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	49,722	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	1,708,754	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	1,224,296	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	90.10
91.00	09100	EMERGENCY	-123,292	10,795,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-32,163,223	354,613,139	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,232	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-17,938	6,515,911	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	0	192.01
192.02	19202	NEONATOLOGISTS	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	4,233,972	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	739	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	740,374	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-32,181,161	366,156,367	200.00

RECLASSIFICATIONS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
B - Implantable Devices					
1.00	OPERATION OF PLANT	7.00	0	271	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,053,878	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
	TOTALS		0	20,054,149	
C - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,359,113	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	24,359,113	
E - Building Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,069,787	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	9,069,787	
F - Equipment Depreciation					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,295,706	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
TOTALS			0	7,295,706		
G - Cafeteria						
1.00	CAFETERIA	11.00	1,006,944	1,690,475	1.00	
			1,006,944	1,690,475		
H - OB/NURSERY						
1.00	NURSERY	43.00	1,108,702	735,486	1.00	
			1,108,702	735,486		
I - Nursery and Labor/Delivery						
1.00	NURSERY	43.00	100,129	37,196	1.00	
			100,129	37,196		
K - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		9,851,898	1.00	
2.00	OPERATING ROOM	50.00		116,553	2.00	
			0	9,968,451		
L - SBMF CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		144,500	1.00	
2.00					2.00	
			0	144,500		
M - Negative Balances						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	139,381	0	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	429,338	2.00	
TOTALS			139,381	429,338		
N - Hyperbaric Oxygen						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	23,426	26,296	1.00	
			23,426	26,296		
O - PHARMACY PRECEPTORS						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	400,340	120,102	1.00	
2.00					2.00	
3.00					3.00	
			400,340	120,102		
P - OTHER MEDICAL EDUCATION EXPENSES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		239,602	1.00	
			0	239,602		
Q - CLINIC MEDICAL EDUCATION						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	68,705	20,611	1.00	
			68,705	20,611		
R - 2nd Year Pharmacy Expense						
1.00	PHARMACY	15.00		3,447	1.00	
			0	3,447		
S - COVID-19 Depts						
1.00	ADMINISTRATION	5.04	89,246		1.00	
2.00	OPERATION OF PLANT	7.00	1,111		2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	3,807		3.00	
4.00	NURSING ADMINISTRATION	13.00	554,612		4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	21,899		5.00	
6.00	STERILE SUPPLY	18.00	7,882		6.00	
7.00	ADULTS & PEDIATRICS	30.00	5,201,882		7.00	
8.00	INTENSIVE CARE UNIT	31.00	1,406,844		8.00	
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	319,056		9.00	
10.00	OPERATING ROOM	50.00	2,311,627		10.00	
11.00	RECOVERY ROOM	51.00	280,327		11.00	

RECLASSIFICATIONS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-6

Date/Time Prepared:
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
12.00 DELIVERY ROOM & LABOR ROOM	52.00	614,026			12.00
13.00 RADIOLOGY-DIAGNOSTIC	54.00	159,963			13.00
14.00 CT SCAN	57.00	25,356			14.00
15.00 CARDIAC CATHETERIZATION	59.00	519,197			15.00
16.00 LABORATORY	60.00	131,118			16.00
17.00 RESPIRATORY THERAPY	65.00	305,819			17.00
18.00 DRUGS CHARGED TO PATIENTS	73.00	237,981			18.00
19.00 RENAL DIALYSIS	74.00	1,084			19.00
20.00 WOUND HEALING CENTER	90.04	593,103			20.00
21.00 OUTPATIENT TREATMENT & INFUSION	90.05	111,226			21.00
22.00 EMERGENCY	91.00	1,376,538			22.00
		14,273,704	0		
T - Contract Labor Recl ass					
1.00 ADULTS & PEDIATRICS	30.00		767,368		1.00
2.00 OPERATING ROOM	50.00		97,405		2.00
3.00 LABORATORY	60.00		226,682		3.00
4.00 RENAL DIALYSIS	74.00		612,909		4.00
5.00 EMERGENCY	91.00		153,502		5.00
			0	1,857,866	
500.00 Grand Total: Increases		17,121,331	76,052,125		500.00

RECLASSIFICATIONS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - Implantable Devices							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,466	0		1.00
2.00	STERILE SUPPLY	18.00	0	223,937	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	410	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	296	0		4.00
5.00	OPERATING ROOM	50.00	0	15,946,078	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	3,522,912	0		6.00
7.00	SLEEP LAB	65.01	0	4,447	0		7.00
8.00	WOUND HEALING CENTER	90.04	0	351,251	0		8.00
9.00	EMERGENCY	91.00	0	352	0		9.00
	TOTALS		0	20,054,149			
C - Drugs Charged to Patients							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,418	0		1.00
2.00	PHARMACY	15.00	0	22,953,686	0		2.00
3.00	SOCIAL SERVICE	17.00	0	27,570	0		3.00
4.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	230	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	194,484	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	80,845	0		6.00
7.00	OPERATING ROOM	50.00	0	268,866	0		7.00
8.00	RECOVERY ROOM	51.00	0	7,931	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,974	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	391,736	0		10.00
11.00	CT SCAN	57.00	0	118,935	0		11.00
12.00	LABORATORY	60.00	0	448	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	16	0		13.00
14.00	SLEEP LAB	65.01	0	138	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	1,475	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	1,801	0		16.00
17.00	WOUND HEALING CENTER	90.04	0	69,530	0		17.00
18.00	EMERGENCY	91.00	0	195,030	0		18.00
	TOTALS		0	24,359,113			
E - Building Depreciation							
1.00		0.00	0	0	9		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,345,412	0		2.00
3.00	OPERATION OF PLANT	7.00	0	114,879	0		3.00
4.00	DIETARY	10.00	0	3,020	0		4.00
5.00	CAFETERIA	11.00	0	16,932	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	346,248	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,912	0		7.00
8.00	PHARMACY	15.00	0	26,420	0		8.00
9.00	STERILE SUPPLY	18.00	0	10,681	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	165,448	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	8,119	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	39,788	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,453	0		13.00
14.00	OPERATING ROOM	50.00	0	61,498	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	481,363	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	30,840	0		16.00
17.00	LABORATORY	60.00	0	148,859	0		17.00
18.00	SLEEP LAB	65.01	0	10,687	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	333,296	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	108,926	0		20.00
21.00	WOUND HEALING CENTER	90.04	0	103,717	0		21.00
22.00	EMERGENCY	91.00	0	1,055	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	648,279	0		23.00
24.00	OUTREACH SERVICES	194.01	0	55,955	0		24.00
	TOTALS		0	9,069,787			
F - Equipment Depreciation							
1.00		0.00	0	0	9		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	3,498,375	0		2.00
3.00	OPERATION OF PLANT	7.00	0	182,417	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	28,998	0		4.00
5.00	HOUSEKEEPING	9.00	0	486	0		5.00
6.00	DIETARY	10.00	0	29,352	0		6.00
7.00	CAFETERIA	11.00	0	13,501	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	359,906	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,653	0		9.00
10.00	PHARMACY	15.00	0	211,912	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	31	0		11.00
12.00	STERILE SUPPLY	18.00	0	69,283	0		12.00

RECLASSIFICATIONS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-6
Date/Time Prepared:
1/27/2023 9:27 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	821	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	97,556	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	68,210	0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	59,372	0	16.00
17.00	OPERATING ROOM	50.00	0	1,483,660	0	17.00
18.00	RECOVERY ROOM	51.00	0	2,762	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,570	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	506,352	0	20.00
21.00	CT SCAN	57.00	0	15,683	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	242,827	0	22.00
23.00	LABORATORY	60.00	0	19,645	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	30,949	0	24.00
25.00	SLEEP LAB	65.01	0	457	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	21,711	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	390	0	27.00
28.00	SPEECH PATHOLOGY	68.00	0	3,801	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	151,894	0	29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,879	0	30.00
31.00	RENAL DIALYSIS	74.00	0	2,762	0	31.00
32.00	WOUND HEALING CENTER	90.04	0	1,221	0	32.00
33.00	EMERGENCY	91.00	0	50,132	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	49,085	0	34.00
35.00	OUTREACH SERVICES	194.01	0	43,053	0	35.00
	TOTALS		0	7,295,706		
G - Cafeteria						
1.00	DIETARY	10.00	1,006,944	1,690,475		1.00
			1,006,944	1,690,475		
H - OB/NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,108,702	735,486		1.00
			1,108,702	735,486		
I - Nursery and Labor/Delivery						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	100,129	37,196		1.00
			100,129	37,196		
K - Interest Expense						
1.00					11	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	9,968,451		2.00
			0	9,968,451		
L - SBMF CAPITAL						
1.00					14	1.00
2.00	LABORATORY	60.00	0	144,500		2.00
			0	144,500		
M - Negative Balances						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	139,381	429,338	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		139,381	429,338		
N - Hyperbaric Oxygen						
1.00	WOUND HEALING CENTER	90.04	23,426	26,296		1.00
			23,426	26,296		
O - PHARMACY PRECEPTORS						
1.00	PHARMACY	15.00	331,874	99,562		1.00
2.00	OUTREACH SERVICES	194.01	6,596	1,979		2.00
3.00	AMBULATORY PHARMACY SERVICES	194.04	61,870	18,561		3.00
			400,340	120,102		
P - OTHER MEDICAL EDUCATION EXPENSES						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	239,602		1.00
			0	239,602		
Q - CLINIC MEDICAL EDUCATION						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	68,705	20,611		1.00
			68,705	20,611		
R - 2nd Year Pharmacy Expense						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	0	3,447		1.00
			0	3,447		
S - COVID-19 Depts						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	14,273,704			1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00

RECLASSIFICATIONS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-6

Date/Time Prepared:
1/27/2023 9:27 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
T - Contract Labor Reclass		14,273,704	0			
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		421,425		1.00
2.00	NURSING ADMINISTRATION	13.00		1,212,276		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00		55,962		3.00
4.00	STERILE SUPPLY	18.00		168,203		4.00
5.00				0	1,857,866	5.00
500.00	Grand Total: Decreases		17,121,331	76,052,125		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-7
Part I
Date/Time Prepared:
1/27/2023 9:27 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	289,730	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	306,651,963	26,028	0	26,028	0	3.00
4.00	Building Improvements	2,530,859	62,472	0	62,472	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	117,464,649	550,059	0	550,059	328,069	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	426,937,201	638,559	0	638,559	328,069	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	426,937,201	638,559	0	638,559	328,069	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	289,730	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	306,677,991	8,470,522				3.00
4.00	Building Improvements	2,593,331	550,164				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	117,686,639	78,912,050				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	427,247,691	87,932,736				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	427,247,691	87,932,736				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-7
Part II
Date/Time Prepared:
1/27/2023 9:27 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-7
Part III
Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,600,813	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,249,206	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,850,019	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	9,851,898	0	0	144,500	24,597,211	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,249,206	2.00
3.00	Total (sum of lines 1-2)	9,851,898	0	0	144,500	31,846,417	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-8

Date/Time Prepared:
1/27/2023 9:27 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)	B		0	OTHER ADMINISTRATIVE & GENERAL	5.06		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,610,483					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	4,447,406					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-940,796	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	B		0	EMERGENCY	91.00		0	16.00
17.00 Sale of drugs to other than patients	B	-39,430	PHARMACY		15.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-203,063	CAFETERIA		11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-8

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 Other Operating Rev - Adults and Peds	B	-33,256	ADULTS & PEDIATRICS	30.00	0	33.00
33.01 Other Operating Rev - MRI	B	-26,264	MRI	58.00	0	33.01
33.02 Other Operating Rev - Cardiac Cath	B	-1,160	CARDIAC CATHETERIZATION	59.00	0	33.02
33.03 Other Operating Rev - Resp Care	B	-6,000	RESPIRATORY THERAPY	65.00	0	33.03
33.04 Other Operating Rev - Radiation Oncology	B		RADIOLOGY-THERAPEUTIC	55.00	0	33.04
33.05 Other Operating Rev - Operating Room	B	-12,960	OPERATING ROOM	50.00	0	33.05
33.06 Other Operating Rev - Imaging	B	-3,612	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.08 Other Operating Rev - Physical Therapy	B		PHYSICAL THERAPY	66.00	0	33.08
33.09 Other Operating Rev - Other Clinics	B	-17,938	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.09
33.10 Other Operating Rev - Sports Med Fellowship	B		SPORTS MED FELLOWSHIP CLINIC	90.07	0	33.10
33.11 Other Operating Rev - Emergency Room	B	-35	EMERGENCY	91.00	0	33.11
33.12 Other Operating Rev - Information Resources	B	-26,866	MEDICAL RECORDS & LIBRARY	16.00	0	33.12
33.13 Other Operating Rev - Security	B	-10,744	OPERATION OF PLANT	7.00	0	33.13
33.14 Other Operating Rev - Administration	B	-80,203	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.14
33.15 Other Operating Rev - Dual Employee	B	-33,199	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16 Other Operating Rev - Mobile Medical Unit	B		RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17 OTHER REVENUE	B		RADIOLOGY-THERAPEUTIC	55.00	0	33.17
33.18 Other Operating Rev - Med Ed Non-Labor	B	-26,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.18
33.19 Other Operating Rev - Forensic Nursing	B	-100	NURSING ADMINISTRATION	13.00	0	33.19
33.20 Other Operating Rev - Faculty Practice	B		FACULTY PRACTICE CLINIC	90.09	0	33.20
33.21 Other Operating Rev - St Joe Foot & Ankle	B		PODIATRY RESIDENCY CLINIC	90.08	0	33.21
33.22 Other Operating Rev - Emergency Medical Svcs	B		PARAMED ED PRGM-(SPECIFY)	23.00	0	33.22
33.23 Other Operating Rev - Labor and Delivery	B	170	DELIVERY ROOM & LABOR ROOM	52.00	0	33.23
33.24 Other Operating Rev - Physical Therapy	B		PHYSICAL THERAPY	66.00	0	33.24
33.25 OTHER REVENUE	B		SPORTS MED FELLOWSHIP CLINIC	90.07	0	33.25
33.29 OTHER REVENUE	B		EMERGENCY	91.00	0	33.29
33.30 Gain Loss on Sale of Building	B		CAP REL COSTS-BLDG & FIXT	1.00	14	33.30
33.31 Gain Loss on Sale of Equipment	B	-46,500	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.31
33.32 Other NG Revenue Peds Clinic	B		PEDIATRIC SPECIALTY CLINIC	90.06	0	33.32
33.33 OTHER REVENUE - CDU	B		OPERATING ROOM	50.00	0	33.33
33.34 Other NG Rev - Foot & Ankle	B		PODIATRY RESIDENCY CLINIC	90.08	0	33.34
33.35 Other NG Revenue - Family Medicine	B		FAMILY MEDICINE CENTER	90.03	0	33.35
33.36 Other Revenue - Dual Employee	B		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.36
33.40 Non-Operating Adjustment	B	-988	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.40
34.00 Medi cal d Provider Bed Tax	A	-24,265,333	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
34.40 Donations Expense	A	-63,802	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.40
35.00 Discounts	A		OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
35.01 Discounts	A	11,145	CENTRAL SERVICES & SUPPLY	14.00	0	35.01
35.10 Property Tax	A	-191,150	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.10
36.00 PROPERTY TAX	A		SUBPROVIDER - I RF	41.00	0	36.00
37.00 DISCOUNTS	A		OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
37.01 DISCOUNTS	A		CENTRAL SERVICES & SUPPLY	14.00	0	37.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-8

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,181,161				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: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet A-8-1

Date/Time Prepared:
1/27/2023 9:27 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	5.06	OTHER ADMINISTRATIVE & GENERAL	53,522,322	51,760,234	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	406,551	511,101	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	713,144	2,085,330	3.00
3.01	5.06	OTHER ADMINISTRATIVE & GENERAL	200,623	326,292	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	904,052	3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	5,531,026	0	3.03
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	339,251	3.04
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		60,373,666	55,926,260	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. 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	G		100.00	TRINITY HEALTH	100.00	6.00
7.00	G		100.00	SJRCM - INC	100.00	7.00
8.00	G	SJRCM - PLY	100.00		100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				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: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet A-8-1 Date/Time Prepared: 1/27/2023 9:27 am
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	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	1,762,088	0		1.00
2.00	-104,550	0		2.00
3.00	-1,372,186	0		3.00
3.01	-125,669	0		3.01
3.02	-904,052	0		3.02
3.03	5,531,026	9		3.03
3.04	-339,251	0		3.04
4.00	0	0		4.00
5.00	4,447,406			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HO OF PARENT CO		6.00
7.00	PARENT COMPANY		7.00
8.00	HOSPITAL		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0012

Period: From 07/01/2021 To 06/30/2022

Worksheet A-8-2

Date/Time Prepared: 1/27/2023 9:27 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	13.00 NURSING ADMINISTRATION	223	-484	707	179,000	4	1.00
2.00	0.00	0	0	0	0	0	2.00
3.00	5.06 OTHER ADMINISTRATIVE & GENERAL	1,022,089	1,049,589	-27,500	179,000	196	3.00
4.00	31.00 INTENSIVE CARE UNIT	-18,291	699	-18,990	179,000	95	4.00
5.00	50.00 OPERATING ROOM	7,125,816	7,079,002	46,814	246,400	247	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	13,137	79	13,058	271,900	7	6.00
7.00	35.00 NEONATAL INTENSIVE CARE UNIT	3,904	3,904	0	179,000	0	7.00
8.00	59.00 CARDIAC CATHETERIZATION	2,128	258	1,870	179,000	9	8.00
9.00	51.00 RECOVERY ROOM	2,842	2,842	0	179,000	0	9.00
10.00	0.00	0	0	0	0	0	10.00
11.00	60.00 LABORATORY	9,893	818	9,075	260,300	61	11.00
12.00	91.00 EMERGENCY	294,340	-23,807	318,147	179,000	1,988	12.00
14.00	69.00 ELECTROCARDIOLOGY	11,009	11,009	0	179,000	13	14.00
16.00	5.06 OTHER ADMINISTRATIVE & GENERAL	1,662,148	1,662,148	0	0	0	16.00
17.00	5.06 OTHER ADMINISTRATIVE & GENERAL	642,645	642,645	0	0	0	17.00
18.00	65.01 SLEEP LAB	4,312	-1	4,313	179,000	29	18.00
19.00	52.00 DELIVERY ROOM & LABOR ROOM	305	305	0	179,000	0	19.00
200.00		10,776,500	10,429,006	347,494		2,649	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	13.00 NURSING ADMINISTRATION	344	17	0	0	0	1.00
2.00	0.00	0	0	0	0	0	2.00
3.00	5.06 OTHER ADMINISTRATIVE & GENERAL	16,867	843	0	0	0	3.00
4.00	31.00 INTENSIVE CARE UNIT	8,175	409	0	0	0	4.00
5.00	50.00 OPERATING ROOM	29,260	1,463	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	915	46	0	0	0	6.00
7.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	59.00 CARDIAC CATHETERIZATION	775	39	0	0	0	8.00
9.00	51.00 RECOVERY ROOM	0	0	0	0	0	9.00
10.00	0.00	0	0	0	0	0	10.00
11.00	60.00 LABORATORY	7,634	382	0	0	0	11.00
12.00	91.00 EMERGENCY	171,083	8,554	0	0	0	12.00
14.00	69.00 ELECTROCARDIOLOGY	1,119	56	0	0	0	14.00
16.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	16.00
17.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
18.00	65.01 SLEEP LAB	2,496	125	0	0	0	18.00
19.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	19.00
200.00		238,668	11,934	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	13.00 NURSING ADMINISTRATION	0	344	363	-121		1.00
2.00	0.00	0	0	0	0		2.00
3.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	16,867	0	1,049,589		3.00
4.00	31.00 INTENSIVE CARE UNIT	0	8,175	0	699		4.00
5.00	50.00 OPERATING ROOM	0	29,260	17,554	7,096,556		5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	915	12,143	12,222		6.00
7.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	3,904		7.00
8.00	59.00 CARDIAC CATHETERIZATION	0	775	1,095	1,353		8.00
9.00	51.00 RECOVERY ROOM	0	0	0	2,842		9.00
10.00	0.00	0	0	0	0		10.00
11.00	60.00 LABORATORY	0	7,634	1,441	2,259		11.00
12.00	91.00 EMERGENCY	0	171,083	147,064	123,257		12.00
14.00	69.00 ELECTROCARDIOLOGY	0	1,119	0	11,009		14.00
16.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,662,148		16.00
17.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	642,645		17.00
18.00	65.01 SLEEP LAB	0	2,496	1,817	1,816		18.00
19.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	305		19.00
200.00		0	238,668	181,477	10,610,483		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	24,597,211	24,597,211			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,249,206		7,249,206		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	-735,699	15,997	4,714	-714,988	4.00
5.01 00540	NONPATIENT TELEPHONES	239,417	24,704	7,281	0	271,402 5.01
5.04 00570	ADMITTING	1,562,794	94,462	27,839	0	3,891 5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	73,671,256	3,096,729	912,657	0	36,021 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	6,415,318	6,338,696	1,868,121	0	8,481 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,254,652	0	0	0	499 8.00
9.00 00900	HOUSEKEEPING	2,930,788	305,659	90,083	0	1,696 9.00
10.00 01000	DIETARY	1,793,278	433,733	127,828	0	2,395 10.00
11.00 01100	CAFETERIA	1,561,301	589,448	173,720	0	2,095 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,518,554	96,233	28,362	0	2,794 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,177,448	0	0	0	299 14.00
15.00 01500	PHARMACY	4,919,028	336,640	99,213	0	5,687 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,834,098	49,357	14,546	0	4,390 16.00
17.00 01700	SOCIAL SERVICE	3,548,193	30,019	8,847	0	3,592 17.00
18.00 01850	STERILE SUPPLY	3,083,911	389,894	114,908	0	1,098 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,863,338	45,560	13,427	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,370,743	0	0	0	3,492 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	117,361	0	0	0	599 23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	711,911	0	0	0	299 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	46,052,623	5,760,585	1,697,740	0	54,682 30.00
31.00 03100	INTENSIVE CARE UNIT	11,261,297	724,306	213,465	0	4,490 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	4,668,844	256,251	75,521	0	2,095 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	1,981,513	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	31,921,892	2,418,489	712,769	0	24,945 50.00
51.00 05100	RECOVERY ROOM	2,094,020	160,271	47,234	0	3,692 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,914,063	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,847,657	683,150	201,336	0	14,069 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	281,233	0	0	0	0 55.00
57.00 05700	CT SCAN	1,621,389	86,362	25,452	0	898 57.00
58.00 05800	MRI	1,405,037	0	0	0	1,297 58.00
59.00 05900	CARDIAC CATHETERIZATION	9,877,496	742,480	218,821	0	7,783 59.00
60.00 06000	LABORATORY	13,477,624	99,625	29,361	0	3,891 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	4,101,227	181,785	53,575	0	3,891 65.00
65.01 03610	SLEEP LAB	750,062	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	3,315,034	164,726	48,547	0	5,488 66.00
67.00 06700	OCCUPATIONAL THERAPY	958,388	0	0	0	898 67.00
68.00 06800	SPEECH PATHOLOGY	351,763	0	0	0	399 68.00
69.00 06900	ELECTROCARDIOLOGY	1,571,819	136,174	40,133	0	3,193 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	20,053,878	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	25,476,481	23,691	6,982	0	599 73.00
74.00 07400	RENAL DIALYSIS	2,167,412	57,355	16,904	0	100 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	49,722	0	0	0	200 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0 90.03
90.04 09003	WOUND HEALING CENTER	1,708,754	0	0	0	1,497 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	1,224,296	78,364	23,095	0	1,197 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10
91.00 09100	EMERGENCY	10,795,508	1,070,159	315,394	0	14,069 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B
Part I
Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	354,613,139	24,490,904	7,217,875	0	226,701	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,232	95,322	28,093	0	499	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,515,911	5,872	1,731	0	36,220	192.00
192.01	19201 MATERNAL FETAL MEDICINE/LABORIST	0	5,113	1,507	0	0	192.01
192.02	19202 NEONATOLOGISTS	0	0	0	0	299	192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	1,197	192.03
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951 OUTREACH SERVICES	4,233,972	0	0	0	4,590	194.01
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	1,896	194.02
194.03	07953 ADVANCED SPECIALTIES	739	0	0	0	0	194.03
194.04	07954 AMBULATORY PHARMACY SERVICES	740,374	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	-714,988	0	201.00
202.00	TOTAL (sum lines 118 through 201)	366,156,367	24,597,211	7,249,206	-714,988	271,402	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 1/27/2023 9:27 am
Cost Center Description	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	5.04	5A.04	5.06	6.00	7.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.04 00570	ADMITTING	1,688,986			5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	77,716,663	77,716,663	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	14,630,616	3,932,300	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,255,151	337,349	0
9.00 00900	HOUSEKEEPING	0	3,328,226	894,534	0
10.00 01000	DIETARY	0	2,357,234	633,558	0
11.00 01100	CAFETERIA	0	2,326,564	625,315	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	4,645,943	1,248,699	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	1,177,747	316,545	0
15.00 01500	PHARMACY	0	5,360,568	1,440,771	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	1,902,391	511,309	0
17.00 01700	SOCIAL SERVICE	0	3,590,651	965,066	0
18.00 01850	STERILE SUPPLY	0	3,589,811	964,841	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,922,325	785,439	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,374,235	906,900	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	117,960	31,704	0
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	712,210	191,422	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	206,743	53,772,373	14,452,491	0
31.00 03100	INTENSIVE CARE UNIT	46,058	12,249,616	3,292,354	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	19,182	5,021,893	1,349,744	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0
43.00 04300	NURSERY	6,871	1,988,384	534,422	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	337,760	35,415,855	9,518,790	0
51.00 05100	RECOVERY ROOM	34,779	2,339,996	628,925	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,917	4,937,980	1,327,191	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	91,723	6,837,935	1,837,845	0
55.00 05500	RADIOLOGY-THERAPEUTIC	418	281,651	75,700	0
57.00 05700	CT SCAN	123,456	1,857,557	499,259	0
58.00 05800	MRI	13,406	1,419,740	381,586	0
59.00 05900	CARDIAC CATHETERIZATION	95,315	10,941,895	2,940,875	0
60.00 06000	LABORATORY	198,078	13,808,579	3,711,359	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	27,826	4,368,304	1,174,078	0
65.01 03610	SLEEP LAB	5,411	755,473	203,050	0
66.00 06600	PHYSICAL THERAPY	21,117	3,554,912	955,461	0
67.00 06700	OCCUPATIONAL THERAPY	7,950	967,236	259,966	0
68.00 06800	SPEECH PATHOLOGY	2,911	355,073	95,434	0
69.00 06900	ELECTROCARDIOLOGY	37,851	1,789,170	480,879	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	84,032	20,137,910	5,412,506	0
73.00 07300	DRUGS CHARGED TO PATIENTS	177,287	25,685,040	6,903,420	0
74.00 07400	RENAL DIALYSIS	3,297	2,245,068	603,411	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,104	51,026	13,714	0
76.99 07699	LITHOTRIpsy	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	0
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0
90.04 09003	WOUND HEALING CENTER	8,674	1,718,925	461,999	0
90.05 09004	OUTPATIENT TREATMENT & INFUSION	4,872	1,331,824	357,957	0
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0
91.00 09100	EMERGENCY	87,527	12,282,657	3,301,234	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,667,565	355,124,367	74,559,402	0
NONREIMBURSABLE COST CENTERS					
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	176,146	47,343	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,749	6,573,483	1,766,768	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

Period:
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To 06/30/2022

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Cost Center Description			ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.04	5A.04	5.06	6.00	7.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	912	7,532	2,024	0	6,316	192.01
192.02	19202	NEONATOLOGISTS	2,313	2,612	702	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	3,098	4,295	1,154	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	1,349	4,239,911	1,139,569	0	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	1,896	510	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	739	199	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	740,374	198,992	0	0	194.04
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	-714,988	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,688,986	366,156,367	77,716,663	0	18,562,916	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
192.02	19202	NEONATOLOGISTS	2,182	0	0	0	0
192.03	19203	HOSPITALISTS/INTENSIVISTS	2,923	0	0	0	0
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0
194.01	07951	OUTREACH SERVICES	1,273	0	0	178,979	0
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	0	18,365	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,592,500	4,600,351	3,662,141	3,864,250	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	859	0	1,460	0	192.01
192.02	19202	NEONATOLOGISTS	0	2,177	0	3,700	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	2,916	0	4,958	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	296,768	1,270	14,217	2,159	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	30,451	0	0	0	0	194.04
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)	6,180,449	1,589,258	7,690,589	2,701,815	4,851,133	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	STERILE SUPPLY	5,327,029				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		4,074,855		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			4,386,029	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0				23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0				23.02
159,776						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	87,582	0	2,261,258	2,433,935	0 30.00
31.00 03100	INTENSIVE CARE UNIT	810	0	212,352	228,568	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	4,558	0	57,392	61,775	0 35.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	258,265	277,988	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,851,576	0	126,263	135,905	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	28,696	30,888	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,707	0	28,696	30,888	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	26,086	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	9,925	0	0	0	0 65.00
65.01 03610	SLEEP LAB	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	97,567	105,018	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	17,218	18,533	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0 90.03
90.04 09003	WOUND HEALING CENTER	19,160	0	0	0	0 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10
91.00 09100	EMERGENCY	4,707	0	246,787	265,633	159,776 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,009,111	0	3,334,494	3,589,131	159,776 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	29,864	0	740,361	796,898	0 192.00
192.01 19201	MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0 192.01
192.02 19202	NEONATOLOGISTS	0	0	0	0	0 192.02
192.03 19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0 192.03
194.00 07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0 194.00
194.01 07951	OUTREACH SERVICES	206,408	0	0	0	0 194.01
194.02 07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0 194.02
194.03 07953	ADVANCED SPECIALTIES	81,646	0	0	0	0 194.03
194.04 07954	AMBULATORY PHARMACY SERVICES	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments		0	0	0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	5,327,029	0	4,074,855	4,386,029	159,776 202.00

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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00540	NONPATIENT TELEPHONES				5.01	
5.04	00570	ADMINISTRATIVE				5.04	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06	
6.00	00600	MAINTENANCE & REPAIRS				6.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
12.00	01200	MAINTENANCE OF PERSONNEL				12.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE				17.00	
18.00	01850	STERILE SUPPLY				18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00	
23.02	02302	PHARMACY RESIDENCY PROGRAM	961,079			23.02	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	92,492,814	-4,695,193	87,797,621	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,307,638	-440,920	17,866,718	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	7,280,563	-119,167	7,161,396	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	3,222,829	-536,253	2,686,576	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	56,182,019	-262,168	55,919,851	50.00
51.00	05100	RECOVERY ROOM	0	3,478,641	0	3,478,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,712,208	-59,584	6,652,624	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,539,065	-59,584	10,479,481	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	375,385	0	375,385	55.00
57.00	05700	CT SCAN	0	3,005,723	0	3,005,723	57.00
58.00	05800	MRI	0	1,850,981	0	1,850,981	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,690,872	0	15,690,872	59.00
60.00	06000	LABORATORY	0	18,827,064	0	18,827,064	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	6,159,277	0	6,159,277	65.00
65.01	03610	SLEEP LAB	0	1,027,666	0	1,027,666	65.01
66.00	06600	PHYSICAL THERAPY	0	5,105,529	0	5,105,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,323,486	0	1,323,486	67.00
68.00	06800	SPEECH PATHOLOGY	0	486,025	0	486,025	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,944,561	-202,585	2,741,976	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,843,237	0	25,843,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	961,079	41,805,147	0	41,805,147	73.00
74.00	07400	RENAL DIALYSIS	0	2,984,589	-35,751	2,948,838	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	80,740	0	80,740	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	2,290,429	0	2,290,429	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	1,906,282	0	1,906,282	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	18,895,682	-512,420	18,383,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	961,079	348,818,452	-6,923,625	341,894,827	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B
Part I
Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	371,032	0	371,032	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,479,876	-1,537,259	8,942,617	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	20,650	0	20,650	192.01
192.02	19202	NEONATOLOGISTS	0	11,373	0	11,373	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	16,246	0	16,246	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	6,080,554	0	6,080,554	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	2,406	0	2,406	194.02
194.03	07953	ADVANCED SPECIALTIES	0	82,584	0	82,584	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	988,182	0	988,182	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-714,988	0	-714,988	201.00
202.00		TOTAL (sum lines 118 through 201)	961,079	366,156,367	-8,460,884	357,695,483	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
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	15,997	4,714	20,711	20,711	4.00
5.01	00540	NONPATIENT TELEPHONES	0	24,704	7,281	31,985	0	5.01
5.04	00570	ADMITTING	0	94,462	27,839	122,301	0	5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	3,096,729	912,657	4,009,386	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	6,338,696	1,868,121	8,206,817	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	305,659	90,083	395,742	0	9.00
10.00	01000	DIETARY	0	433,733	127,828	561,561	0	10.00
11.00	01100	CAFETERIA	0	589,448	173,720	763,168	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	96,233	28,362	124,595	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	336,640	99,213	435,853	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,357	14,546	63,903	0	16.00
17.00	01700	SOCIAL SERVICE	0	30,019	8,847	38,866	0	17.00
18.00	01850	STERILE SUPPLY	0	389,894	114,908	504,802	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	45,560	13,427	58,987	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,760,585	1,697,740	7,458,325	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	724,306	213,465	937,771	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	256,251	75,521	331,772	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,418,489	712,769	3,131,258	0	50.00
51.00	05100	RECOVERY ROOM	0	160,271	47,234	207,505	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	683,150	201,336	884,486	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	86,362	25,452	111,814	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	742,480	218,821	961,301	0	59.00
60.00	06000	LABORATORY	0	99,625	29,361	128,986	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	181,785	53,575	235,360	0	65.00
65.01	03610	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	164,726	48,547	213,273	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	136,174	40,133	176,307	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	23,691	6,982	30,673	0	73.00
74.00	07400	RENAL DIALYSIS	0	57,355	16,904	74,259	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	0	0	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	78,364	23,095	101,459	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	1,070,159	315,394	1,385,553	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,490,904	7,217,875	31,708,779	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	95,322	28,093	123,415	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	5,872	1,731	7,603	0 192.00
192.01 19201	MATERNAL FETAL MEDICINE/LABORIST	0	5,113	1,507	6,620	0 192.01
192.02 19202	NEONATOLOGISTS	0	0	0	0	0 192.02
192.03 19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0 192.03
194.00 07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0 194.00
194.01 07951	OUTREACH SERVICES	0	0	0	0	0 194.01
194.02 07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0 194.02
194.03 07953	ADVANCED SPECIALTIES	0	0	0	0	0 194.03
194.04 07954	AMBULATORY PHARMACY SERVICES	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	20,711 201.00
202.00	TOTAL (sum lines 118 through 201)	0	24,597,211	7,249,206	31,846,417	20,711 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am		
Cost Center Description		NONPATIENT TELEPHONES	ADMINITTING	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		5.01	5.04	5.06	6.00	7.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES	31,985			5.01
5.04	00570	ADMINITTING	459	122,760		5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,245	0	4,013,631	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,000	0	0	8,410,905
8.00	00800	LAUNDRY & LINEN SERVICE	59	0	17,423	0
9.00	00900	HOUSEKEEPING	200	0	46,199	171,087
10.00	01000	DIETARY	282	0	32,721	242,775
11.00	01100	CAFETERIA	247	0	32,295	329,934
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	329	0	64,490	53,865
14.00	01400	CENTRAL SERVICES & SUPPLY	35	0	16,348	0
15.00	01500	PHARMACY	670	0	74,410	188,428
16.00	01600	MEDICAL RECORDS & LIBRARY	517	0	26,407	27,627
17.00	01700	SOCIAL SERVICE	423	0	49,842	16,803
18.00	01850	STERILE SUPPLY	129	0	49,830	218,237
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	40,565	25,502
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	412	0	46,838	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	71	0	1,637	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	35	0	9,886	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,443	15,036	746,291	3,224,392
31.00	03100	INTENSIVE CARE UNIT	529	3,350	170,037	405,419
35.00	02060	NEONATAL INTENSIVE CARE UNIT	247	1,395	69,709	143,432
41.00	04100	SUBPROVIDER - I&R	0	0	0	0
43.00	04300	NURSERY	0	500	27,601	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,940	24,488	491,607	1,353,709
51.00	05100	RECOVERY ROOM	435	2,529	32,481	89,709
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,739	68,544	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,658	6,671	94,917	382,382
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30	3,910	0
57.00	05700	CT SCAN	106	8,979	25,785	48,340
58.00	05800	MRI	153	975	19,707	0
59.00	05900	CARDIAC CATHETERIZATION	917	6,932	151,884	415,591
60.00	06000	LABORATORY	459	14,406	191,677	55,763
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	459	2,024	60,636	101,751
65.01	03610	SLEEP LAB	0	394	10,487	0
66.00	06600	PHYSICAL THERAPY	647	1,536	49,346	92,202
67.00	06700	OCCUPATIONAL THERAPY	106	578	13,426	0
68.00	06800	SPEECH PATHOLOGY	47	212	4,929	0
69.00	06900	ELECTROCARDIOLOGY	376	2,753	24,835	76,221
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,111	279,534	0
73.00	07300	DRUGS CHARGED TO PATIENTS	71	12,894	356,534	13,261
74.00	07400	RENAL DIALYSIS	12	240	31,164	32,104
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	24	80	708	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0
90.04	09003	WOUND HEALING CENTER	176	631	23,860	0
90.05	09004	OUTPATIENT TREATMENT & INFUSION	141	354	18,487	43,863
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0
91.00	09100	EMERGENCY	1,658	6,366	170,496	599,004
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,717	121,203	3,850,571	8,351,401
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	59	0	2,445	53,355
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,269	1,000	91,247	3,287

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.01	5.04	5.06	6.00	7.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	66	105	0	2,862	192.01
192.02	19202	NEONATOLOGISTS	35	168	36	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	141	225	60	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	541	98	58,854	0	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	223	0	26	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	10	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	10,277	0	0	194.04
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)	31,985	122,760	4,013,631	0	8,410,905	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
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	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMITTING					5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,482				8.00
9.00	00900	HOUSEKEEPING	0	613,228			9.00
10.00	01000	DIETARY	0	18,068	855,407		10.00
11.00	01100	CAFETERIA	0	24,555	0	1,150,199	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,009	0	40,735	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	10,634	14.00
15.00	01500	PHARMACY	0	14,023	0	41,229	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,056	0	23,708	16.00
17.00	01700	SOCIAL SERVICE	0	1,251	0	27,877	17.00
18.00	01850	STERILE SUPPLY	0	16,242	0	18,911	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,898	0	33,210	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	11,746	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	1,132	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	6,403	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,169	239,966	787,876	242,226	30.00
31.00	03100	INTENSIVE CARE UNIT	483	30,172	22,767	51,482	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	201	10,675	8,144	26,086	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	72	0	0	15,658	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,306	100,746	24,691	124,232	50.00
51.00	05100	RECOVERY ROOM	365	6,676	1,070	15,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	251	0	0	34,054	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	962	28,458	0	47,251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4	0	0	1,853	55.00
57.00	05700	CT SCAN	1,295	3,598	0	9,522	57.00
58.00	05800	MRI	141	0	0	329	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,000	30,929	0	29,555	59.00
60.00	06000	LABORATORY	2,078	4,150	0	51,812	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	292	7,573	0	25,602	65.00
65.01	03610	SLEEP LAB	57	0	0	5,631	65.01
66.00	06600	PHYSICAL THERAPY	222	6,862	0	29,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	83	0	0	7,680	67.00
68.00	06800	SPEECH PATHOLOGY	31	0	0	2,841	68.00
69.00	06900	ELECTROCARDIOLOGY	397	5,673	0	14,474	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	881	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,860	987	0	5,353	73.00
74.00	07400	RENAL DIALYSIS	35	2,389	0	10	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	12	0	0	1,359	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	91	0	0	6,650	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	51	3,264	453	8,421	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	90.10
91.00	09100	EMERGENCY	918	44,579	10,406	70,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,257	608,799	855,407	1,043,159	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,971	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	144	245	0	48,301	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	10	213	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
192.02	19202 NEONATOLOGISTS	24	0	0	0	0	0 192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	33	0	0	0	0	0 192.03
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	0 194.00
194.01	07951 OUTREACH SERVICES	14	0	0	53,273	0	0 194.01
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	0 194.02
194.03	07953 ADVANCED SPECIALTIES	0	0	0	0	0	0 194.03
194.04	07954 AMBULATORY PHARMACY SERVICES	0	0	0	5,466	0	0 194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	17,482	613,228	855,407	1,150,199	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	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	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMITTING					5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION	288,023				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,761	29,778			14.00
15.00	01500	PHARMACY	10,703	0	765,316		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,155	0	0	150,373	16.00
17.00	01700	SOCIAL SERVICE	7,237	0	0	0	17.00
18.00	01850	STERILE SUPPLY	4,909	0	1	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,621	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,049	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	294	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,662	0	26	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,883	3,614	0	18,361	126,488
31.00	03100	INTENSIVE CARE UNIT	13,365	805	0	4,090	14,230
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,772	335	0	1,704	1,581
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
43.00	04300	NURSERY	4,065	120	0	610	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,251	6,158	0	30,369	0
51.00	05100	RECOVERY ROOM	3,950	608	0	3,089	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,841	418	0	2,124	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,267	1,604	0	8,146	0
55.00	05500	RADIOLOGY-THERAPEUTIC	481	7	3	37	0
57.00	05700	CT SCAN	2,472	2,158	0	10,964	0
58.00	05800	MRI	86	234	0	1,191	0
59.00	05900	CARDIAC CATHETERIZATION	7,673	1,666	3,653	8,465	0
60.00	06000	LABORATORY	13,451	3,463	0	17,592	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,646	486	0	2,471	0
65.01	03610	SLEEP LAB	1,462	95	0	481	0
66.00	06600	PHYSICAL THERAPY	7,750	369	0	1,875	0
67.00	06700	OCCUPATIONAL THERAPY	1,994	139	0	706	0
68.00	06800	SPEECH PATHOLOGY	738	51	0	259	0
69.00	06900	ELECTROCARDIOLOGY	3,757	662	0	3,362	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,469	0	7,463	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,390	3,099	751,660	15,745	0
74.00	07400	RENAL DIALYSIS	3	58	0	293	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	353	19	2	98	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0
90.04	09003	WOUND HEALING CENTER	1,726	152	73	770	0
90.05	09004	OUTPATIENT TREATMENT & INFUSION	2,186	85	108	433	0
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	18,282	1,530	0	7,773	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	260,235	29,404	755,526	148,471	142,299
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,539	240	8,375	1,221	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	16	0	81	0	192.01
192.02	19202	NEONATOLOGISTS	0	40	0	205	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	54	0	275	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	13,830	24	1,415	120	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	1,419	0	0	0	0	194.04
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)	288,023	29,778	765,316	150,373	142,299	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	STERILE SUPPLY	813,061				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		168,783		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			62,045	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0				23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0				23.02
						3,134
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,368				30.00
31.00 03100	INTENSIVE CARE UNIT	124				31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	696				35.00
41.00 04100	SUBPROVIDER - I RF	0				41.00
43.00 04300	NURSERY	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	740,493				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	718				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MRI	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	3,981				59.00
60.00 06000	LABORATORY	0				60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0				62.30
65.00 06500	RESPIRATORY THERAPY	1,515				65.00
65.01 03610	SLEEP LAB	0				65.01
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
76.99 07699	LITHOTRIpsy	0				76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0				90.00
90.02 09001	MOBILE MEDICAL UNIT	0				90.02
90.03 09002	FAMILY MEDICINE CENTER	0				90.03
90.04 09003	WOUND HEALING CENTER	2,924				90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0				90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0				90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0				90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0				90.08
90.09 09008	FACULTY PRACTICE CLINIC	0				90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0				90.10
91.00 09100	EMERGENCY	718				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	764,537	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,558				192.00
192.01 19201	MATERNAL FETAL MEDICINE/LABORIST	0				192.01
192.02 19202	NEONATOLOGISTS	0				192.02
192.03 19203	HOSPITALISTS/INTENSIVISTS	0				192.03
194.00 07950	SPORTS MED-ATHLETIC TRAINERS	0				194.00
194.01 07951	OUTREACH SERVICES	31,504				194.01
194.02 07952	KINDRED/OUR LADY OF PEACE	0				194.02
194.03 07953	ADVANCED SPECIALTIES	12,462				194.03
194.04 07954	AMBULATORY PHARMACY SERVICES	0				194.04
200.00	Cross Foot Adjustments		0	168,783	62,045	3,134 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	813,061	0	168,783	62,045	3,134 202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am
Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.02	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.04	00570	ADMINISTRATIVE				5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	STERILE SUPPLY				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	18,012			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		12,947,438	0	12,947,438
31.00	03100	INTENSIVE CARE UNIT		1,654,624	0	1,654,624
35.00	02060	NEONATAL INTENSIVE CARE UNIT		602,749	0	602,749
41.00	04100	SUBPROVIDER - I RF		0	0	0
43.00	04300	NURSERY		48,626	0	48,626
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		6,066,248	0	6,066,248
51.00	05100	RECOVERY ROOM		363,632	0	363,632
52.00	05200	DELIVERY ROOM & LABOR ROOM		115,971	0	115,971
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,469,520	0	1,469,520
55.00	05500	RADIOLOGY-THERAPEUTIC		6,325	0	6,325
57.00	05700	CT SCAN		225,033	0	225,033
58.00	05800	MRI		22,816	0	22,816
59.00	05900	CARDIAC CATHETERIZATION		1,623,547	0	1,623,547
60.00	06000	LABORATORY		483,837	0	483,837
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500	RESPIRATORY THERAPY		444,815	0	444,815
65.01	03610	SLEEP LAB		18,607	0	18,607
66.00	06600	PHYSICAL THERAPY		403,936	0	403,936
67.00	06700	OCCUPATIONAL THERAPY		24,712	0	24,712
68.00	06800	SPEECH PATHOLOGY		9,108	0	9,108
69.00	06900	ELECTROCARDIOLOGY		308,817	0	308,817
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		295,458	0	295,458
73.00	07300	DRUGS CHARGED TO PATIENTS		1,193,527	0	1,193,527
74.00	07400	RENAL DIALYSIS		140,567	0	140,567
76.97	07697	CARDIAC REHABILITATION		0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY		2,655	0	2,655
76.99	07699	LITHOTRIpsy		0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		0	0	0
90.02	09001	MOBILE MEDICAL UNIT		0	0	0
90.03	09002	FAMILY MEDICINE CENTER		0	0	0
90.04	09003	WOUND HEALING CENTER		37,053	0	37,053
90.05	09004	OUTPATIENT TREATMENT & INFUSION		179,305	0	179,305
90.06	09005	PEDIATRIC SPECIALTY CLINIC		0	0	0
90.07	09006	SPORTS MED FELLOWSHIP CLINIC		0	0	0
90.08	09007	PODIATRY RESIDENCY CLINIC		0	0	0
90.09	09008	FACULTY PRACTICE CLINIC		0	0	0
90.10	09009	OUR LADY OF ROSARY CLINIC		0	0	0
91.00	09100	EMERGENCY		2,317,707	0	2,317,707
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	31,006,633	0	31,006,633

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 1/27/2023 9:27 am		
Cost Center Description	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.02	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	183,245	0	183,245	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	183,029	0	183,029	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	9,973	0	9,973	192.01
192.02	19202	NEONATOLOGISTS	508	0	508	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	788	0	788	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	159,673	0	159,673	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	249	0	249	194.02
194.03	07953	ADVANCED SPECIALTIES	12,472	0	12,472	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	17,162	0	17,162	194.04
200.00		Cross Foot Adjustments	18,012	251,974	251,974	200.00
201.00		Negative Cost Centers	0	20,711	20,711	201.00
202.00		TOTAL (sum lines 118 through 201)	18,012	31,846,417	31,846,417	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE EXTENSIONS)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5.01	5.04	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	485,895					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		485,895				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	316	316	121,600,959			4.00
5.01 00540 NONPATIENT TELEPHONES	488	488	185,901	2,720		5.01
5.04 00570 ADMITTING	1,866	1,866	1,156,397	39	1,180,828,276	5.04
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	61,173	61,173	5,499,198	361	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	125,215	125,215	1,799,259	85	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	157,687	5	0	8.00
9.00 00900 HOUSEKEEPING	6,038	6,038	1,533,271	17	0	9.00
10.00 01000 DIETARY	8,568	8,568	845,895	24	0	10.00
11.00 01100 CAFETERIA	11,644	11,644	1,009,001	21	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,901	1,901	3,961,371	28	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	481,939	3	0	14.00
15.00 01500 PHARMACY	6,650	6,650	4,500,609	57	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	975	975	1,433,670	44	0	16.00
17.00 01700 SOCIAL SERVICE	593	593	2,381,968	36	0	17.00
18.00 01850 STERILE SUPPLY	7,702	7,702	978,826	11	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	900	900	2,323,025	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,593,129	35	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	78,583	6	0	23.00
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	528,804	3	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	113,795	113,795	23,550,595	548	144,575,515	30.00
31.00 03100 INTENSIVE CARE UNIT	14,308	14,308	5,437,927	45	32,208,630	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	5,062	5,062	3,023,433	21	13,413,689	35.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	1,208,831	0	4,804,714	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	47,775	47,775	15,277,555	250	235,913,197	50.00
51.00 05100 RECOVERY ROOM	3,166	3,166	1,682,364	37	24,320,746	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	3,749,451	0	16,725,385	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,495	13,495	3,643,794	141	64,142,209	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	159,951	0	292,238	55.00
57.00 05700 CT SCAN	1,706	1,706	840,700	9	86,333,150	57.00
58.00 05800 MRI	0	0	36,163	13	9,374,496	58.00
59.00 05900 CARDIAC CATHETERIZATION	14,667	14,667	3,332,920	78	66,654,187	59.00
60.00 06000 LABORATORY	1,968	1,968	3,212,888	39	138,516,054	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	3,591	3,591	2,351,604	39	19,458,464	65.00
65.01 03610 SLEEP LAB	0	0	368,756	0	3,784,192	65.01
66.00 06600 PHYSICAL THERAPY	3,254	3,254	2,505,884	55	14,767,481	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	779,692	9	5,559,583	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	294,182	4	2,035,688	68.00
69.00 06900 ELECTROCARDIOLOGY	2,690	2,690	1,194,820	32	26,468,923	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	58,763,920	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	468	468	609,135	6	123,977,096	73.00
74.00 07400 RENAL DIALYSIS	1,133	1,133	2,529	1	2,305,757	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	23,426	2	772,072	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04 09003 WOUND HEALING CENTER	0	0	703,309	15	6,066,059	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	1,548	1,548	956,000	12	3,406,929	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00 09100 EMERGENCY	21,140	21,140	6,971,817	141	61,207,660	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE EXTENSIONS)	ADMITTING (GROSS REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		483,795	483,795	113,366,259	2,272	1,165,848,034	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	1,883	1,883	0	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	116	116	4,535,241	363	9,614,592	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	101	101	0	0	637,939	192.01
192.02	19202	NEONATOLOGISTS	0	0	0	3	1,617,308	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	12	2,166,743	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	0	3,121,102	46	943,660	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	19	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	578,357	0	0	194.04
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)	24,597,211	7,249,206	-714,988	271,402	1,688,986	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	50.622482	14.919285	0.000000	99.780147	0.001430	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			20,711	31,985	122,760	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000170	11.759191	0.000104	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: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1
Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.04	00570						5.04
5.06	00590	-77,716,663	289,154,692				5.06
6.00	00600	0	0	0			6.00
7.00	00700	0	14,630,616	0	296,837		7.00
8.00	00800	0	1,255,151	0	0	1,180,828,276	8.00
9.00	00900	0	3,328,226	0	6,038	0	9.00
10.00	01000	0	2,357,234	0	8,568	0	10.00
11.00	01100	0	2,326,564	0	11,644	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	4,645,943	0	1,901	0	13.00
14.00	01400	0	1,177,747	0	0	0	14.00
15.00	01500	0	5,360,568	0	6,650	0	15.00
16.00	01600	0	1,902,391	0	975	0	16.00
17.00	01700	0	3,590,651	0	593	0	17.00
18.00	01850	0	3,589,811	0	7,702	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	2,922,325	0	900	0	21.00
22.00	02200	0	3,374,235	0	0	0	22.00
23.00	02300	0	117,960	0	0	0	23.00
23.02	02302	0	712,210	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	53,772,373	0	113,795	144,575,515	30.00
31.00	03100	0	12,249,616	0	14,308	32,208,630	31.00
35.00	02060	0	5,021,893	0	5,062	13,413,689	35.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	1,988,384	0	0	4,804,714	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	35,415,855	0	47,775	235,913,197	50.00
51.00	05100	0	2,339,996	0	3,166	24,320,746	51.00
52.00	05200	0	4,937,980	0	0	16,725,385	52.00
54.00	05400	0	6,837,935	0	13,495	64,142,209	54.00
55.00	05500	0	281,651	0	0	292,238	55.00
57.00	05700	0	1,857,557	0	1,706	86,333,150	57.00
58.00	05800	0	1,419,740	0	0	9,374,496	58.00
59.00	05900	0	10,941,895	0	14,667	66,654,187	59.00
60.00	06000	0	13,808,579	0	1,968	138,516,054	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	4,368,304	0	3,591	19,458,464	65.00
65.01	03610	0	755,473	0	0	3,784,192	65.01
66.00	06600	0	3,554,912	0	3,254	14,767,481	66.00
67.00	06700	0	967,236	0	0	5,559,583	67.00
68.00	06800	0	355,073	0	0	2,035,688	68.00
69.00	06900	0	1,789,170	0	2,690	26,468,923	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	20,137,910	0	0	58,763,920	72.00
73.00	07300	0	25,685,040	0	468	123,977,096	73.00
74.00	07400	0	2,245,068	0	1,133	2,305,757	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	51,026	0	0	772,072	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09001	0	0	0	0	0	90.02
90.03	09002	0	0	0	0	0	90.03
90.04	09003	0	1,718,925	0	0	6,066,059	90.04
90.05	09004	0	1,331,824	0	1,548	3,406,929	90.05
90.06	09005	0	0	0	0	0	90.06
90.07	09006	0	0	0	0	0	90.07
90.08	09007	0	0	0	0	0	90.08
90.09	09008	0	0	0	0	0	90.09
90.10	09009	0	0	0	0	0	90.10
91.00	09100	0	12,282,657	0	21,140	61,207,660	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		-77,716,663	277,407,704	0	294,737	1,165,848,034	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	176,146	0	1,883	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)		
		5A.06	5.06	6.00	7.00	8.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,573,483	0	116	9,614,592	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	7,532	0	101	637,939	192.01
192.02	19202	NEONATOLOGISTS	0	2,612	0	0	1,617,308	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	4,295	0	0	2,166,743	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	4,239,911	0	0	943,660	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	1,896	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	739	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	740,374	0	0	0	194.04
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)		77,716,663	0	18,562,916	1,592,500	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.268772	0.000000	62.535722	0.001349	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		4,013,631	0	8,410,905	17,482	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.013881	0.000000	28.335096	0.000015	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: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet B-1	
Date/Time Prepared: 1/27/2023 9:27 am							
Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES)		
	9.00	10.00	11.00	12.00	13.00		
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 00540	NONPATIENT TELEPHONES						5.01
5.04 00570	ADMINISTRATIVE						5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING	290,799					9.00
10.00 01000	DIETARY	8,568	162,272				10.00
11.00 01100	CAFETERIA	11,644	0	111,731			11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00 01300	NURSING ADMINISTRATION	1,901	0	3,957	0	107,774	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	1,033	0	1,033	14.00
15.00 01500	PHARMACY	6,650	0	4,005	0	4,005	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	975	0	2,303	0	2,303	16.00
17.00 01700	SOCIAL SERVICE	593	0	2,708	0	2,708	17.00
18.00 01850	STERILE SUPPLY	7,702	0	1,837	0	1,837	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	900	0	3,226	0	3,226	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,141	0	1,141	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	110	0	110	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	0	622	0	622	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	113,795	149,461	23,530	0	23,530	30.00
31.00 03100	INTENSIVE CARE UNIT	14,308	4,319	5,001	0	5,001	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	5,062	1,545	2,534	0	2,534	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	1,521	0	1,521	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	47,775	4,684	12,068	0	12,068	50.00
51.00 05100	RECOVERY ROOM	3,166	203	1,478	0	1,478	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,308	0	3,308	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,495	0	4,590	0	4,590	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	180	0	180	55.00
57.00 05700	CT SCAN	1,706	0	925	0	925	57.00
58.00 05800	MRI	0	0	32	0	32	58.00
59.00 05900	CARDIAC CATHETERIZATION	14,667	0	2,871	0	2,871	59.00
60.00 06000	LABORATORY	1,968	0	5,033	0	5,033	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	3,591	0	2,487	0	2,487	65.00
65.01 03610	SLEEP LAB	0	0	547	0	547	65.01
66.00 06600	PHYSICAL THERAPY	3,254	0	2,900	0	2,900	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	746	0	746	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	276	0	276	68.00
69.00 06900	ELECTROCARDIOLOGY	2,690	0	1,406	0	1,406	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	468	0	520	0	520	73.00
74.00 07400	RENAL DIALYSIS	1,133	0	1	0	1	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	132	0	132	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04 09003	WOUND HEALING CENTER	0	0	646	0	646	90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	1,548	86	818	0	818	90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00 09100	EMERGENCY	21,140	1,974	6,841	0	6,841	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	288,699	162,272	101,333	0	97,376	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,883	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES)		
		9.00	10.00	11.00	12.00	13.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	116	0	4,692	0	4,692	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	101	0	0	0	0	192.01
192.02	19202	NEONATOLOGISTS	0	0	0	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	0	5,175	0	5,175	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	531	0	531	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,600,351	3,662,141	3,864,250	0	6,180,449	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.819693	22.567917	34.585299	0.000000	57.346382	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	613,228	855,407	1,150,199	0	288,023	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.108769	5.271439	10.294359	0.000000	2.672472	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: 15-0012

Period: From 07/01/2021 To 06/30/2022

Worksheet B-1
Date/Time Prepared: 1/27/2023 9:27 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (GROSS REVENUE)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE STERILE SUPPLY (TIME SPENT)	
	14.00	15.00	16.00	17.00	18.00	
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 00540 NONPATIENT TELEPHONES						5.01
5.04 00570 ADMITTING						5.04
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,180,828,276					14.00
15.00 01500 PHARMACY	0	23,665,317				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,180,828,276			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	90		17.00
18.00 01850 STERILE SUPPLY	0	18	0	0	177,664	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	819	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	144,575,515	0	144,575,515	80	2,921	30.00
31.00 03100 INTENSIVE CARE UNIT	32,208,630	0	32,208,630	9	27	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	13,413,689	5	13,413,689	1	152	35.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	4,804,714	0	4,804,714	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	235,913,197	7	235,913,197	0	161,807	50.00
51.00 05100 RECOVERY ROOM	24,320,746	0	24,320,746	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	16,725,385	0	16,725,385	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	64,142,209	0	64,142,209	0	157	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	292,238	94	292,238	0	0	55.00
57.00 05700 CT SCAN	86,333,150	0	86,333,150	0	0	57.00
58.00 05800 MRI	9,374,496	0	9,374,496	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	66,654,187	112,948	66,654,187	0	870	59.00
60.00 06000 LABORATORY	138,516,054	15	138,516,054	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	19,458,464	0	19,458,464	0	331	65.00
65.01 03610 SLEEP LAB	3,784,192	0	3,784,192	0	0	65.01
66.00 06600 PHYSICAL THERAPY	14,767,481	0	14,767,481	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,559,583	0	5,559,583	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,035,688	0	2,035,688	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	26,468,923	0	26,468,923	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	58,763,920	0	58,763,920	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	123,977,096	23,243,025	123,977,096	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,305,757	0	2,305,757	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	772,072	51	772,072	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04 09003 WOUND HEALING CENTER	6,066,059	2,247	6,066,059	0	639	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	3,406,929	3,350	3,406,929	0	0	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00 09100 EMERGENCY	61,207,660	10	61,207,660	0	157	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (GROSS REVENUE)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE STERILE SUPPLY (TIME SPENT)	
	14.00	15.00	16.00	17.00	18.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,165,848,034	23,362,589	1,165,848,034	90	167,061
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,614,592	258,979	9,614,592	0	996
192.01	19201 MATERNAL FETAL MEDICINE/LABORIST	637,939	0	637,939	0	0
192.02	19202 NEONATOLOGISTS	1,617,308	0	1,617,308	0	0
192.03	19203 HOSPITALISTS/INTENSIVISTS	2,166,743	0	2,166,743	0	0
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0
194.01	07951 OUTREACH SERVICES	943,660	43,749	943,660	0	6,884
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0
194.03	07953 ADVANCED SPECIALTIES	0	0	0	0	2,723
194.04	07954 AMBULATORY PHARMACY SERVICES	0	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	1,589,258	7,690,589	2,701,815	4,851,133	5,327,029
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001346	0.324973	0.002288	53,901.477778	29.983728
204.00	Cost to be allocated (per Wkst. B, Part II)	29,778	765,316	150,373	142,299	813,061
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000025	0.032339	0.000127	1,581.100000	4.576397
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1
Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (PATIENT DAYS)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		19.00	21.00			22.00
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 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	STERILE SUPPLY					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		710			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			710		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				100	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM					100 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	394	394	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	37	37	0	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	10	10	0	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	45	45	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	22	22	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5	5	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	5	5	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03610	SLEEP LAB	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	17	17	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	3	3	0	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0	0 90.03
90.04 09003	WOUND HEALING CENTER	0	0	0	0	0 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10
91.00 09100	EMERGENCY	0	43	43	100	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet B-1

Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (PATIENT DAYS)		
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		19.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	581	581	100	100	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	129	129	0	0	192.00
192.01	19201 MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0	192.01
192.02	19202 NEONATOLOGISTS	0	0	0	0	0	192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.03
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951 OUTREACH SERVICES	0	0	0	0	0	194.01
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953 ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954 AMBULATORY PHARMACY SERVICES	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	4,074,855	4,386,029	159,776	961,079	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	5,739.232394	6,177.505634	1,597.760000	9,610.790000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	168,783	62,045	3,134	18,012	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	237.722535	87.387324	31.340000	180.120000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet C
Part I
Date/Time Prepared:
1/27/2023 9:27 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		87,797,621	0	87,797,621	30.00
31.00	03100 INTENSIVE CARE UNIT		17,866,718	0	17,866,718	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		7,161,396	0	7,161,396	35.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
43.00	04300 NURSERY		2,686,576	0	2,686,576	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		55,919,851	17,554	55,937,405	50.00
51.00	05100 RECOVERY ROOM		3,478,641	0	3,478,641	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,652,624	0	6,652,624	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,479,481	12,143	10,491,624	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		375,385	0	375,385	55.00
57.00	05700 CT SCAN		3,005,723	0	3,005,723	57.00
58.00	05800 MRI		1,850,981	0	1,850,981	58.00
59.00	05900 CARDIAC CATHETERIZATION		15,690,872	1,095	15,691,967	59.00
60.00	06000 LABORATORY		18,827,064	1,441	18,828,505	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	6,159,277	0	6,159,277	65.00
65.01	03610 SLEEP LAB	0	1,027,666	1,817	1,029,483	65.01
66.00	06600 PHYSICAL THERAPY	0	5,105,529	0	5,105,529	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,323,486	0	1,323,486	67.00
68.00	06800 SPEECH PATHOLOGY	0	486,025	0	486,025	68.00
69.00	06900 ELECTROCARDIOLOGY		2,741,976	0	2,741,976	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		25,843,237	0	25,843,237	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		41,805,147	0	41,805,147	73.00
74.00	07400 RENAL DIALYSIS		2,948,838	0	2,948,838	74.00
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		80,740	0	80,740	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT		0	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER		0	0	0	90.03
90.04	09003 WOUND HEALING CENTER		2,290,429	0	2,290,429	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION		1,906,282	0	1,906,282	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC		0	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC		0	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC		0	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC		0	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC		0	0	0	90.10
91.00	09100 EMERGENCY		18,383,262	147,064	18,530,326	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		9,775,624	0	9,775,624	92.00
200.00	Subtotal (see instructions)		351,670,451	181,114	351,851,565	200.00
201.00	Less Observation Beds		9,775,624	0	9,775,624	201.00
202.00	Total (see instructions)		341,894,827	181,114	342,075,941	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 1/27/2023 9:27 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	131,749,498		131,749,498				30.00
31.00	03100	INTENSIVE CARE UNIT	32,208,630		32,208,630				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,413,689		13,413,689				35.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
43.00	04300	NURSERY	4,804,714		4,804,714				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	82,065,512	153,847,686	235,913,198	0.237036	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,348,532	18,972,214	24,320,746	0.143032	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,611,137	1,114,247	16,725,384	0.397756	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,786,399	48,355,810	64,142,209	0.163379	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	177,498	114,740	292,238	1.284518	0.000000		55.00
57.00	05700	CT SCAN	29,024,496	57,308,654	86,333,150	0.034815	0.000000		57.00
58.00	05800	MRI	6,572,982	2,801,514	9,374,496	0.197449	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	31,521,751	35,132,436	66,654,187	0.235407	0.000000		59.00
60.00	06000	LABORATORY	85,617,120	52,898,934	138,516,054	0.135920	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	16,505,549	2,952,916	19,458,465	0.316535	0.000000		65.00
65.01	03610	SLEEP LAB	4,402	3,784,192	3,788,594	0.271253	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	4,088,910	10,678,571	14,767,481	0.345728	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,392,904	2,166,679	5,559,583	0.238055	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,365,562	670,126	2,035,688	0.238752	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	11,697,647	14,771,276	26,468,923	0.103592	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,612,752	31,151,168	58,763,920	0.439781	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,036,325	60,940,771	123,977,096	0.337201	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,581,821	723,936	2,305,757	1.278902	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	772,072	772,072	0.104576	0.000000		76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0.000000	0.000000		90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0.000000	0.000000		90.03
90.04	09003	WOUND HEALING CENTER	31,179	6,034,880	6,066,059	0.377581	0.000000		90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,787,288	1,619,641	3,406,929	0.559531	0.000000		90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0.000000	0.000000		90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0.000000	0.000000		90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0.000000	0.000000		90.10
91.00	09100	EMERGENCY	16,791,937	44,415,724	61,207,661	0.300343	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,717,900	9,108,117	12,826,017	0.762171	0.000000		92.00
200.00		Subtotal (see instructions)	605,516,134	560,336,304	1,165,852,438				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	605,516,134	560,336,304	1,165,852,438				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 1/27/2023 9:27 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.237110		50.00
51.00	05100 RECOVERY ROOM	0.143032		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.397756		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163568		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1.284518		55.00
57.00	05700 CT SCAN	0.034815		57.00
58.00	05800 MRI	0.197449		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.235424		59.00
60.00	06000 LABORATORY	0.135930		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.316535		65.00
65.01	03610 SLEEP LAB	0.271732		65.01
66.00	06600 PHYSICAL THERAPY	0.345728		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.238055		67.00
68.00	06800 SPEECH PATHOLOGY	0.238752		68.00
69.00	06900 ELECTROCARDIOLOGY	0.103592		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.439781		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.337201		73.00
74.00	07400 RENAL DIALYSIS	1.278902		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.104576		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09001 MOBILE MEDICAL UNIT	0.000000		90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000		90.03
90.04	09003 WOUND HEALING CENTER	0.377581		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.559531		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000		90.10
91.00	09100 EMERGENCY	0.302745		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.762171		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet C
Part I
Date/Time Prepared:
1/27/2023 9:27 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		87,797,621	0	87,797,621	30.00	
31.00	03100 INTENSIVE CARE UNIT		17,866,718	0	17,866,718	31.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT		7,161,396	0	7,161,396	35.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
43.00	04300 NURSERY		2,686,576	0	2,686,576	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		55,919,851	17,554	55,937,405	50.00	
51.00	05100 RECOVERY ROOM		3,478,641	0	3,478,641	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,652,624	0	6,652,624	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,479,481	12,143	10,491,624	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		375,385	0	375,385	55.00	
57.00	05700 CT SCAN		3,005,723	0	3,005,723	57.00	
58.00	05800 MRI		1,850,981	0	1,850,981	58.00	
59.00	05900 CARDIAC CATHETERIZATION		15,690,872	1,095	15,691,967	59.00	
60.00	06000 LABORATORY		18,827,064	1,441	18,828,505	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0	6,159,277	0	6,159,277	65.00	
65.01	03610 SLEEP LAB	0	1,027,666	1,817	1,029,483	65.01	
66.00	06600 PHYSICAL THERAPY	0	5,105,529	0	5,105,529	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,323,486	0	1,323,486	67.00	
68.00	06800 SPEECH PATHOLOGY	0	486,025	0	486,025	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,741,976	0	2,741,976	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		25,843,237	0	25,843,237	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		41,805,147	0	41,805,147	73.00	
74.00	07400 RENAL DIALYSIS		2,948,838	0	2,948,838	74.00	
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		80,740	0	80,740	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.02	09001 MOBILE MEDICAL UNIT		0	0	0	90.02	
90.03	09002 FAMILY MEDICINE CENTER		0	0	0	90.03	
90.04	09003 WOUND HEALING CENTER		2,290,429	0	2,290,429	90.04	
90.05	09004 OUTPATIENT TREATMENT & INFUSION		1,906,282	0	1,906,282	90.05	
90.06	09005 PEDIATRIC SPECIALTY CLINIC		0	0	0	90.06	
90.07	09006 SPORTS MED FELLOWSHIP CLINIC		0	0	0	90.07	
90.08	09007 PODIATRY RESIDENCY CLINIC		0	0	0	90.08	
90.09	09008 FACULTY PRACTICE CLINIC		0	0	0	90.09	
90.10	09009 OUR LADY OF ROSARY CLINIC		0	0	0	90.10	
91.00	09100 EMERGENCY		18,383,262	147,064	18,530,326	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		9,775,624	0	9,775,624	92.00	
200.00	Subtotal (see instructions)	0	351,670,451	181,114	351,851,565	200.00	
201.00	Less Observation Beds		9,775,624	0	9,775,624	201.00	
202.00	Total (see instructions)	0	341,894,827	181,114	342,075,941	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 1/27/2023 9:27 am		
			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	131,749,498		131,749,498				30.00
31.00	03100	INTENSIVE CARE UNIT	32,208,630		32,208,630				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,413,689		13,413,689				35.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
43.00	04300	NURSERY	4,804,714		4,804,714				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	82,065,512	153,847,686	235,913,198	0.237036	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,348,532	18,972,214	24,320,746	0.143032	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,611,137	1,114,247	16,725,384	0.397756	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,786,399	48,355,810	64,142,209	0.163379	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	177,498	114,740	292,238	1.284518	0.000000		55.00
57.00	05700	CT SCAN	29,024,496	57,308,654	86,333,150	0.034815	0.000000		57.00
58.00	05800	MRI	6,572,982	2,801,514	9,374,496	0.197449	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	31,521,751	35,132,436	66,654,187	0.235407	0.000000		59.00
60.00	06000	LABORATORY	85,617,120	52,898,934	138,516,054	0.135920	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	16,505,549	2,952,916	19,458,465	0.316535	0.000000		65.00
65.01	03610	SLEEP LAB	4,402	3,784,192	3,788,594	0.271253	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	4,088,910	10,678,571	14,767,481	0.345728	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,392,904	2,166,679	5,559,583	0.238055	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,365,562	670,126	2,035,688	0.238752	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	11,697,647	14,771,276	26,468,923	0.103592	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,612,752	31,151,168	58,763,920	0.439781	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,036,325	60,940,771	123,977,096	0.337201	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,581,821	723,936	2,305,757	1.278902	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	772,072	772,072	0.104576	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0.000000	0.000000		90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0.000000	0.000000		90.03
90.04	09003	WOUND HEALING CENTER	31,179	6,034,880	6,066,059	0.377581	0.000000		90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,787,288	1,619,641	3,406,929	0.559531	0.000000		90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0.000000	0.000000		90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0.000000	0.000000		90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0.000000	0.000000		90.10
91.00	09100	EMERGENCY	16,791,937	44,415,724	61,207,661	0.300343	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,717,900	9,108,117	12,826,017	0.762171	0.000000		92.00
200.00		Subtotal (see instructions)	605,516,134	560,336,304	1,165,852,438				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	605,516,134	560,336,304	1,165,852,438				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 1/27/2023 9:27 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.237110		50.00
51.00	05100 RECOVERY ROOM	0.143032		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.397756		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163568		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1.284518		55.00
57.00	05700 CT SCAN	0.034815		57.00
58.00	05800 MRI	0.197449		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.235424		59.00
60.00	06000 LABORATORY	0.135930		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.316535		65.00
65.01	03610 SLEEP LAB	0.271732		65.01
66.00	06600 PHYSICAL THERAPY	0.345728		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.238055		67.00
68.00	06800 SPEECH PATHOLOGY	0.238752		68.00
69.00	06900 ELECTROCARDIOLOGY	0.103592		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.439781		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.337201		73.00
74.00	07400 RENAL DIALYSIS	1.278902		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.104576		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09001 MOBILE MEDICAL UNIT	0.000000		90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000		90.03
90.04	09003 WOUND HEALING CENTER	0.377581		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.559531		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000		90.10
91.00	09100 EMERGENCY	0.302745		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.762171		92.00
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: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part II Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,919,851	6,066,248	49,853,603	0	0	50.00
51.00	05100	RECOVERY ROOM	3,478,641	363,632	3,115,009	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,652,624	115,971	6,536,653	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,479,481	1,469,520	9,009,961	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	375,385	6,325	369,060	0	0	55.00
57.00	05700	CT SCAN	3,005,723	225,033	2,780,690	0	0	57.00
58.00	05800	MRI	1,850,981	22,816	1,828,165	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,690,872	1,623,547	14,067,325	0	0	59.00
60.00	06000	LABORATORY	18,827,064	483,837	18,343,227	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,159,277	444,815	5,714,462	0	0	65.00
65.01	03610	SLEEP LAB	1,027,666	18,607	1,009,059	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,105,529	403,936	4,701,593	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,323,486	24,712	1,298,774	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	486,025	9,108	476,917	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,741,976	308,817	2,433,159	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	25,843,237	295,458	25,547,779	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,805,147	1,193,527	40,611,620	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,948,838	140,567	2,808,271	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	80,740	2,655	78,085	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	2,290,429	37,053	2,253,376	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,906,282	179,305	1,726,977	0	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00	09100	EMERGENCY	18,383,262	2,317,707	16,065,555	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,775,624	1,441,601	8,334,023	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	236,158,140	17,194,797	218,963,343	0	0	200.00
201.00		Less Observation Beds	9,775,624	1,441,601	8,334,023	0	0	201.00
202.00		Total (line 200 minus line 201)	226,382,516	15,753,196	210,629,320	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part II Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	55,919,851	235,913,198	0.237036		50.00
51.00	05100 RECOVERY ROOM	3,478,641	24,320,746	0.143032		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,652,624	16,725,384	0.397756		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,479,481	64,142,209	0.163379		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	375,385	292,238	1.284518		55.00
57.00	05700 CT SCAN	3,005,723	86,333,150	0.034815		57.00
58.00	05800 MRI	1,850,981	9,374,496	0.197449		58.00
59.00	05900 CARDIAC CATHETERIZATION	15,690,872	66,654,187	0.235407		59.00
60.00	06000 LABORATORY	18,827,064	138,516,054	0.135920		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	6,159,277	19,458,465	0.316535		65.00
65.01	03610 SLEEP LAB	1,027,666	3,788,594	0.271253		65.01
66.00	06600 PHYSICAL THERAPY	5,105,529	14,767,481	0.345728		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,323,486	5,559,583	0.238055		67.00
68.00	06800 SPEECH PATHOLOGY	486,025	2,035,688	0.238752		68.00
69.00	06900 ELECTROCARDIOLOGY	2,741,976	26,468,923	0.103592		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,843,237	58,763,920	0.439781		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,805,147	123,977,096	0.337201		73.00
74.00	07400 RENAL DIALYSIS	2,948,838	2,305,757	1.278902		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	80,740	772,072	0.104576		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.02	09001 MOBILE MEDICAL UNIT	0	0	0.000000		90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0	0.000000		90.03
90.04	09003 WOUND HEALING CENTER	2,290,429	6,066,059	0.377581		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1,906,282	3,406,929	0.559531		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0	0.000000		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0	0.000000		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0	0.000000		90.10
91.00	09100 EMERGENCY	18,383,262	61,207,661	0.300343		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,775,624	12,826,017	0.762171		92.00
200.00	Subtotal (sum of lines 50 thru 199)	236,158,140	983,675,907			200.00
201.00	Less Observation Beds	9,775,624	0			201.00
202.00	Total (line 200 minus line 201)	226,382,516	983,675,907			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,947,438	0	12,947,438	54,633	236.99	30.00
31.00	INTENSIVE CARE UNIT	1,654,624		1,654,624	5,137	322.10	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	602,749		602,749	491	1,227.59	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	48,626		48,626	6,105	7.96	43.00
200.00	Total (lines 30 through 199)	15,253,437		15,253,437	66,366		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	15,424	3,655,334	30.00
31.00	INTENSIVE CARE UNIT	1,848	595,241	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	17,272	4,250,575	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 1/27/2023 9:27 am
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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	6,066,248	235,913,198	0.025714	22,246,208	572,039	50.00
51.00	05100 RECOVERY ROOM	363,632	24,320,746	0.014952	1,610,705	24,083	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	115,971	16,725,384	0.006934	14,016	97	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,469,520	64,142,209	0.022910	4,946,096	113,315	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,325	292,238	0.021643	96,499	2,089	55.00
57.00	05700 CT SCAN	225,033	86,333,150	0.002607	9,654,849	25,170	57.00
58.00	05800 MRI	22,816	9,374,496	0.002434	2,135,508	5,198	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,623,547	66,654,187	0.024358	9,782,449	238,281	59.00
60.00	06000 LABORATORY	483,837	138,516,054	0.003493	26,516,102	92,621	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	444,815	19,458,465	0.022860	4,928,527	112,666	65.00
65.01	03610 SLEEP LAB	18,607	3,788,594	0.004911	2,192	11	65.01
66.00	06600 PHYSICAL THERAPY	403,936	14,767,481	0.027353	1,535,865	42,011	66.00
67.00	06700 OCCUPATIONAL THERAPY	24,712	5,559,583	0.004445	1,327,731	5,902	67.00
68.00	06800 SPEECH PATHOLOGY	9,108	2,035,688	0.004474	510,691	2,285	68.00
69.00	06900 ELECTROCARDIOLOGY	308,817	26,468,923	0.011667	3,906,308	45,575	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	295,458	58,763,920	0.005028	8,256,680	41,515	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,193,527	123,977,096	0.009627	16,828,286	162,006	73.00
74.00	07400 RENAL DIALYSIS	140,567	2,305,757	0.060963	625,960	38,160	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,655	772,072	0.003439	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	0	0	0.000000	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0	0.000000	0	0	90.03
90.04	09003 WOUND HEALING CENTER	37,053	6,066,059	0.006108	10,957	67	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	179,305	3,406,929	0.052630	486,117	25,584	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0	0.000000	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0.000000	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0	0.000000	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0	0.000000	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0	0.000000	0	0	90.10
91.00	09100 EMERGENCY	2,317,707	61,207,661	0.037866	5,503,955	208,413	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,441,601	12,826,017	0.112397	1,159,848	130,363	92.00
200.00	Total (lines 50 through 199)	17,194,797	983,675,907		122,085,549	1,887,451	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 1/27/2023 9:27 am
Title XVIII			Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	54,633	0.00	15,424 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,137	0.00	1,848 31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	491	0.00	0 35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0 41.00	
43.00	04300	NURSERY	0	0	6,105	0.00	0 43.00	
200.00		Total (lines 30 through 199)	0	0	66,366		17,272 200.00	
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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
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: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description	Title XVIII			Hospital		Allied Health Adjustments	Allied Health Adjustments	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	PPS			
	1.00	2A	2.00	3A	3.00			
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	961,079	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	0	0	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	0	0	0	159,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,120,855	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XVIII		Hospital		PPS	
				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	235,913,198	0.000000	50.00			
51.00 05100 RECOVERY ROOM	0	0	0	24,320,746	0.000000	51.00			
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	16,725,384	0.000000	52.00			
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	64,142,209	0.000000	54.00			
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	292,238	0.000000	55.00			
57.00 05700 CT SCAN	0	0	0	86,333,150	0.000000	57.00			
58.00 05800 MRI	0	0	0	9,374,496	0.000000	58.00			
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	66,654,187	0.000000	59.00			
60.00 06000 LABORATORY	0	0	0	138,516,054	0.000000	60.00			
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30			
65.00 06500 RESPIRATORY THERAPY	0	0	0	19,458,465	0.000000	65.00			
65.01 03610 SLEEP LAB	0	0	0	3,788,594	0.000000	65.01			
66.00 06600 PHYSICAL THERAPY	0	0	0	14,767,481	0.000000	66.00			
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,559,583	0.000000	67.00			
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,035,688	0.000000	68.00			
69.00 06900 ELECTROCARDIOLOGY	0	0	0	26,468,923	0.000000	69.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	58,763,920	0.000000	72.00			
73.00 07300 DRUGS CHARGED TO PATIENTS	0	961,079	961,079	123,977,096	0.007752	73.00			
74.00 07400 RENAL DIALYSIS	0	0	0	2,305,757	0.000000	74.00			
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97			
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	772,072	0.000000	76.98			
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99			
OUTPATIENT SERVICE COST CENTERS									
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00			
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	0	0.000000	90.02			
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	0	0.000000	90.03			
90.04 09003 WOUND HEALING CENTER	0	0	0	6,066,059	0.000000	90.04			
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0	0	3,406,929	0.000000	90.05			
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0.000000	90.06			
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0.000000	90.07			
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0.000000	90.08			
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	0	0.000000	90.09			
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	0	0.000000	90.10			
91.00 09100 EMERGENCY	0	159,776	159,776	61,207,661	0.002610	91.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,826,017	0.000000	92.00			
200.00 Total (lines 50 through 199)	0	1,120,855	1,120,855	983,675,907		200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	22,246,208	0	24,698,166	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,610,705	0	3,209,954	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	14,016	0	2,782	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,946,096	0	7,710,770	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	96,499	0	13,320	0	55.00
57.00	05700 CT SCAN	0.000000	9,654,849	0	10,728,211	0	57.00
58.00	05800 MRI	0.000000	2,135,508	0	609,824	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,782,449	0	10,702,629	0	59.00
60.00	06000 LABORATORY	0.000000	26,516,102	0	7,347,956	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	4,928,527	0	605,856	0	65.00
65.01	03610 SLEEP LAB	0.000000	2,192	0	586,129	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,535,865	0	68,908	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,327,731	0	16,794	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	510,691	0	24,900	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,906,308	0	3,475,175	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,256,680	0	7,984,740	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.007752	16,828,286	130,453	17,390,884	134,814	73.00
74.00	07400 RENAL DIALYSIS	0.000000	625,960	0	169,743	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	98,942	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 WOUND HEALING CENTER	0.000000	10,957	0	1,896,205	0	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.000000	486,117	0	685,665	0	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.002610	5,503,955	14,365	6,010,607	15,688	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,159,848	0	1,437,470	0	92.00
200.00	Total (lines 50 through 199)		122,085,549	144,818	105,475,630	150,502	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 1/27/2023 9:27 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.237036	24,698,166	21,815	0	5,854,354	50.00
51.00	05100 RECOVERY ROOM	0.143032	3,209,954	0	0	459,126	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.397756	2,782	0	0	1,107	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163379	7,710,770	0	0	1,259,778	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1.284518	13,320	0	0	17,110	55.00
57.00	05700 CT SCAN	0.034815	10,728,211	0	0	373,503	57.00
58.00	05800 MRI	0.197449	609,824	0	0	120,409	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.235407	10,702,629	0	0	2,519,474	59.00
60.00	06000 LABORATORY	0.135920	7,347,956	3,474	0	998,734	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.316535	605,856	0	0	191,775	65.00
65.01	03610 SLEEP LAB	0.271253	586,129	0	0	158,989	65.01
66.00	06600 PHYSICAL THERAPY	0.345728	68,908	0	0	23,823	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.238055	16,794	0	0	3,998	67.00
68.00	06800 SPEECH PATHOLOGY	0.238752	24,900	0	0	5,945	68.00
69.00	06900 ELECTROCARDIOLOGY	0.103592	3,475,175	0	0	360,000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.439781	7,984,740	9,750	0	3,511,537	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.337201	17,390,884	0	1,024,419	5,864,223	73.00
74.00	07400 RENAL DIALYSIS	1.278902	169,743	0	0	217,085	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.104576	98,942	0	0	10,347	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 WOUND HEALING CENTER	0.377581	1,896,205	0	0	715,971	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.559531	685,665	0	0	383,651	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.300343	6,010,607	0	0	1,805,244	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.762171	1,437,470	0	0	1,095,598	92.00
200.00	Subtotal (see instructions)		105,475,630	35,039	1,024,419	25,951,781	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		105,475,630	35,039	1,024,419	25,951,781	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 1/27/2023 9:27 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	5,171	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	472	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03610 SLEEP LAB	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,288	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	345,435	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0	0	90.03
90.04	09003 WOUND HEALING CENTER	0	0	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0	0	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0	0	90.10
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	9,931	345,435	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	9,931	345,435	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	12,947,438	0	12,947,438	54,633	236.99	30.00
31.00	INTENSIVE CARE UNIT	1,654,624		1,654,624	5,137	322.10	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	602,749		602,749	491	1,227.59	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	48,626		48,626	6,105	7.96	43.00
200.00	Total (lines 30 through 199)	15,253,437		15,253,437	66,366		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,756	890,134				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	2,667	21,229				43.00
200.00	Total (lines 30 through 199)	6,423	911,363				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,066,248	235,913,198	0.025714	11,154,361	286,823	50.00
51.00	05100	RECOVERY ROOM	363,632	24,320,746	0.014952	812,504	12,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	115,971	16,725,384	0.006934	6,340,860	43,968	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,469,520	64,142,209	0.022910	2,709,131	62,066	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,325	292,238	0.021643	12,831	278	55.00
57.00	05700	CT SCAN	225,033	86,333,150	0.002607	4,915,625	12,815	57.00
58.00	05800	MRI	22,816	9,374,496	0.002434	1,220,733	2,971	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,623,547	66,654,187	0.024358	4,071,827	99,182	59.00
60.00	06000	LABORATORY	483,837	138,516,054	0.003493	15,919,976	55,608	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	444,815	19,458,465	0.022860	2,900,364	66,302	65.00
65.01	03610	SLEEP LAB	18,607	3,788,594	0.004911	0	0	65.01
66.00	06600	PHYSICAL THERAPY	403,936	14,767,481	0.027353	463,457	12,677	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,712	5,559,583	0.004445	344,797	1,533	67.00
68.00	06800	SPEECH PATHOLOGY	9,108	2,035,688	0.004474	156,651	701	68.00
69.00	06900	ELECTROCARDIOLOGY	308,817	26,468,923	0.011667	1,720,575	20,074	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	295,458	58,763,920	0.005028	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,193,527	123,977,096	0.009627	11,261,503	108,414	73.00
74.00	07400	RENAL DIALYSIS	140,567	2,305,757	0.060963	315,578	19,239	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,655	772,072	0.003439	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0.000000	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0.000000	0	0	90.03
90.04	09003	WOUND HEALING CENTER	37,053	6,066,059	0.006108	6,373	39	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	179,305	3,406,929	0.052630	7,053	371	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0.000000	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0.000000	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0.000000	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0.000000	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0.000000	0	0	90.10
91.00	09100	EMERGENCY	2,317,707	61,207,661	0.037866	4,326,358	163,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,441,601	12,826,017	0.112397	0	0	92.00
200.00		Total (lines 50 through 199)	17,194,797	983,675,907		68,660,557	969,032	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 1/27/2023 9:27 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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	54,633	0.00	3,756	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,137	0.00	0	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	491	0.00	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	
43.00	04300	NURSERY	0	0	6,105	0.00	2,667	
200.00		Total (lines 30 through 199)	0	0	66,366		6,423	
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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
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: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description	Title XIX			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	961,079	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0	0	0	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	0	0	0	159,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,120,855	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description	Title XIX				Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	235,913,198	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	24,320,746	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	16,725,384	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	64,142,209	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	292,238	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	86,333,150	0.000000	57.00
58.00 05800 MRI	0	0	0	9,374,496	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	66,654,187	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	138,516,054	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	19,458,465	0.000000	65.00
65.01 03610 SLEEP LAB	0	0	0	3,788,594	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	14,767,481	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,559,583	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,035,688	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	26,468,923	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	58,763,920	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	961,079	961,079	123,977,096	0.007752	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,305,757	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	772,072	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	0	0.000000	90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	0	0.000000	90.03
90.04 09003 WOUND HEALING CENTER	0	0	0	6,066,059	0.000000	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0	0	3,406,929	0.000000	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0.000000	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0.000000	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0.000000	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	0	0.000000	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	0	0.000000	90.10
91.00 09100 EMERGENCY	0	159,776	159,776	61,207,661	0.002610	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,826,017	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,120,855	1,120,855	983,675,907		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 1/27/2023 9:27 am
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Cost Center Description		Title XIX				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	11,154,361	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	812,504	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	6,340,860	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,709,131	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	12,831	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	4,915,625	0	0	0	57.00
58.00	05800 MRI	0.000000	1,220,733	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,071,827	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	15,919,976	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	2,900,364	0	0	0	65.00
65.01	03610 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	463,457	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	344,797	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	156,651	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,720,575	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.007752	11,261,503	87,299	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	315,578	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 WOUND HEALING CENTER	0.000000	6,373	0	0	0	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.000000	7,053	0	0	0	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.002610	4,326,358	11,292	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		68,660,557	98,591	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 1/27/2023 9:27 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,633	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)		48,550	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)		15,424	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)		87,797,621	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)		87,797,621	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)		87,797,621	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)		1,607.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,786,985	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		24,786,985	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 1/27/2023 9:27 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	17,866,718	5,137	3,478.05	1,848	6,427,436	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	7,161,396	491	14,585.33	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,975,800	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,190,221	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,250,575	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,032,269	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,282,844	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53,907,377	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					6,083	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,607.04	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,775,624	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 1/27/2023 9:27 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,947,438	87,797,621	0.147469	9,775,624	1,441,601	90.00
91.00	Nursing Program cost	0	87,797,621	0.000000	9,775,624	0	91.00
92.00	Allied health cost	0	87,797,621	0.000000	9,775,624	0	92.00
93.00	All other Medical Education	0	87,797,621	0.000000	9,775,624	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 1/27/2023 9:27 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,633	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)		48,550	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)		3,756	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)		6,105	15.00
16.00	Nursery days (title V or XIX only)		2,667	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)		87,797,621	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)		87,797,621	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)		87,797,621	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)		1,607.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,036,042	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)		6,036,042	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 1/27/2023 9:27 am	
Title XIX			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	2,686,576	6,105	440.06	2,667	1,173,640	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	17,866,718	5,137	3,478.05	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	7,161,396	491	14,585.33	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,170,662	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,380,344	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)					911,363	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,067,623	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,978,986	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,401,358	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					6,083	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,607.04	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,775,624	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 1/27/2023 9:27 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,947,438	87,797,621	0.147469	9,775,624	1,441,601	90.00
91.00	Nursing Program cost	0	87,797,621	0.000000	9,775,624	0	91.00
92.00	Allied health cost	0	87,797,621	0.000000	9,775,624	0	92.00
93.00	All other Medical Education	0	87,797,621	0.000000	9,775,624	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 1/27/2023 9:27 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		42,416,530		30.00
31.00	03100 INTENSIVE CARE UNIT		9,057,766		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.237110	22,246,208	5,274,798	50.00
51.00	05100 RECOVERY ROOM	0.143032	1,610,705	230,382	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.397756	14,016	5,575	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163568	4,946,096	809,023	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1.284518	96,499	123,955	55.00
57.00	05700 CT SCAN	0.034815	9,654,849	336,134	57.00
58.00	05800 MRI	0.197449	2,135,508	421,654	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.235424	9,782,449	2,303,023	59.00
60.00	06000 LABORATORY	0.135930	26,516,102	3,604,334	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.316535	4,928,527	1,560,051	65.00
65.01	03610 SLEEP LAB	0.271732	2,192	596	65.01
66.00	06600 PHYSICAL THERAPY	0.345728	1,535,865	530,992	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.238055	1,327,731	316,073	67.00
68.00	06800 SPEECH PATHOLOGY	0.238752	510,691	121,928	68.00
69.00	06900 ELECTROCARDIOLOGY	0.103592	3,906,308	404,662	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.439781	8,256,680	3,631,131	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.337201	16,828,286	5,674,515	73.00
74.00	07400 RENAL DIALYSIS	1.278902	625,960	800,541	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.104576	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	0.000000	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000	0	0	90.03
90.04	09003 WOUND HEALING CENTER	0.377581	10,957	4,137	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.559531	486,117	271,998	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	90.10
91.00	09100 EMERGENCY	0.302745	5,503,955	1,666,295	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.762171	1,159,848	884,003	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		122,085,549	28,975,800	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)		122,085,549		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3	
		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		23,411,446	30.00
31.00	03100	INTENSIVE CARE UNIT		6,890,872	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		6,054,769	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.237110	11,154,361	50.00
51.00	05100	RECOVERY ROOM	0.143032	812,504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.397756	6,340,860	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163568	2,709,131	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1.284518	12,831	55.00
57.00	05700	CT SCAN	0.034815	4,915,625	57.00
58.00	05800	MRI	0.197449	1,220,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.235424	4,071,827	59.00
60.00	06000	LABORATORY	0.135930	15,919,976	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.316535	2,900,364	65.00
65.01	03610	SLEEP LAB	0.271732	0	65.01
66.00	06600	PHYSICAL THERAPY	0.345728	463,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238055	344,797	67.00
68.00	06800	SPEECH PATHOLOGY	0.238752	156,651	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103592	1,720,575	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.439781	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.337201	11,261,503	73.00
74.00	07400	RENAL DIALYSIS	1.278902	315,578	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.104576	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0.000000	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0.000000	0	90.03
90.04	09003	WOUND HEALING CENTER	0.377581	6,373	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0.559531	7,053	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0.000000	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0.000000	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0.000000	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0.000000	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0.000000	0	90.10
91.00	09100	EMERGENCY	0.302745	4,326,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.762171	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		68,660,557	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)		68,660,557	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 1/27/2023 9:27 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)		33,951,965	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		1,054,768	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		29,126,846	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		240.30	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)		17.61	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		1.02	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		5.87	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		22.46	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		26.93	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.75	11.00
12.00	Current year allowable FTE (see instructions)		28.21	12.00
13.00	Total allowable FTE count for the prior year.		28.13	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.		28.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.		28.27	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		28.27	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.117645	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.118030	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.117645	21.00
22.00	IME payment adjustment (see instructions)		2,111,914	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,811,777	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)		4.47	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)		2,111,914	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,811,777	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.96	31.00
32.00	Sum of lines 30 and 31		26.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.08	33.00
34.00	Disproportionate share adjustment (see instructions)		940,470	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 1/27/2023 9:27 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,448,644	3,103,434	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	617,193	2,321,198	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,938,391		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)	40,997,508		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)		42,809,285	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,096,371	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).		1,942,389	52.00
53.00	Nursing and Allied Health Managed Care payment		46,564	53.00
54.00	Special add-on payments for new technologies		753,533	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		144,818	58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,792,960	59.00
60.00	Primary payer payments		11,000	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,781,960	61.00
62.00	Deductibles billed to program beneficiaries		3,507,632	62.00
63.00	Coinurance billed to program beneficiaries		75,301	63.00
64.00	Allowable bad debts (see instructions)		447,056	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		290,586	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		56,207	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,489,613	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-29,482	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 1/27/2023 9:27 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,460,131	71.00
71.01	Sequestration adjustment (see instructions)		113,650	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		43,801,211	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,545,270	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,377,682	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. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/27/2023 9:27 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	33,951,965	0	33,951,965		33,951,965	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,054,768	0	1,054,768		1,054,768	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	29,126,846	0	29,126,846	0	29,126,846	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.117645	0.117645	0.117645	0.117645		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,111,914	0	2,111,914	0	2,111,914	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,811,777	0	1,811,777	0	1,811,777	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,111,914	0	2,111,914	0	2,111,914	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,811,777	0	1,811,777	0	1,811,777	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1108	0.1108	0.1108	0.1108		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	940,470	0	940,470	0	940,470	11.00
11.01	Uncompensated care payments	36.00	2,938,391	0	1,039,651	1,831,451	2,871,102	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,997,508	0	39,166,057	1,831,451	40,997,508	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,809,285	0	40,977,834	1,831,451	42,809,285	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	3,096,371	0	3,096,371	0	3,096,371	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/27/2023 9:27 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	753,533	0	753,533	0	753,533	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	44,827,738	1,831,451	46,659,189	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,563,821	0	2,563,821	0	2,563,821	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	252,324	0	252,324	0	252,324	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0541	0.0541	0.0541	0.0541		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	138,703	0	138,703	0	138,703	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0552	0.0552	0.0552	0.0552		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	141,523	0	141,523	0	141,523	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,096,371	0	3,096,371	0	3,096,371	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/27/2023 9:27 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	33,951,965	33,951,965		33,951,965	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,054,768	1,054,768		1,054,768	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	29,126,846	29,126,846	0	29,126,846	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.117645	0.117645	0.117645		
6.00	IME payment adjustment (see instructions)	22.00	2,111,914	2,111,914	0	2,111,914	
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,811,777	1,811,777	0	1,811,777	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,111,914	2,111,914	0	2,111,914	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,811,777	1,811,777	0	1,811,777	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1108	0.1108	0.1108		
11.00	Disproportionate share adjustment (see instructions)	34.00	940,470	940,470	0	940,470	
11.01	Uncompensated care payments	36.00	2,938,391	1,039,651	1,831,451	2,871,102	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	40,997,508	39,166,057	1,831,451	40,997,508	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,809,285	40,977,834	1,831,451	42,809,285	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,096,371	3,096,371	0	3,096,371	
17.00	Special add-on payments for new technologies	54.00	753,533	753,533	0	753,533	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			44,827,738	1,831,451	46,659,189	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/27/2023 9:27 am	
		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,563,821	2,563,821	0	2,563,821	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	252,324	252,324	0	252,324	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0541	0.0541	0.0541		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	138,703	138,703	0	138,703	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0552	0.0552	0.0552		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	141,523	141,523	0	141,523	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,096,371	3,096,371	0	3,096,371	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-29,482	-29,482	0	-29,482	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 1/27/2023 9:27 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		355,366	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,801,279	2.00
3.00	OPPS payments		20,651,008	3.00
4.00	Outlier payment (see instructions)		237,807	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		150,502	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		355,366	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,059,458	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)		1,059,458	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,059,458	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		704,092	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)		355,366	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)		21,039,317	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		6,313	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,077,435	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)		18,310,935	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		849,038	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		19,159,973	30.00
31.00	Primary payer payments		2,271	31.00
32.00	Subtotal (line 30 minus line 31)		19,157,702	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)		619,237	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		402,504	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		271,580	36.00
37.00	Subtotal (see instructions)		19,560,206	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-133	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,560,339	40.00
40.01	Sequestration adjustment (see instructions)		48,901	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		19,374,837	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		136,601	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 1/27/2023 9:27 am
		Title XVIII	Hospital
			PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet E-1 Part I Date/Time Prepared: 1/27/2023 9:27 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		43,801,211		19,374,837	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)		43,801,211		19,374,837	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		1,545,270		136,601	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,346,481		19,511,438	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: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 1/27/2023 9:27 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0012		Period: From 07/01/2021 To 06/30/2022		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 1/27/2023 9:27 am	
						PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					22.87	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					2.14	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					7.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					27.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					26.93	6.00
7.00	Enter the lesser of line 5 or line 6					26.93	7.00
		Primary Care	Other			Total	
		1.00	2.00			3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	25.93	0.50			26.43	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	25.93	0.50			26.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.75				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.75				10.01
11.00	Total weighted FTE count	25.93	6.25				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	26.75	6.16				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.39	7.00				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	26.36	6.47				14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00				15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00				16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00				16.01
17.00	Adjusted rolling average FTE count	26.36	6.47				17.00
18.00	Per resident amount	146,928.44	139,562.86				18.00
19.00	Approved amount for resident costs	3,873,034	902,972			4,776,006	19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					4,776,006	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1			Total
		1.00	2.00	2.01			3.00
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	17,272	7,422	7,834			26.00
27.00	Total Inpatient Days (see instructions)	54,803	54,803	54,803			27.00
28.00	Ratio of inpatient days to total inpatient days	0.315165	0.135431	0.142948			28.00
29.00	Program direct GME amount	1,505,230	646,819	682,721	2,834,770		29.00
29.01	Percent reduction for MA DGME		3.26	3.26			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		21,086	22,257	43,343		30.00
31.00	Net Program direct GME amount				2,791,427		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet E-4 Date/Time Prepared: 1/27/2023 9:27 am	
		Title XVIII	Hospital	PPS	
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,305,757	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			60,190,221	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			11,000	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			60,179,221	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			26,307,147	42.00
43.00	Primary payer payments (see instructions)			2,271	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			26,304,876	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			86,484,097	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.695841	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.304159	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,791,427	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,942,389	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			849,038	50.00
		Y/N	Primary Care	Other	Total
		0	1.00	2.00	3.00
E-4 Calculation - In accordance with the FY 2023 IPPS Final Rule.					
109.00	Enter in column 0, "Y" or "N" to calculate line 9 in accordance the Federal Fiscal Year 2023 Final Rule for cost reporting periods beginning prior to 10/1/2021. (see instructions)	N	0.00	0.00	0.00
If line 109 column 0 is Y, you MUST open up the PY and Penultimate cost reports and answer line 109 column 0 "Y" and calculate, then input amounts from line 11 columns 1 & 2 to the CY lines 12 & 13 columns 1 & 2 respectively.					
122.00	Override of line 22 for cost reporting periods beginning prior to 10/1/2021. (see instructions)		0.00		122.00

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

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet G
Date/Time Prepared:
1/27/2023 9:27 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	8,825	0	0	0	1.00
2.00	Temporary investments	9,085,662	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,932,314	0	0	0	4.00
5.00	Other receivable	498,619,613	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,991,702	0	0	0	6.00
7.00	Inventory	8,468,673	0	0	0	7.00
8.00	Prepaid expenses	686,421	0	0	0	8.00
9.00	Other current assets	0	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)	565,809,806	0	0	0	11.00
FIXED ASSETS						
12.00	Land	289,730	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	24,072	0	0	0	15.00
16.00	Accumulated depreciation	-213,135	0	0	0	16.00
17.00	Leasehold improvements	309,182,821	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	117,712,023	0	0	0	23.00
24.00	Accumulated depreciation	-205,012,017	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	221,983,494	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	46,906,201	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	46,906,201	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	834,699,501	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	410,203,695	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,548,139	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,237,201	0	0	0	40.00
41.00	Deferred income	-11,600	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	185,595	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	431,163,030	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	323,681,213	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,111,923	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	331,793,136	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	762,956,166	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	71,743,335	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	71,743,335	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	834,699,501	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet G-1

Date/Time Prepared:
1/27/2023 9:27 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		98,735,334		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-34,404,275			2.00
3.00	Total (sum of line 1 and line 2)		64,331,059		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	Intraco equity transfers	7,195,000		0		5.00
6.00	Unrest NA rel from rest for cap	217,274		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		7,412,274		0	10.00
11.00	Subtotal (line 3 plus line 10)		71,743,333		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		71,743,333		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	Intraco equity transfers		0			5.00
6.00	Unrest NA rel from rest for cap		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			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: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/27/2023 9:27 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	136,554,212		136,554,212	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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)	136,554,212		136,554,212	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,208,630		32,208,630	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	13,413,689		13,413,689	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	45,622,319		45,622,319	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	182,176,531		182,176,531	17.00
18.00	Ancillary services	401,006,896	499,157,942	900,164,838	18.00
19.00	Outpatient services	22,328,304	61,178,362	83,506,666	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				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIANS OFFICES/CLINICS	1,156,759	8,456,612	9,613,371	27.00
27.01	MATERNAL FETAL MEDICINE/OUTREACH	234,224	1,347,375	1,581,599	27.01
27.02	NEONATOLOGIST	1,613,715	3,593	1,617,308	27.02
27.03	HOSPITALIST/INTENSIVISTS	2,101,287	65,456	2,166,743	27.03
27.99	REVENUE ADJUSTMENTS	4,875,156	17,834,268	22,709,424	27.99
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	615,492,872	588,043,608	1,203,536,480	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		398,337,528		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)		398,337,528		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0012

Period:
From 07/01/2021
To 06/30/2022

Worksheet G-3

Date/Time Prepared:
1/27/2023 9:27 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,203,536,480	1.00
2.00	Less contractual allowances and discounts on patients' accounts	850,739,791	2.00
3.00	Net patient revenues (line 1 minus line 2)	352,796,689	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	398,337,528	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-45,540,839	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	97,985	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	7,063,108	24.00
24.50	COVID-19 PHE Funding	3,975,471	24.50
25.00	Total other income (sum of lines 6-24)	11,136,564	25.00
26.00	Total (line 5 plus line 25)	-34,404,275	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)	-34,404,275	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0012	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 1/27/2023 9:27 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,563,821	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		252,324	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)		151.46	3.00
4.00	Number of interns & residents (see instructions)		28.27	4.00
5.00	Indirect medical education percentage (see instructions)		5.41	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)		138,703	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.96	8.00
9.00	Sum of lines 7 and 8		26.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.52	10.00
11.00	Disproportionate share adjustment (see instructions)		141,523	11.00
12.00	Total prospective capital payments (see instructions)		3,096,371	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