

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/20/2023 2:22 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

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

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

Date: 11/20/2023 Time: 2:22 pm

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. CATHERINE HOSPITAL (15-0008) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1	<i>Daniel R. Obrien</i>	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 Daniel R. Obrien			2
3	Signatory Title CFO			3
4	Date (Dated when report is electronica			4

	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	365,721	-34,159	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	-52,699	-1	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
200.00	TOTAL	0	313,022	-34,160	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 number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 2:22 pm
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1.00	2.00	3.00	4.00	
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 4321 FIR STREET	PO Box:		
2.00	City: EAST CHICAGO	State: IN	Zip Code: 46312	County: LAKE

	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. CATHERINE HOSPITAL	150008	23844	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ST. CATHERINE HOSPITAL - REHAB	15T008	23844	5	01/01/2002	N	P	P	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)	07/01/2022	06/30/2023	20.00
21.00	Type of Control (see instructions)	2		21.00
		1.00	2.00	3.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 2:22 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,758	319	900	180	8,366	28	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.	41	22	0	33	563		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 reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
				Beginning:		Ending:			
				1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
				Y/N		Y/N			
				1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete worksheet E-4.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.					N			58.00

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		V	XVIII	XIX		
		1.00	2.00	3.00		
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-2
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

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

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			1.00				
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)							
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			N		68.00	
			1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0		71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		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	
			1.00				
			2.00				
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			0		88.00	
			1.00				
			2.00				
			3.00				
89.00	Column 1: If line 88, column 1 is Y, enter the worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0		89.00	
			V				
			XIX				
			1.00				
			2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		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		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

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		V	XIX				
		1.00	2.00				
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and worksheet E-2, lines 200 through 215, as applicable.				N	110.00	
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00	
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N			112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 2:22 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1	0	0
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.		N	
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	Y
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	Removed and reserved			
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
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	15H054
		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: COMMUNITY FOUNDATION OF NW IN, INC.	Contractor's Name: WPS	Contractor's Number: 08001	
142.00	Street: 10010 DONALD S POWERS DRIVE STE 201	PO Box:		
143.00	City: MUNSTER	State: IN	Zip Code:	46321
			1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y	
			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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 2:22 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title v	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
1.00								
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning					Ending	
		1.00					2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
		1.00					2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/20/2023 2:22 pm	
		Y/N	Date		
		1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE					
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00	
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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 the legal operator of the program?	N		6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00	
8.00	were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00	
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.		N	14.00	
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00	
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/26/2023	Y	09/26/2023
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Were 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.	CATHERINE		WOERNER		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY FOUNDATION OF NW				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	IN, INC. 12197031267		CATHERINE.R.WOERNER@COMHS.OR	G	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/20/2023 2:22 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips		
	Line No.				Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	114	41,610	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)		114	41,610	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		122	44,530	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	16	5,840		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	101.00				0	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)		138				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,225	1,424	24,627		1.00
2.00	HMO and other (see instructions)	6,576	9,765			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	807	618			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,225	1,424	24,627		7.00
8.00	INTENSIVE CARE UNIT	450	214	1,899		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		120	661		13.00
14.00	Total (see instructions)	5,675	1,758	27,187	0.00	774.00
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	2,005	41	3,836	0.00	20.00
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	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			15		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
27.00	Total (sum of lines 14-26)				0.00	794.00
28.00	Observation Bed Days		0	5,614		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	28	31		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,012	347	5,269	1.00
2.00	HMO and other (see instructions)			1,023	2,096		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				56		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,012	347	5,269	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	183	4	345	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/20/2023 2:22 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	60,971,863	0	60,971,863	1,652,318.06	36.90
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		653,345	0	653,345	4,544.00	143.78
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		2,101,533	0	2,101,533	8,108.80	259.17
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,969,897	0	1,969,897	54,050.65	36.45
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,903,068	0	2,903,068	23,879.25	121.57
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		158,679	0	158,679	1,014.78	156.37
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		7,610,724	0	7,610,724	193,911.00	39.25
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)		13,534,309	0	13,534,309		
18.00	wage-related costs (other) (see instructions)						
19.00	Excluded areas		461,359	0	461,359		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		38,786	0	38,786		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		69,214	0	69,214		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,875,648	0	1,875,648		
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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/20/2023 2:22 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	471,380	0	471,380	11,132.64	42.34	26.00
27.00	Administrative & General	6,142,536	0	6,142,536	174,592.05	35.18	27.00
28.00	Administrative & General under contract (see inst.)	1,249,921	0	1,249,921	9,530.25	131.15	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,673,286	0	1,673,286	47,926.47	34.91	30.00
31.00	Laundry & Linen Service	81,799	0	81,799	4,841.77	16.89	31.00
32.00	Housekeeping	2,281,763	0	2,281,763	116,344.32	19.61	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,867,746	-731,034	1,136,712	53,235.80	21.35	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	731,034	731,034	34,236.00	21.35	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,564,636	0	1,564,636	54,766.48	28.57	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2023 2:22 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	59,466,906	0	59,466,906	1,649,195.51	36.06	1.00
2.00	Excluded area salaries (see instructions)	1,969,897	0	1,969,897	54,050.65	36.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,497,009	0	57,497,009	1,595,144.86	36.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,672,471	0	10,672,471	218,805.03	48.78	4.00
5.00	Subtotal wage-related costs (see inst.)	15,409,957	0	15,409,957	0.00	26.80	5.00
6.00	Total (sum of lines 3 thru 5)	83,579,437	0	83,579,437	1,813,949.89	46.08	6.00
7.00	Total overhead cost (see instructions)	15,333,067	0	15,333,067	506,605.78	30.27	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2023 2:22 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,863,973	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,013,733	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	385,621	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	42,855	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)	31,450	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	385,316	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,483,403	17.00
18.00	Medicare Taxes - Employers Portion Only	864,308	18.00
19.00	Unemployment Insurance	33,010	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,103,669	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: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part V Date/Time Prepared: 11/20/2023 2:22 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,903,068	14,103,669	1.00
2.00	Hospital	2,903,068	14,103,669	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	0	0	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: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/20/2023 2:22 pm
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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)			0.225362	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			42,229,234	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			213,162,104	6.00	
7.00	Medicaid cost (line 1 times line 6)			48,038,638	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)			5,809,404	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)			14,144	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			77,183	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			17,394	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)			3,250	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)			5,812,654	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)	8,337,434	133,073	8,470,507	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,878,941	133,073	2,012,014	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)	1,878,941	133,073	2,012,014	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)			5,447,902	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			438,504	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			674,623	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			4,773,279	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,311,835	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,323,849	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,136,503	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet A Date/Time Prepared: 11/20/2023 2:22 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,715,076		2,715,076	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,231,197		4,231,197	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	471,380	7,260,980		7,732,360	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	334,717	24,099		358,816	5.01
5.02	00570	ADMITTING	867,147	144,098		1,011,245	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	147		147	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	4,940,672	25,906,447		30,847,119	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0		0	6.00
7.00	00700	OPERATION OF PLANT	1,673,286	4,424,108		6,097,394	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,799	669,639		751,438	8.00
9.00	00900	HOUSEKEEPING	2,281,763	780,454		3,062,217	9.00
10.00	01000	DIETARY	1,867,746	1,740,798		3,608,544	10.00
11.00	01100	CAFETERIA	0	0		0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		0	12.00
13.00	01300	NURSING ADMINISTRATION	1,564,636	499,726		2,064,362	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		0	14.00
15.00	01500	PHARMACY	0	0		0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		0	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,923,851	3,644,993		18,568,844	30.00
31.00	03100	INTENSIVE CARE UNIT	1,982,601	1,263,700		3,246,301	31.00
41.00	04100	SUBPROVIDER - IRF	1,452,283	731,941		2,184,224	41.00
43.00	04300	NURSERY	0	0		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,519,601	3,725,185		6,244,786	50.00
51.00	05100	RECOVERY ROOM	988,531	188,171		1,176,702	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,482,870	380,897		1,863,767	52.00
53.00	05300	ANESTHESIOLOGY	2,754,879	425,465		3,180,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,969,492	691,024		2,660,516	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	294,506	135,868		430,374	55.00
56.00	05600	RADIOISOTOPE	329,564	455,062		784,626	56.00
57.00	05700	CT SCAN	547,071	617,431		1,164,502	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	304,691	160,728		465,419	58.00
59.00	05900	CARDIAC CATHETERIZATION	616,033	1,073,317		1,689,350	59.00
60.00	06000	LABORATORY	2,728,886	3,155,070		5,883,956	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	124,240	617,797		742,037	63.00
64.00	06400	INTRAVENOUS THERAPY	606,585	218,026		824,611	64.00
65.00	06500	RESPIRATORY THERAPY	1,537,249	379,996		1,917,245	65.00
66.00	06600	PHYSICAL THERAPY	1,992,730	862,438		2,855,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	913,995	552,547		1,466,542	67.00
68.00	06800	SPEECH PATHOLOGY	275,932	131,721		407,653	68.00
69.00	06900	ELECTROCARDIOLOGY	656,416	222,968		879,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	352,995	133,292		486,287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,783,565		3,783,565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,054,986		3,054,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,182,107	8,768,053		10,950,160	73.00
74.00	07400	RENAL DIALYSIS	0	753,465		753,465	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	99,568	14,552		114,120	76.00
76.97	07697	CARDIAC REHABILITATION	390,524	53,686		444,210	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	818,698	507,752		1,326,450	90.00
91.00	09100	EMERGENCY	3,525,205	1,284,767		4,809,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0		0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,454,249	86,385,232		146,839,481	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	190.00
191.00	19100	RESEARCH	32,282	11,918		44,200	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,191		3,191	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	122,701		122,701	194.00
194.01	07951	ADVERTISING	0	233,162		233,162	194.01
194.02	07952	RETAIL PHARMACY	485,332	6,071,127		6,556,459	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	60,971,863	92,827,331		153,799,194	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet A
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,120	2,850,763	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	590,029	4,834,816	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,231,196	8,963,556	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	-278	358,538	5.01
5.02	00570	ADMITTING	0	1,011,245	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,638,269	1,638,416	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	-10,067,629	20,634,333	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-6,396	6,090,998	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-58,609	692,829	8.00
9.00	00900	HOUSEKEEPING	0	3,062,217	9.00
10.00	01000	DIETARY	-3,987	2,192,176	10.00
11.00	01100	CAFETERIA	-945,860	466,521	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	155,271	2,219,633	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,263,614	1,263,614	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-32	18,902,424	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,246,301	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,184,224	41.00
43.00	04300	NURSERY	0	449,062	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-365,000	5,879,786	50.00
51.00	05100	RECOVERY ROOM	0	1,176,702	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,081,093	52.00
53.00	05300	ANESTHESIOLOGY	-2,864,822	315,522	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-700	2,659,816	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	430,374	55.00
56.00	05600	RADIOISOTOPE	0	784,626	56.00
57.00	05700	CT SCAN	0	1,164,502	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	465,419	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,689,350	59.00
60.00	06000	LABORATORY	-127,961	5,755,995	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	-120	741,917	63.00
64.00	06400	INTRAVENOUS THERAPY	0	824,611	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,917,245	65.00
66.00	06600	PHYSICAL THERAPY	0	2,855,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,466,542	67.00
68.00	06800	SPEECH PATHOLOGY	0	407,653	68.00
69.00	06900	ELECTROCARDIOLOGY	0	879,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	486,287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-16,575	3,766,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,054,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-46,500	10,903,660	73.00
74.00	07400	RENAL DIALYSIS	0	753,465	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	114,120	76.00
76.97	07697	CARDIAC REHABILITATION	0	444,210	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-208,333	1,118,117	90.00
91.00	09100	EMERGENCY	-8	4,809,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,830,311	137,009,170	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	44,200	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,191	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	122,701	194.00
194.01	07951	ADVERTISING	0	233,162	194.01
194.02	07952	RETAIL PHARMACY	0	6,556,459	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,830,311	143,968,883	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	131,567	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,590	2.00
	0		0	145,157	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	731,034	681,347	1.00
	0		731,034	681,347	
C - NURSERY/LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	265,432	68,180	1.00
2.00	NURSERY	43.00	357,287	91,775	2.00
	0		622,719	159,955	
500.00	Grand Total: Increases		1,353,753	986,459	500.00

Decreases							
	Cost Center	Line #	Salary	Other	wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
A - BUILDING INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	145,157		12	1.00
2.00		0.00	0	0		12	2.00
	0		0	145,157			
B - CAFETERIA EXPENSE							
1.00	DIETARY	10.00	731,034	681,347		0	1.00
	0		731,034	681,347			
C - NURSERY/LABOR & DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	622,719	159,955		0	1.00
2.00		0.00	0	0		0	2.00
	0		622,719	159,955			
500.00	Grand Total: Decreases		1,353,753	986,459			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,316	0	0	0	1.00
2.00	Land Improvements	2,362,171	0	0	0	2.00
3.00	Buildings and Fixtures	40,679,473	0	0	0	3.00
4.00	Building Improvements	53,728,853	2,209,320	0	2,209,320	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	47,825,386	7,465,076	0	7,465,076	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	144,601,199	9,674,396	0	9,674,396	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	144,601,199	9,674,396	0	9,674,396	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,316	0			1.00
2.00	Land Improvements	2,362,171	0			2.00
3.00	Buildings and Fixtures	40,679,473	0			3.00
4.00	Building Improvements	49,807,495	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	52,309,778	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	145,164,233	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	145,164,233	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part II
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,707,370	7,706	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,712,885	1,518,312	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,420,255	1,526,018	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	2,715,076				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,231,197				2.00
3.00	Total (sum of lines 1-2)	0	6,946,273				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part III
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	92,854,455	0	92,854,455	0.639651	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	52,309,779	0	52,309,779	0.360349	0	2.00
3.00	Total (sum of lines 1-2)	145,164,234	0	145,164,234	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	2,711,490	7,706	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,302,914	1,518,312	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,014,404	1,526,018	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	131,567	0	0	2,850,763	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,590	0	0	4,834,816	2.00
3.00	Total (sum of lines 1-2)	0	145,157	0	0	7,685,579	3.00

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,430,012				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	-4,950,387				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	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

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 ANESTHESIA - NON-SALARIES, NON-BENEF	A	-65,107	ANESTHESIOLOGY	53.00	0	33.00
33.01 COVID DRUG DONATIONS	B	-46,500	DRUGS CHARGED TO PATIENTS	73.00	0	33.01
33.02 NON-PATIENT CARE COSTS	A	-1,916	OTHER ADMINISTRATIVE & GENERAL	5.04	0	33.02
33.03 OTHER REVENUE	B	-21,120	CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04 OTHER REVENUE	B	-121,993	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
33.05 OTHER REVENUE	B	-430	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.05
33.06 OTHER REVENUE	B	-278	PURCHASING RECEIVING AND STORES	5.01	0	33.06
33.07 OTHER REVENUE	B	-6,023	OTHER ADMINISTRATIVE & GENERAL	5.04	0	33.07
33.08 OTHER REVENUE	B	-2,200	OPERATION OF PLANT	7.00	0	33.08
33.09 OTHER REVENUE	B	-58,609	LAUNDRY & LINEN SERVICE	8.00	0	33.09
33.10 OTHER REVENUE	B	-3,987	DIETARY	10.00	0	33.10
33.11 OTHER REVENUE	B	-945,860	CAFETERIA	11.00	0	33.11
33.12 OTHER REVENUE	B	-5,003	NURSING ADMINISTRATION	13.00	0	33.12
33.13 OTHER REVENUE	B	-32	ADULTS & PEDIATRICS	30.00	0	33.13
33.14 OTHER REVENUE	B	-700	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15 OTHER REVENUE	B	-3,080	LABORATORY	60.00	0	33.15
33.16 OTHER REVENUE	B	-16,575	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.16
33.17 OTHER REVENUE	B	-8	EMERGENCY	91.00	0	33.17
33.18 PRE-MERGER ASSETS DEPRECIATION	A	-21,294	CAP REL COSTS-BLDG & FIXT	1.00	9	33.18
33.19 TAXABLE LABS	A	-124,881	LABORATORY	60.00	0	33.19
33.20 TAXABLE LABS	A	-120	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	33.20
33.21 PATIENT TV DEPRECIATION	A	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.21
33.22 PATIENT TV PURCHASES	A	-4,196	OPERATION OF PLANT	7.00	0	33.22
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-9,830,311				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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/20/2023 2:22 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.04	OTHER ADMINISTRATIVE & GENER	PHYSICIAN ALLOCATION PER GL	0	3,783,038 1.00
2.00	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION PER G	0	17,526,287 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOC-BLDG	46,534	0 3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOC-EQUIP	712,022	0 3.01
3.02	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-SALARIES	5,891,753	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOC-BENEFITS	1,288,590	0 3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOC-MEDICAL RE	1,263,614	0 3.04
3.05	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-REIMBURSEM	47,216	0 3.05
3.06	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE ALLOC-PATIENT AC	1,638,269	0 3.06
3.07	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-OTHER NON	5,351,131	0 3.07
3.08	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOCATION PER G	0	287,084 3.08
3.09	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOC-ADMIN	73,585	0 3.09
3.10	13.00	NURSING ADMINISTRATION	CANCER CARE ALLOC-REGISTRY	160,274	0 3.10
3.11	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOC-NAVIGATORS	173,034	0 3.11
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.			16,646,022	21,596,409 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	B		0.00	CFNI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/20/2023 2:22 pm

	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,783,038	0		1.00
2.00	-17,526,287	0		2.00
3.00	46,534	9		3.00
3.01	712,022	9		3.01
3.02	5,891,753	0		3.02
3.03	1,288,590	0		3.03
3.04	1,263,614	0		3.04
3.05	47,216	0		3.05
3.06	1,638,269	0		3.06
3.07	5,351,131	0		3.07
3.08	-287,084	0		3.08
3.09	73,585	0		3.09
3.10	160,274	0		3.10
3.11	173,034	0		3.11
4.00	0	0		4.00
5.00	-4,950,387			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/20/2023 2:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	53.00	ANESTHESIOLOGY	2,754,879	2,754,879	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	44,836	44,836	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	56,964	56,964	0	0	0	3.00
4.00	50.00	OPERATING ROOM	365,000	365,000	0	0	0	4.00
5.00	90.00	CLINIC	208,333	208,333	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,430,012	3,430,012	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	90.00	CLINIC	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	53.00	ANESTHESIOLOGY	0	0	0	2,754,879		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	44,836		2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	56,964		3.00
4.00	50.00	OPERATING ROOM	0	0	0	365,000		4.00
5.00	90.00	CLINIC	0	0	0	208,333		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	3,430,012		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,850,763	2,850,763			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,834,816		4,834,816		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,963,556	14,108	75	8,977,739	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	358,538	49,866	972	49,669	459,045 5.01
5.02 00570	ADMITTING	1,011,245	21,600	0	128,677	1,615 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,638,416	4,289	0	0	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	20,634,333	241,990	157,570	733,151	1,118 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	6,090,998	651,897	119,153	248,301	124 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	692,829	10,200	0	12,138	249 8.00
9.00 00900	HOUSEKEEPING	3,062,217	42,007	29,998	338,593	2,361 9.00
10.00 01000	DIETARY	2,192,176	64,624	52,612	168,678	11,060 10.00
11.00 01100	CAFETERIA	466,521	28,629	22,548	108,479	4,722 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,219,633	14,177	102,566	232,178	124 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,263,614	15,632	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,902,424	480,646	103,122	2,253,966	57,536 30.00
31.00 03100	INTENSIVE CARE UNIT	3,246,301	57,626	110,547	294,200	12,054 31.00
41.00 04100	SUBPROVIDER - IRF	2,184,224	75,873	33,167	215,506	6,213 41.00
43.00 04300	NURSERY	449,062	3,009	14,569	53,018	2,485 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,879,786	133,680	927,471	373,886	85,123 50.00
51.00 05100	RECOVERY ROOM	1,176,702	43,917	2,739	146,689	3,977 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,081,093	50,272	35,062	127,639	6,089 52.00
53.00 05300	ANESTHESIOLOGY	315,522	1,998	55,267	408,799	6,835 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,659,816	47,987	345,731	292,255	6,835 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	430,374	26,194	543,580	43,702	0 55.00
56.00 05600	RADIOISOTOPE	784,626	9,626	64,642	48,904	497 56.00
57.00 05700	CT SCAN	1,164,502	7,572	10,589	81,180	7,456 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	465,419	11,730	476,349	45,213	1,367 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,689,350	38,642	568,292	91,414	15,285 59.00
60.00 06000	LABORATORY	5,755,995	61,696	90,866	404,942	137,565 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	741,917	4,595	595	18,436	8,202 63.00
64.00 06400	INTRAVENOUS THERAPY	824,611	39,453	53,861	90,012	6,213 64.00
65.00 06500	RESPIRATORY THERAPY	1,917,245	10,712	64,241	228,114	5,716 65.00
66.00 06600	PHYSICAL THERAPY	2,855,168	61,259	43,375	295,703	9,072 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,466,542	16,874	9,415	135,629	1,118 67.00
68.00 06800	SPEECH PATHOLOGY	407,653	3,527	4,322	40,946	124 68.00
69.00 06900	ELECTROCARDIOLOGY	879,384	13,197	112,580	97,406	3,604 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	486,287	18,797	37,458	52,381	4,474 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,766,990	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,054,986	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,903,660	25,626	503,658	323,805	4,474 73.00
74.00 07400	RENAL DIALYSIS	753,465	5,256	0	0	621 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	114,120	13,915	0	14,775	0 76.00
76.97 07697	CARDIAC REHABILITATION	444,210	34,647	24,757	57,950	124 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,118,117	12,779	5,688	121,487	6,338 90.00
91.00 09100	EMERGENCY	4,809,964	61,515	64,054	523,109	36,908 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	137,009,170	2,531,639	4,791,491	8,900,930	457,678 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,973	0	0	0 190.00
191.00 19100	RESEARCH	44,200	0	0	4,790	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,191	192,748	0	0	0 192.00
194.00 07950	OTHER NONREIMBURSEABLE	122,701	105,831	1,729	0	0 194.00
194.01 07951	ADVERTISING	233,162	6,137	0	0	0 194.01
194.02 07952	RETAIL PHARMACY	6,556,459	7,435	41,596	72,019	1,367 194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118 through 201)	143,968,883	2,850,763	4,834,816	8,977,739	459,045	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	1,163,137					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,642,705				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	21,768,162	21,768,162		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	7,110,473	1,266,617	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	715,416	127,440	0	8.00
9.00	00900	HOUSEKEEPING	0	0	3,475,176	619,047	0	9.00
10.00	01000	DIETARY	0	0	2,489,150	443,402	0	10.00
11.00	01100	CAFETERIA	0	0	630,899	112,385	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,568,678	457,569	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,279,246	227,877	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	195,173	275,562	22,268,429	3,966,822	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,666	17,889	3,751,283	668,231	0	31.00
41.00	04100	SUBPROVIDER - IRF	13,026	18,398	2,546,407	453,602	0	41.00
43.00	04300	NURSERY	3,054	4,314	529,511	94,324	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	85,398	120,615	7,605,959	1,354,880	0	50.00
51.00	05100	RECOVERY ROOM	12,569	17,752	1,404,345	250,162	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,344	10,372	1,317,871	234,758	0	52.00
53.00	05300	ANESTHESIOLOGY	12,760	18,021	819,202	145,928	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,371	59,844	3,454,839	615,424	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	14,301	20,199	1,078,350	192,091	0	55.00
56.00	05600	RADIOISOTOPE	10,890	15,381	934,566	166,478	0	56.00
57.00	05700	CT SCAN	74,853	105,722	1,451,874	258,628	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,757	30,730	1,052,565	187,498	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,881	59,152	2,504,016	446,050	0	59.00
60.00	06000	LABORATORY	129,293	182,613	6,762,970	1,204,715	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,256	7,423	786,424	140,089	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,233	14,453	1,038,836	185,052	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,224	18,677	2,257,929	402,214	0	65.00
66.00	06600	PHYSICAL THERAPY	21,048	29,728	3,315,353	590,577	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,375	14,654	1,654,607	294,742	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,953	4,171	463,696	82,600	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,728	46,224	1,185,123	211,111	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,849	19,560	632,806	112,724	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,155	27,054	3,813,199	679,260	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,188	17,215	3,084,389	549,435	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,852	238,485	12,168,560	2,167,634	0	73.00
74.00	07400	RENAL DIALYSIS	7,922	11,189	778,453	138,669	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,076	1,520	145,406	25,902	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,548	2,187	565,423	100,721	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,321	11,753	1,284,483	228,810	0	90.00
91.00	09100	EMERGENCY	157,073	221,848	5,874,471	1,046,443	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,163,137	1,642,705	136,568,545	20,449,911	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,973	1,242	0	190.00
191.00	19100	RESEARCH	0	0	48,990	8,727	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	195,939	34,903	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	230,261	41,017	0	194.00
194.01	07951	ADVERTISING	0	0	239,299	42,627	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	6,678,876	1,189,735	0	194.02
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,163,137	1,642,705	143,968,883	21,768,162	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	8,377,090					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,768	888,624				8.00
9.00	00900	HOUSEKEEPING	188,480	0	4,282,703			9.00
10.00	01000	DIETARY	289,960	0	156,771	3,379,283		10.00
11.00	01100	CAFETERIA	128,454	0	51,240	0	922,978	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	63,611	0	17,995	0	41,446	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	70,137	0	21,350	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,156,613	705,416	900,120	2,574,041	322,005	30.00
31.00	03100	INTENSIVE CARE UNIT	258,561	54,395	210,512	87,664	30,288	31.00
41.00	04100	SUBPROVIDER - IRF	340,435	109,879	231,496	322,523	31,882	41.00
43.00	04300	NURSERY	13,501	18,934	8,540	0	6,376	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	599,808	0	555,407	0	47,823	50.00
51.00	05100	RECOVERY ROOM	197,051	0	21,350	6,501	17,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	225,565	0	194,286	77,954	17,535	52.00
53.00	05300	ANESTHESIOLOGY	8,963	0	0	0	9,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,314	0	196,726	0	46,229	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	117,530	0	3,050	0	3,188	55.00
56.00	05600	RADIOISOTOPE	43,192	0	12,200	0	4,782	56.00
57.00	05700	CT SCAN	33,976	0	0	0	11,159	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52,631	0	8,540	0	4,782	58.00
59.00	05900	CARDIAC CATHETERIZATION	173,382	0	120,475	0	9,565	59.00
60.00	06000	LABORATORY	276,824	0	135,420	0	65,358	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	20,615	0	0	0	3,188	63.00
64.00	06400	INTRAVENOUS THERAPY	177,024	0	58,255	0	14,347	64.00
65.00	06500	RESPIRATORY THERAPY	48,065	0	26,230	0	19,129	65.00
66.00	06600	PHYSICAL THERAPY	274,863	0	176,596	0	38,258	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,711	0	0	0	19,129	67.00
68.00	06800	SPEECH PATHOLOGY	15,826	0	0	0	4,782	68.00
69.00	06900	ELECTROCARDIOLOGY	59,213	0	10,675	0	12,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,338	0	15,250	0	7,970	70.00
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	114,981	0	12,810	0	31,882	73.00
74.00	07400	RENAL DIALYSIS	23,584	0	4,575	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	62,434	0	6,100	0	3,188	76.00
76.97	07697	CARDIAC REHABILITATION	155,456	0	13,725	0	7,970	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	57,337	0	19,825	0	15,941	90.00
91.00	09100	EMERGENCY	276,011	0	623,666	79,420	65,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,945,214	888,624	3,813,185	3,148,103	913,413	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,287	0	19,215	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	864,840	0	11,590	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	474,855	0	425,903	231,180	0	194.00
194.01	07951	ADVERTISING	27,534	0	4,575	0	0	194.01
194.02	07952	RETAIL PHARMACY	33,360	0	8,235	0	9,565	194.02
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)	8,377,090	888,624	4,282,703	3,379,283	922,978	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	3,149,299				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,598,610	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,766,597	0	0	267,845	30.00
31.00	03100	INTENSIVE CARE UNIT	0	169,419	0	0	17,413	31.00
41.00	04100	SUBPROVIDER - IRF	0	174,645	0	0	17,908	41.00
43.00	04300	NURSERY	0	38,818	0	0	4,199	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	257,786	0	0	117,406	50.00
51.00	05100	RECOVERY ROOM	0	98,531	0	0	17,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	93,447	0	0	10,096	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	17,542	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	58,252	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	19,661	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	14,972	56.00
57.00	05700	CT SCAN	0	0	0	0	102,908	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	29,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,491	0	0	57,578	59.00
60.00	06000	LABORATORY	0	0	0	0	177,754	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	7,226	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	14,068	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	18,180	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	28,937	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	14,264	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,060	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	44,994	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	19,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	26,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	232,139	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	10,891	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	1,480	76.00
76.97	07697	CARDIAC REHABILITATION	0	43,512	0	0	2,129	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	88,459	0	0	11,440	90.00
91.00	09100	EMERGENCY	0	361,594	0	0	215,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,149,299	0	0	1,598,610	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,149,299	0	0	1,598,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	34,927,888	0	34,927,888	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,247,766	0	5,247,766	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,228,777	0	4,228,777	41.00
43.00	04300	NURSEY	0	0	714,203	0	714,203	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	10,539,069	0	10,539,069	50.00
51.00	05100	RECOVERY ROOM	0	0	2,012,755	0	2,012,755	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,171,512	0	2,171,512	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,001,200	0	1,001,200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,586,784	0	4,586,784	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	1,413,870	0	1,413,870	55.00
56.00	05600	RADIOISOTOPE	0	0	1,176,190	0	1,176,190	56.00
57.00	05700	CT SCAN	0	0	1,858,545	0	1,858,545	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,335,928	0	1,335,928	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,367,557	0	3,367,557	59.00
60.00	06000	LABORATORY	0	0	8,623,041	0	8,623,041	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	957,542	0	957,542	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,487,582	0	1,487,582	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,771,747	0	2,771,747	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,424,584	0	4,424,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,058,453	0	2,058,453	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	570,964	0	570,964	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,523,869	0	1,523,869	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	872,128	0	872,128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,518,793	0	4,518,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,650,581	0	3,650,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,728,006	0	14,728,006	73.00
74.00	07400	RENAL DIALYSIS	0	0	956,172	0	956,172	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	244,510	0	244,510	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	888,936	0	888,936	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,706,295	0	1,706,295	90.00
91.00	09100	EMERGENCY	0	0	8,542,908	0	8,542,908	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	133,108,155	0	133,108,155	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,717	0	58,717	190.00
191.00	19100	RESEARCH	0	0	57,717	0	57,717	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,107,272	0	1,107,272	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	1,403,216	0	1,403,216	194.00
194.01	07951	ADVERTISING	0	0	314,035	0	314,035	194.01
194.02	07952	RETAIL PHARMACY	0	0	7,919,771	0	7,919,771	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	143,968,883	0	143,968,883	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	14,108	75	14,183	14,183 4.00
5.01 00560	PURCHASING RECEIVING AND STORES	0	49,866	972	50,838	78 5.01
5.02 00570	ADMITTING	0	21,600	0	21,600	203 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,289	0	4,289	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	0	241,990	157,570	399,560	1,156 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	651,897	119,153	771,050	392 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,200	0	10,200	19 8.00
9.00 00900	HOUSEKEEPING	0	42,007	29,998	72,005	534 9.00
10.00 01000	DIETARY	0	64,624	52,612	117,236	266 10.00
11.00 01100	CAFETERIA	0	28,629	22,548	51,177	171 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	14,177	102,566	116,743	366 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	15,632	0	15,632	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	480,646	103,122	583,768	3,577 30.00
31.00 03100	INTENSIVE CARE UNIT	0	57,626	110,547	168,173	464 31.00
41.00 04100	SUBPROVIDER - IRF	0	75,873	33,167	109,040	340 41.00
43.00 04300	NURSERY	0	3,009	14,569	17,578	84 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	133,680	927,471	1,061,151	590 50.00
51.00 05100	RECOVERY ROOM	0	43,917	2,739	46,656	231 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	50,272	35,062	85,334	201 52.00
53.00 05300	ANESTHESIOLOGY	0	1,998	55,267	57,265	645 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	47,987	345,731	393,718	461 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	26,194	543,580	569,774	69 55.00
56.00 05600	RADIOISOTOPE	0	9,626	64,642	74,268	77 56.00
57.00 05700	CT SCAN	0	7,572	10,589	18,161	128 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,730	476,349	488,079	71 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	38,642	568,292	606,934	144 59.00
60.00 06000	LABORATORY	0	61,696	90,866	152,562	639 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,595	595	5,190	29 63.00
64.00 06400	INTRAVENOUS THERAPY	0	39,453	53,861	93,314	142 64.00
65.00 06500	RESPIRATORY THERAPY	0	10,712	64,241	74,953	360 65.00
66.00 06600	PHYSICAL THERAPY	0	61,259	43,375	104,634	466 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,874	9,415	26,289	214 67.00
68.00 06800	SPEECH PATHOLOGY	0	3,527	4,322	7,849	65 68.00
69.00 06900	ELECTROCARDIOLOGY	0	13,197	112,580	125,777	154 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	18,797	37,458	56,255	83 70.00
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	25,626	503,658	529,284	511 73.00
74.00 07400	RENAL DIALYSIS	0	5,256	0	5,256	0 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13,915	0	13,915	23 76.00
76.97 07697	CARDIAC REHABILITATION	0	34,647	24,757	59,404	91 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	12,779	5,688	18,467	192 90.00
91.00 09100	EMERGENCY	0	61,515	64,054	125,569	825 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,531,639	4,791,491	7,323,130	14,061 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,973	0	6,973	0 190.00
191.00 19100	RESEARCH	0	0	0	0	8 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	192,748	0	192,748	0 192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	105,831	1,729	107,560	0 194.00
194.01 07951	ADVERTISING	0	6,137	0	6,137	0 194.01
194.02 07952	RETAIL PHARMACY	0	7,435	41,596	49,031	114 194.02
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	0	2,850,763	4,834,816	7,685,579	14,183 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/20/2023 2:22 pm			
Cost Center Description			PURCHASING RECEIVING AND STORES 5.01	ADMITTING 5.02	CASHIERING/ACC OUNTS RECEIVABLE 5.03	OTHER ADMINISTRATIVE & GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	50,916					5.01
5.02	00570	ADMITTING	179	21,982				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	4,289			5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	124	0	0	400,840		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	14	0	0	23,322		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28	0	0	2,347	0	8.00
9.00	00900	HOUSEKEEPING	262	0	0	11,399	0	9.00
10.00	01000	DIETARY	1,227	0	0	8,164	0	10.00
11.00	01100	CAFETERIA	524	0	0	2,069	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	14	0	0	8,425	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,196	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,382	3,792	848	73,063	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,337	238	45	12,304	0	31.00
41.00	04100	SUBPROVIDER - IRF	689	245	46	8,352	0	41.00
43.00	04300	NURSERY	276	57	11	1,737	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,442	1,605	304	24,948	0	50.00
51.00	05100	RECOVERY ROOM	441	236	45	4,606	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	675	138	26	4,323	0	52.00
53.00	05300	ANESTHESIOLOGY	758	240	45	2,687	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	758	796	151	11,332	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	269	51	3,537	0	55.00
56.00	05600	RADIOISOTOPE	55	205	39	3,065	0	56.00
57.00	05700	CT SCAN	827	1,407	266	4,762	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	152	409	77	3,452	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,695	787	149	8,213	0	59.00
60.00	06000	LABORATORY	15,256	2,430	460	22,183	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	910	99	19	2,579	0	63.00
64.00	06400	INTRAVENOUS THERAPY	689	192	36	3,407	0	64.00
65.00	06500	RESPIRATORY THERAPY	634	248	47	7,406	0	65.00
66.00	06600	PHYSICAL THERAPY	1,006	396	75	10,874	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	124	195	37	5,427	0	67.00
68.00	06800	SPEECH PATHOLOGY	14	55	10	1,521	0	68.00
69.00	06900	ELECTROCARDIOLOGY	400	615	116	3,887	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	496	260	49	2,076	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	360	68	12,507	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	229	43	10,117	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	496	3,173	600	39,913	0	73.00
74.00	07400	RENAL DIALYSIS	69	149	28	2,553	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20	4	477	0	76.00
76.97	07697	CARDIAC REHABILITATION	14	29	6	1,855	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	703	156	30	4,213	0	90.00
91.00	09100	EMERGENCY	4,094	2,952	558	19,268	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,764	21,982	4,289	376,566	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23	0	190.00
191.00	19100	RESEARCH	0	0	0	161	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	643	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	755	0	194.00
194.01	07951	ADVERTISING	0	0	0	785	0	194.01
194.02	07952	RETAIL PHARMACY	152	0	0	21,907	0	194.02
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)	50,916	21,982	4,289	400,840	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	794,778					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,342	16,936				8.00
9.00	00900	HOUSEKEEPING	17,882	0	102,082			9.00
10.00	01000	DIETARY	27,510	0	3,737	158,140		10.00
11.00	01100	CAFETERIA	12,187	0	1,221	0	67,349	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,035	0	429	0	3,024	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,654	0	509	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	204,608	13,444	21,454	120,458	23,494	30.00
31.00	03100	INTENSIVE CARE UNIT	24,531	1,037	5,018	4,102	2,210	31.00
41.00	04100	SUBPROVIDER - IRF	32,299	2,094	5,518	15,093	2,326	41.00
43.00	04300	NURSERY	1,281	361	204	0	465	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,907	0	13,239	0	3,490	50.00
51.00	05100	RECOVERY ROOM	18,695	0	509	304	1,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,401	0	4,631	3,648	1,280	52.00
53.00	05300	ANESTHESIOLOGY	850	0	0	0	698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,428	0	4,689	0	3,373	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	11,151	0	73	0	233	55.00
56.00	05600	RADIOISOTOPE	4,098	0	291	0	349	56.00
57.00	05700	CT SCAN	3,224	0	0	0	814	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,993	0	204	0	349	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,450	0	2,872	0	698	59.00
60.00	06000	LABORATORY	26,264	0	3,228	0	4,769	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,956	0	0	0	233	63.00
64.00	06400	INTRAVENOUS THERAPY	16,795	0	1,389	0	1,047	64.00
65.00	06500	RESPIRATORY THERAPY	4,560	0	625	0	1,396	65.00
66.00	06600	PHYSICAL THERAPY	26,078	0	4,209	0	2,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,183	0	0	0	1,396	67.00
68.00	06800	SPEECH PATHOLOGY	1,501	0	0	0	349	68.00
69.00	06900	ELECTROCARDIOLOGY	5,618	0	254	0	931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,002	0	363	0	582	70.00
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	10,909	0	305	0	2,326	73.00
74.00	07400	RENAL DIALYSIS	2,238	0	109	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,923	0	145	0	233	76.00
76.97	07697	CARDIAC REHABILITATION	14,749	0	327	0	582	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,440	0	473	0	1,163	90.00
91.00	09100	EMERGENCY	26,187	0	14,866	3,717	4,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	658,929	16,936	90,891	147,322	66,651	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,968	0	458	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,052	0	276	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	45,052	0	10,152	10,818	0	194.00
194.01	07951	ADVERTISING	2,612	0	109	0	0	194.01
194.02	07952	RETAIL PHARMACY	3,165	0	196	0	698	194.02
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)	794,778	16,936	102,082	158,140	67,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	135,036				13.00
14.00	01400	0	0	0			14.00
15.00	01500	0	0	0	0		15.00
16.00	01600	0	0	0	0	26,991	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	75,750	0	0	4,377	30.00
31.00	03100	0	7,264	0	0	296	31.00
41.00	04100	0	7,488	0	0	304	41.00
43.00	04300	0	1,664	0	0	71	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,053	0	0	1,995	50.00
51.00	05100	0	4,225	0	0	294	51.00
52.00	05200	0	4,007	0	0	172	52.00
53.00	05300	0	0	0	0	298	53.00
54.00	05400	0	0	0	0	990	54.00
55.00	05500	0	0	0	0	334	55.00
56.00	05600	0	0	0	0	254	56.00
57.00	05700	0	0	0	0	1,749	57.00
58.00	05800	0	0	0	0	508	58.00
59.00	05900	0	2,422	0	0	978	59.00
60.00	06000	0	0	0	0	3,021	60.00
63.00	06300	0	0	0	0	123	63.00
64.00	06400	0	0	0	0	239	64.00
65.00	06500	0	0	0	0	309	65.00
66.00	06600	0	0	0	0	492	66.00
67.00	06700	0	0	0	0	242	67.00
68.00	06800	0	0	0	0	69	68.00
69.00	06900	0	0	0	0	765	69.00
70.00	07000	0	0	0	0	324	70.00
71.00	07100	0	0	0	0	447	71.00
72.00	07200	0	0	0	0	285	72.00
73.00	07300	0	0	0	0	3,945	73.00
74.00	07400	0	0	0	0	185	74.00
76.00	03550	0	0	0	0	25	76.00
76.97	07697	0	1,866	0	0	36	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	3,793	0	0	194	90.00
91.00	09100	0	15,504	0	0	3,670	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		0	135,036	0	0	26,991	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		0	135,036	0	0	26,991	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		1,135,015	0	1,135,015	30.00
31.00	03100	INTENSIVE CARE UNIT	0		227,019	0	227,019	31.00
41.00	04100	SUBPROVIDER - IRF	0		183,834	0	183,834	41.00
43.00	04300	NURSEY	0		23,789	0	23,789	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		1,184,724	0	1,184,724	50.00
51.00	05100	RECOVERY ROOM	0		77,522	0	77,522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		125,836	0	125,836	52.00
53.00	05300	ANESTHESIOLOGY	0		63,486	0	63,486	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		436,696	0	436,696	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0		585,491	0	585,491	55.00
56.00	05600	RADIOISOTOPE	0		82,701	0	82,701	56.00
57.00	05700	CT SCAN	0		31,338	0	31,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		498,294	0	498,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		641,342	0	641,342	59.00
60.00	06000	LABORATORY	0		230,812	0	230,812	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		11,138	0	11,138	63.00
64.00	06400	INTRAVENOUS THERAPY	0		117,250	0	117,250	64.00
65.00	06500	RESPIRATORY THERAPY	0		90,538	0	90,538	65.00
66.00	06600	PHYSICAL THERAPY	0		151,022	0	151,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		41,107	0	41,107	67.00
68.00	06800	SPEECH PATHOLOGY	0		11,433	0	11,433	68.00
69.00	06900	ELECTROCARDIOLOGY	0		138,517	0	138,517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		68,490	0	68,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		13,382	0	13,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		10,674	0	10,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		591,462	0	591,462	73.00
74.00	07400	RENAL DIALYSIS	0		10,587	0	10,587	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		20,765	0	20,765	76.00
76.97	07697	CARDIAC REHABILITATION	0		78,959	0	78,959	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		34,824	0	34,824	90.00
91.00	09100	EMERGENCY	0		221,979	0	221,979	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	7,140,026	0	7,140,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		10,422	0	10,422	190.00
191.00	19100	RESEARCH	0		169	0	169	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		275,719	0	275,719	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0		174,337	0	174,337	194.00
194.01	07951	ADVERTISING	0		9,643	0	9,643	194.01
194.02	07952	RETAIL PHARMACY	0		75,263	0	75,263	194.02
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	7,685,579	0	7,685,579	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	456,660				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		15,353,114			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,260	239	60,500,483		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	7,988	3,087	334,717	3,694	5.01
5.02 00570	ADMITTING	3,460	0	867,147	13	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	687	0	0	0	5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	38,764	500,368	4,940,672	9	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	104,427	378,375	1,673,286	1	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,634	0	81,799	2	8.00
9.00 00900	HOUSEKEEPING	6,729	95,261	2,281,763	19	9.00
10.00 01000	DIETARY	10,352	167,070	1,136,712	89	10.00
11.00 01100	CAFETERIA	4,586	71,601	731,034	38	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,271	325,700	1,564,636	1	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,504	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,994	327,466	15,189,283	463	30.00
31.00 03100	INTENSIVE CARE UNIT	9,231	351,044	1,982,601	97	31.00
41.00 04100	SUBPROVIDER - IRF	12,154	105,322	1,452,283	50	41.00
43.00 04300	NURSERY	482	46,264	357,287	20	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,414	2,945,224	2,519,601	685	50.00
51.00 05100	RECOVERY ROOM	7,035	8,697	988,531	32	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,053	111,342	860,151	49	52.00
53.00 05300	ANESTHESIOLOGY	320	175,503	2,754,879	55	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,687	1,097,879	1,969,492	55	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	4,196	1,726,156	294,506	0	55.00
56.00 05600	RADIOISOTOPE	1,542	205,272	329,564	4	56.00
57.00 05700	CT SCAN	1,213	33,625	547,071	60	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,879	1,512,661	304,691	11	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,190	1,804,628	616,033	123	59.00
60.00 06000	LABORATORY	9,883	288,548	2,728,886	1,107	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	736	1,889	124,240	66	63.00
64.00 06400	INTRAVENOUS THERAPY	6,320	171,038	606,585	50	64.00
65.00 06500	RESPIRATORY THERAPY	1,716	203,998	1,537,249	46	65.00
66.00 06600	PHYSICAL THERAPY	9,813	137,738	1,992,730	73	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,703	29,898	913,995	9	67.00
68.00 06800	SPEECH PATHOLOGY	565	13,725	275,932	1	68.00
69.00 06900	ELECTROCARDIOLOGY	2,114	357,502	656,416	29	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,011	118,950	352,995	36	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,105	1,599,380	2,182,107	36	73.00
74.00 07400	RENAL DIALYSIS	842	0	0	5	74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,229	0	99,568	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,550	78,618	390,524	1	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,047	18,063	818,698	51	90.00
91.00 09100	EMERGENCY	9,854	203,404	3,525,205	297	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	405,540	15,215,535	59,982,869	3,683	590,640,237
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,117	0	0	0	190.00
191.00 19100	RESEARCH	0	0	32,282	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	30,876	0	0	0	192.00
194.00 07950	OTHER NONREIMBURSEABLE	16,953	5,489	0	0	194.00
194.01 07951	ADVERTISING	983	0	0	0	194.01
194.02 07952	RETAIL PHARMACY	1,191	132,090	485,332	11	194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
202.00	Cost to be allocated (per wkst. B, Part I)	2,850,763	4,834,816	8,977,739	459,045	1,163,137	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	6.242638	0.314908	0.148391	124.267731	0.001969	203.00
204.00	Cost to be allocated (per wkst. B, Part II)			14,183	50,916	21,982	204.00
205.00	Unit cost multiplier (wkst. B, Part II)			0.000234	13.783433	0.000037	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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	590,640,237				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	-21,768,162	122,200,721		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	403,501	6.00
7.00	00700	OPERATION OF PLANT	0	0	7,110,473	104,427	299,074
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	715,416	1,634	1,634
9.00	00900	HOUSEKEEPING	0	0	3,475,176	6,729	6,729
10.00	01000	DIETARY	0	0	2,489,150	10,352	10,352
11.00	01100	CAFETERIA	0	0	630,899	4,586	4,586
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	2,568,678	2,271	2,271
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,279,246	2,504	2,504
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	99,038,764	0	22,268,429	76,994	76,994
31.00	03100	INTENSIVE CARE UNIT	6,432,740	0	3,751,283	9,231	9,231
41.00	04100	SUBPROVIDER - IRF	6,615,623	0	2,546,407	12,154	12,154
43.00	04300	NURSERY	1,551,081	0	529,511	482	482
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,371,247	0	7,605,959	21,414	21,414
51.00	05100	RECOVERY ROOM	6,383,435	0	1,404,345	7,035	7,035
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,729,673	0	1,317,871	8,053	8,053
53.00	05300	ANESTHESIOLOGY	6,480,198	0	819,202	320	320
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,519,006	0	3,454,839	7,687	7,687
55.00	05500	RADIOLOGY - THERAPEUTIC	7,263,139	0	1,078,350	4,196	4,196
56.00	05600	RADIOISOTOPE	5,530,790	0	934,566	1,542	1,542
57.00	05700	CT SCAN	38,015,672	0	1,451,874	1,213	1,213
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,050,008	0	1,052,565	1,879	1,879
59.00	05900	CARDIAC CATHETERIZATION	21,270,073	0	2,504,016	6,190	6,190
60.00	06000	LABORATORY	65,664,518	0	6,762,970	9,883	9,883
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,669,195	0	786,424	736	736
64.00	06400	INTRAVENOUS THERAPY	5,196,950	0	1,038,836	6,320	6,320
65.00	06500	RESPIRATORY THERAPY	6,715,900	0	2,257,929	1,716	1,716
66.00	06600	PHYSICAL THERAPY	10,689,641	0	3,315,353	9,813	9,813
67.00	06700	OCCUPATIONAL THERAPY	5,269,166	0	1,654,607	2,703	2,703
68.00	06800	SPEECH PATHOLOGY	1,499,935	0	463,696	565	565
69.00	06900	ELECTROCARDIOLOGY	16,621,382	0	1,185,123	2,114	2,114
70.00	07000	ELECTROENCEPHALOGRAPHY	7,033,442	0	632,806	3,011	3,011
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,728,184	0	3,813,199	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,190,114	0	3,084,389	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	85,755,218	0	12,168,560	4,105	4,105
74.00	07400	RENAL DIALYSIS	4,023,309	0	778,453	842	842
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	546,553	0	145,406	2,229	2,229
76.97	07697	CARDIAC REHABILITATION	786,380	0	565,423	5,550	5,550
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,226,169	0	1,284,483	2,047	2,047
91.00	09100	EMERGENCY	79,772,732	0	5,874,471	9,854	9,854
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	590,640,237	-21,768,162	114,800,383	352,381	247,954
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,973	1,117	1,117
191.00	19100	RESEARCH	0	0	48,990	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	195,939	30,876	30,876
194.00	07950	OTHER NONREIMBURSEABLE	0	0	230,261	16,953	16,953
194.01	07951	ADVERTISING	0	0	239,299	983	983
194.02	07952	RETAIL PHARMACY	0	0	6,678,876	1,191	1,191
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,642,705		21,768,162	0	8,377,090

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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To 06/30/2023

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002781		0.178134	0.000000	28.010091	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,289		400,840	0	794,778	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000007		0.003280	0.000000	2.657463	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

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To 06/30/2023

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Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		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	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,023				8.00
9.00	00900	HOUSEKEEPING	0	280,832			9.00
10.00	01000	DIETARY	0	10,280	122,159		10.00
11.00	01100	CAFETERIA	0	3,360	0	579	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,180	0	26	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,400	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,627	59,024	93,050	202	30.00
31.00	03100	INTENSIVE CARE UNIT	1,899	13,804	3,169	19	31.00
41.00	04100	SUBPROVIDER - IRF	3,836	15,180	11,659	20	41.00
43.00	04300	NURSERY	661	560	0	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	36,420	0	30	50.00
51.00	05100	RECOVERY ROOM	0	1,400	235	11	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,740	2,818	11	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,900	0	29	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	200	0	2	55.00
56.00	05600	RADIOISOTOPE	0	800	0	3	56.00
57.00	05700	CT SCAN	0	0	0	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	560	0	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,900	0	6	59.00
60.00	06000	LABORATORY	0	8,880	0	41	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,820	0	9	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,720	0	12	65.00
66.00	06600	PHYSICAL THERAPY	0	11,580	0	24	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	700	0	8	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,000	0	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	840	0	20	73.00
74.00	07400	RENAL DIALYSIS	0	300	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	400	0	2	76.00
76.97	07697	CARDIAC REHABILITATION	0	900	0	5	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,300	0	10	90.00
91.00	09100	EMERGENCY	0	40,896	2,871	41	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,023	250,044	113,802	573	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,260	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	760	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	27,928	8,357	0	194.00
194.01	07951	ADVERTISING	0	300	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	540	0	6	194.02
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)	888,624	4,282,703	3,379,283	922,978	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.644038	15.250053	27.662988	1,594.089810	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	16,936	102,082	158,140	67,349	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.545918	0.363498	1.294542	116.319516	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	750,767					13.00
14.00	01400	0	0				14.00
15.00	01500	0	0	0			15.00
16.00	01600	0	0	0	590,640,237		16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	421,142	0	0	99,038,764	0	30.00
31.00	03100	40,388	0	0	6,432,740	0	31.00
41.00	04100	41,634	0	0	6,615,623	0	41.00
43.00	04300	9,254	0	0	1,551,081	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	61,454	0	0	43,371,247	0	50.00
51.00	05100	23,489	0	0	6,383,435	0	51.00
52.00	05200	22,277	0	0	3,729,673	0	52.00
53.00	05300	0	0	0	6,480,198	0	53.00
54.00	05400	0	0	0	21,519,006	0	54.00
55.00	05500	0	0	0	7,263,139	0	55.00
56.00	05600	0	0	0	5,530,790	0	56.00
57.00	05700	0	0	0	38,015,672	0	57.00
58.00	05800	0	0	0	11,050,008	0	58.00
59.00	05900	13,467	0	0	21,270,073	0	59.00
60.00	06000	0	0	0	65,664,518	0	60.00
63.00	06300	0	0	0	2,669,195	0	63.00
64.00	06400	0	0	0	5,196,950	0	64.00
65.00	06500	0	0	0	6,715,900	0	65.00
66.00	06600	0	0	0	10,689,641	0	66.00
67.00	06700	0	0	0	5,269,166	0	67.00
68.00	06800	0	0	0	1,499,935	0	68.00
69.00	06900	0	0	0	16,621,382	0	69.00
70.00	07000	0	0	0	7,033,442	0	70.00
71.00	07100	0	0	0	9,728,184	0	71.00
72.00	07200	0	0	0	6,190,114	0	72.00
73.00	07300	0	0	0	85,755,218	0	73.00
74.00	07400	0	0	0	4,023,309	0	74.00
76.00	03550	0	0	0	546,553	0	76.00
76.97	07697	10,373	0	0	786,380	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	21,088	0	0	4,226,169	0	90.00
91.00	09100	86,201	0	0	79,772,732	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		750,767	0	0	590,640,237	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00							200.00
201.00							201.00
202.00		3,149,299	0	0	1,598,610	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)				
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.194775	0.000000	0.000000	0.002707	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	135,036	0	0	26,991	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.179864	0.000000	0.000000	0.000046	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	5.01
5.02	00570	ADMITTING	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NONREIMBURSEABLE	194.00
194.01	07951	ADVERTISING	194.01
194.02	07952	RETAIL PHARMACY	194.02
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,927,888		34,927,888	0	34,927,888	30.00
31.00	03100	INTENSIVE CARE UNIT	5,247,766		5,247,766	0	5,247,766	31.00
41.00	04100	SUBPROVIDER - IRF	4,228,777		4,228,777	0	4,228,777	41.00
43.00	04300	NURSERY	714,203		714,203	0	714,203	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,539,069		10,539,069	0	10,539,069	50.00
51.00	05100	RECOVERY ROOM	2,012,755		2,012,755	0	2,012,755	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,171,512		2,171,512	0	2,171,512	52.00
53.00	05300	ANESTHESIOLOGY	1,001,200		1,001,200	0	1,001,200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,586,784		4,586,784	0	4,586,784	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,413,870		1,413,870	0	1,413,870	55.00
56.00	05600	RADIOISOTOPE	1,176,190		1,176,190	0	1,176,190	56.00
57.00	05700	CT SCAN	1,858,545		1,858,545	0	1,858,545	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,335,928		1,335,928	0	1,335,928	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,367,557		3,367,557	0	3,367,557	59.00
60.00	06000	LABORATORY	8,623,041		8,623,041	0	8,623,041	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	957,542		957,542	0	957,542	63.00
64.00	06400	INTRAVENOUS THERAPY	1,487,582		1,487,582	0	1,487,582	64.00
65.00	06500	RESPIRATORY THERAPY	2,771,747	0	2,771,747	0	2,771,747	65.00
66.00	06600	PHYSICAL THERAPY	4,424,584	0	4,424,584	0	4,424,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,058,453	0	2,058,453	0	2,058,453	67.00
68.00	06800	SPEECH PATHOLOGY	570,964	0	570,964	0	570,964	68.00
69.00	06900	ELECTROCARDIOLOGY	1,523,869		1,523,869	0	1,523,869	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	872,128		872,128	0	872,128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,518,793		4,518,793	0	4,518,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,650,581		3,650,581	0	3,650,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,728,006		14,728,006	0	14,728,006	73.00
74.00	07400	RENAL DIALYSIS	956,172		956,172	0	956,172	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,510		244,510	0	244,510	76.00
76.97	07697	CARDIAC REHABILITATION	888,936		888,936	0	888,936	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,706,295		1,706,295	0	1,706,295	90.00
91.00	09100	EMERGENCY	8,542,908		8,542,908	0	8,542,908	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,484,058		6,484,058	0	6,484,058	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
200.00		Subtotal (see instructions)	139,592,213	0	139,592,213	0	139,592,213	200.00
201.00		Less Observation Beds	6,484,058		6,484,058		6,484,058	201.00
202.00		Total (see instructions)	133,108,155	0	133,108,155	0	133,108,155	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet C Part I Date/Time Prepared: 11/20/2023 2:22 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	80,288,150		80,288,150				30.00
31.00	03100	INTENSIVE CARE UNIT	6,432,740		6,432,740				31.00
41.00	04100	SUBPROVIDER - IRF	6,615,623		6,615,623				41.00
43.00	04300	NURSERY	1,551,081		1,551,081				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,185,081	33,186,166	43,371,247	0.242997	0.000000		50.00
51.00	05100	RECOVERY ROOM	781,440	5,601,995	6,383,435	0.315309	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,796,337	933,336	3,729,673	0.582226	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,512,436	4,967,762	6,480,198	0.154501	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,654,574	18,864,432	21,519,006	0.213150	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	7,263,139	7,263,139	0.194664	0.000000		55.00
56.00	05600	RADIOISOTOPE	950,588	4,580,202	5,530,790	0.212662	0.000000		56.00
57.00	05700	CT SCAN	8,015,263	30,000,409	38,015,672	0.048889	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,876,625	9,173,383	11,050,008	0.120898	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,504,965	12,765,108	21,270,073	0.158324	0.000000		59.00
60.00	06000	LABORATORY	19,017,228	46,647,290	65,664,518	0.131320	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,250,472	1,418,723	2,669,195	0.358738	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	4,292	5,192,658	5,196,950	0.286241	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,565,238	1,150,662	6,715,900	0.412714	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,918,112	6,771,529	10,689,641	0.413913	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,402,154	1,867,012	5,269,166	0.390660	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	720,981	778,954	1,499,935	0.380659	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,819,940	11,801,442	16,621,382	0.091681	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,885	6,710,557	7,033,442	0.123997	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,729,931	4,998,253	9,728,184	0.464505	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,930,936	4,259,178	6,190,114	0.589744	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,715,374	66,039,844	85,755,218	0.171745	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,082,819	940,490	4,023,309	0.237658	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,153	543,400	546,553	0.447367	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	38,748	747,632	786,380	1.130415	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	7,731	4,218,438	4,226,169	0.403745	0.000000		90.00
91.00	09100	EMERGENCY	16,647,375	63,125,357	79,772,732	0.107091	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,382,504	16,368,110	18,750,614	0.345805	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
200.00		Subtotal (see instructions)	219,724,776	370,915,461	590,640,237				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	219,724,776	370,915,461	590,640,237				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.242997		50.00
51.00	05100	RECOVERY ROOM	0.315309		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.582226		52.00
53.00	05300	ANESTHESIOLOGY	0.154501		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213150		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.194664		55.00
56.00	05600	RADIOISOTOPE	0.212662		56.00
57.00	05700	CT SCAN	0.048889		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.120898		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158324		59.00
60.00	06000	LABORATORY	0.131320		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.358738		63.00
64.00	06400	INTRAVENOUS THERAPY	0.286241		64.00
65.00	06500	RESPIRATORY THERAPY	0.412714		65.00
66.00	06600	PHYSICAL THERAPY	0.413913		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390660		67.00
68.00	06800	SPEECH PATHOLOGY	0.380659		68.00
69.00	06900	ELECTROCARDIOLOGY	0.091681		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123997		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.589744		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171745		73.00
74.00	07400	RENAL DIALYSIS	0.237658		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367		76.00
76.97	07697	CARDIAC REHABILITATION	1.130415		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.403745		90.00
91.00	09100	EMERGENCY	0.107091		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.345805		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,927,888		34,927,888	0	34,927,888	30.00
31.00	03100	INTENSIVE CARE UNIT	5,247,766		5,247,766	0	5,247,766	31.00
41.00	04100	SUBPROVIDER - IRF	4,228,777		4,228,777	0	4,228,777	41.00
43.00	04300	NURSERY	714,203		714,203	0	714,203	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,539,069		10,539,069	0	10,539,069	50.00
51.00	05100	RECOVERY ROOM	2,012,755		2,012,755	0	2,012,755	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,171,512		2,171,512	0	2,171,512	52.00
53.00	05300	ANESTHESIOLOGY	1,001,200		1,001,200	0	1,001,200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,586,784		4,586,784	0	4,586,784	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,413,870		1,413,870	0	1,413,870	55.00
56.00	05600	RADIOISOTOPE	1,176,190		1,176,190	0	1,176,190	56.00
57.00	05700	CT SCAN	1,858,545		1,858,545	0	1,858,545	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,335,928		1,335,928	0	1,335,928	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,367,557		3,367,557	0	3,367,557	59.00
60.00	06000	LABORATORY	8,623,041		8,623,041	0	8,623,041	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	957,542		957,542	0	957,542	63.00
64.00	06400	INTRAVENOUS THERAPY	1,487,582		1,487,582	0	1,487,582	64.00
65.00	06500	RESPIRATORY THERAPY	2,771,747	0	2,771,747	0	2,771,747	65.00
66.00	06600	PHYSICAL THERAPY	4,424,584	0	4,424,584	0	4,424,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,058,453	0	2,058,453	0	2,058,453	67.00
68.00	06800	SPEECH PATHOLOGY	570,964	0	570,964	0	570,964	68.00
69.00	06900	ELECTROCARDIOLOGY	1,523,869		1,523,869	0	1,523,869	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	872,128		872,128	0	872,128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,518,793		4,518,793	0	4,518,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,650,581		3,650,581	0	3,650,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,728,006		14,728,006	0	14,728,006	73.00
74.00	07400	RENAL DIALYSIS	956,172		956,172	0	956,172	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,510		244,510	0	244,510	76.00
76.97	07697	CARDIAC REHABILITATION	888,936		888,936	0	888,936	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,706,295		1,706,295	0	1,706,295	90.00
91.00	09100	EMERGENCY	8,542,908		8,542,908	0	8,542,908	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,484,058		6,484,058	0	6,484,058	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
200.00		Subtotal (see instructions)	139,592,213	0	139,592,213	0	139,592,213	200.00
201.00		Less Observation Beds	6,484,058		6,484,058		6,484,058	201.00
202.00		Total (see instructions)	133,108,155	0	133,108,155	0	133,108,155	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

			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	80,288,150		80,288,150				30.00
31.00	03100	INTENSIVE CARE UNIT	6,432,740		6,432,740				31.00
41.00	04100	SUBPROVIDER - IRF	6,615,623		6,615,623				41.00
43.00	04300	NURSERY	1,551,081		1,551,081				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,185,081	33,186,166	43,371,247	0.242997	0.000000		50.00
51.00	05100	RECOVERY ROOM	781,440	5,601,995	6,383,435	0.315309	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,796,337	933,336	3,729,673	0.582226	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,512,436	4,967,762	6,480,198	0.154501	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,654,574	18,864,432	21,519,006	0.213150	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	7,263,139	7,263,139	0.194664	0.000000		55.00
56.00	05600	RADIOISOTOPE	950,588	4,580,202	5,530,790	0.212662	0.000000		56.00
57.00	05700	CT SCAN	8,015,263	30,000,409	38,015,672	0.048889	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,876,625	9,173,383	11,050,008	0.120898	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,504,965	12,765,108	21,270,073	0.158324	0.000000		59.00
60.00	06000	LABORATORY	19,017,228	46,647,290	65,664,518	0.131320	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,250,472	1,418,723	2,669,195	0.358738	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	4,292	5,192,658	5,196,950	0.286241	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,565,238	1,150,662	6,715,900	0.412714	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,918,112	6,771,529	10,689,641	0.413913	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,402,154	1,867,012	5,269,166	0.390660	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	720,981	778,954	1,499,935	0.380659	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,819,940	11,801,442	16,621,382	0.091681	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,885	6,710,557	7,033,442	0.123997	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,729,931	4,998,253	9,728,184	0.464505	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,930,936	4,259,178	6,190,114	0.589744	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,715,374	66,039,844	85,755,218	0.171745	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,082,819	940,490	4,023,309	0.237658	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,153	543,400	546,553	0.447367	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	38,748	747,632	786,380	1.130415	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	7,731	4,218,438	4,226,169	0.403745	0.000000		90.00
91.00	09100	EMERGENCY	16,647,375	63,125,357	79,772,732	0.107091	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,382,504	16,368,110	18,750,614	0.345805	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
200.00		Subtotal (see instructions)	219,724,776	370,915,461	590,640,237				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	219,724,776	370,915,461	590,640,237				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 2:22 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.242997	50.00
51.00	05100	RECOVERY ROOM	0.315309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.582226	52.00
53.00	05300	ANESTHESIOLOGY	0.154501	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213150	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.194664	55.00
56.00	05600	RADIOISOTOPE	0.212662	56.00
57.00	05700	CT SCAN	0.048889	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.120898	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158324	59.00
60.00	06000	LABORATORY	0.131320	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.358738	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286241	64.00
65.00	06500	RESPIRATORY THERAPY	0.412714	65.00
66.00	06600	PHYSICAL THERAPY	0.413913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390660	67.00
68.00	06800	SPEECH PATHOLOGY	0.380659	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091681	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123997	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.589744	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171745	73.00
74.00	07400	RENAL DIALYSIS	0.237658	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367	76.00
76.97	07697	CARDIAC REHABILITATION	1.130415	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.403745	90.00
91.00	09100	EMERGENCY	0.107091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.345805	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part II
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,539,069	1,184,724	9,354,345	0	0	50.00	
51.00	05100	RECOVERY ROOM	2,012,755	77,522	1,935,233	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,171,512	125,836	2,045,676	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	1,001,200	63,486	937,714	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,586,784	436,696	4,150,088	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	1,413,870	585,491	828,379	0	0	55.00	
56.00	05600	RADIOISOTOPE	1,176,190	82,701	1,093,489	0	0	56.00	
57.00	05700	CT SCAN	1,858,545	31,338	1,827,207	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,335,928	498,294	837,634	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,367,557	641,342	2,726,215	0	0	59.00	
60.00	06000	LABORATORY	8,623,041	230,812	8,392,229	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	957,542	11,138	946,404	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,487,582	117,250	1,370,332	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	2,771,747	90,538	2,681,209	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	4,424,584	151,022	4,273,562	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,058,453	41,107	2,017,346	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	570,964	11,433	559,531	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,523,869	138,517	1,385,352	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	872,128	68,490	803,638	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,518,793	13,382	4,505,411	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,650,581	10,674	3,639,907	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	14,728,006	591,462	14,136,544	0	0	73.00	
74.00	07400	RENAL DIALYSIS	956,172	10,587	945,585	0	0	74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,510	20,765	223,745	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	888,936	78,959	809,977	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,706,295	34,824	1,671,471	0	0	90.00	
91.00	09100	EMERGENCY	8,542,908	221,979	8,320,929	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,484,058	210,706	6,273,352	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
200.00		Subtotal (sum of lines 50 thru 199)	94,473,579	5,781,075	88,692,504	0	0	200.00	
201.00		Less observation Beds	6,484,058	210,706	6,273,352	0	0	201.00	
202.00		Total (line 200 minus line 201)	87,989,521	5,570,369	82,419,152	0	0	202.00	

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

Provider CCN: 15-0008

Period: From 07/01/2022 To 06/30/2023

Worksheet C Part II Date/Time Prepared: 11/20/2023 2:22 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	10,539,069	43,371,247	0.242997		50.00
51.00	05100 RECOVERY ROOM	2,012,755	6,383,435	0.315309		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,171,512	3,729,673	0.582226		52.00
53.00	05300 ANESTHESIOLOGY	1,001,200	6,480,198	0.154501		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,586,784	21,519,006	0.213150		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	1,413,870	7,263,139	0.194664		55.00
56.00	05600 RADIOISOTOPE	1,176,190	5,530,790	0.212662		56.00
57.00	05700 CT SCAN	1,858,545	38,015,672	0.048889		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,335,928	11,050,008	0.120898		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,367,557	21,270,073	0.158324		59.00
60.00	06000 LABORATORY	8,623,041	65,664,518	0.131320		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	957,542	2,669,195	0.358738		63.00
64.00	06400 INTRAVENOUS THERAPY	1,487,582	5,196,950	0.286241		64.00
65.00	06500 RESPIRATORY THERAPY	2,771,747	6,715,900	0.412714		65.00
66.00	06600 PHYSICAL THERAPY	4,424,584	10,689,641	0.413913		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,058,453	5,269,166	0.390660		67.00
68.00	06800 SPEECH PATHOLOGY	570,964	1,499,935	0.380659		68.00
69.00	06900 ELECTROCARDIOLOGY	1,523,869	16,621,382	0.091681		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	872,128	7,033,442	0.123997		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,518,793	9,728,184	0.464505		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,650,581	6,190,114	0.589744		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,728,006	85,755,218	0.171745		73.00
74.00	07400 RENAL DIALYSIS	956,172	4,023,309	0.237658		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,510	546,553	0.447367		76.00
76.97	07697 CARDIAC REHABILITATION	888,936	786,380	1.130415		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,706,295	4,226,169	0.403745		90.00
91.00	09100 EMERGENCY	8,542,908	79,772,732	0.107091		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6,484,058	18,750,614	0.345805		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
200.00	Subtotal (sum of lines 50 thru 199)	94,473,579	495,752,643			200.00
201.00	Less observation Beds	6,484,058	0			201.00
202.00	Total (line 200 minus line 201)	87,989,521	495,752,643			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,135,015	0	1,135,015	30,241	37.53	30.00
31.00	INTENSIVE CARE UNIT	227,019		227,019	1,899	119.55	31.00
41.00	SUBPROVIDER - IRF	183,834	0	183,834	3,836	47.92	41.00
43.00	NURSERY	23,789		23,789	661	35.99	43.00
200.00	Total (lines 30 through 199)	1,569,657		1,569,657	36,637		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	5,225	196,094				
31.00	INTENSIVE CARE UNIT	450	53,798				
41.00	SUBPROVIDER - IRF	2,005	96,080				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	7,680	345,972				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/20/2023 2:22 pm
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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	1,184,724	43,371,247	0.027316	2,411,772	65,880	50.00
51.00	05100 RECOVERY ROOM	77,522	6,383,435	0.012144	160,779	1,953	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	125,836	3,729,673	0.033739	5,402	182	52.00
53.00	05300 ANESTHESIOLOGY	63,486	6,480,198	0.009797	340,467	3,336	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	436,696	21,519,006	0.020294	669,494	13,587	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	585,491	7,263,139	0.080611	0	0	55.00
56.00	05600 RADIOISOTOPE	82,701	5,530,790	0.014953	223,582	3,343	56.00
57.00	05700 CT SCAN	31,338	38,015,672	0.000824	2,034,340	1,676	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	498,294	11,050,008	0.045094	364,109	16,419	58.00
59.00	05900 CARDIAC CATHETERIZATION	641,342	21,270,073	0.030152	2,464,608	74,313	59.00
60.00	06000 LABORATORY	230,812	65,664,518	0.003515	4,300,217	15,115	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	11,138	2,669,195	0.004173	275,868	1,151	63.00
64.00	06400 INTRAVENOUS THERAPY	117,250	5,196,950	0.022561	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	90,538	6,715,900	0.013481	1,558,346	21,008	65.00
66.00	06600 PHYSICAL THERAPY	151,022	10,689,641	0.014128	607,488	8,583	66.00
67.00	06700 OCCUPATIONAL THERAPY	41,107	5,269,166	0.007801	475,184	3,707	67.00
68.00	06800 SPEECH PATHOLOGY	11,433	1,499,935	0.007622	112,849	860	68.00
69.00	06900 ELECTROCARDIOLOGY	138,517	16,621,382	0.008334	1,341,754	11,182	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	68,490	7,033,442	0.009738	65,153	634	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,382	9,728,184	0.001376	1,371,177	1,887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,674	6,190,114	0.001724	653,385	1,126	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	591,462	85,755,218	0.006897	4,176,955	28,808	73.00
74.00	07400 RENAL DIALYSIS	10,587	4,023,309	0.002631	869,201	2,287	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,765	546,553	0.037993	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	78,959	786,380	0.100408	8,759	879	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	34,824	4,226,169	0.008240	0	0	90.00
91.00	09100 EMERGENCY	221,979	79,772,732	0.002783	3,825,615	10,647	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	210,706	18,750,614	0.011237	638,443	7,174	92.00
200.00	Total (lines 50 through 199)	5,781,075	495,752,643		28,954,947	295,737	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
Cost Center Description			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
Cost Center Description			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	30,241	0.00	5,225	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,899	0.00	450	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,836	0.00	2,005	41.00	
43.00	04300	NURSERY	0	0	661	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	36,637		7,680	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
Cost Center Description			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description			Title XVIII				Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	43,371,247	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,383,435	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,729,673	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,480,198	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	21,519,006	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	7,263,139	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,530,790	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	38,015,672	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,050,008	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,270,073	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,664,518	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,669,195	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,196,950	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,715,900	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,689,641	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,269,166	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,499,935	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,621,382	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,033,442	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,728,184	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,190,114	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	85,755,218	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,023,309	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	546,553	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	786,380	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,226,169	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	79,772,732	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,750,614	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	495,752,643		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	2,411,772	0	4,036,929	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	160,779	0	651,993	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	5,402	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	340,467	0	543,504	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	669,494	0	1,577,107	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	2,943,732	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	223,582	0	760,802	0	56.00
57.00	05700 CT SCAN	0.000000	2,034,340	0	4,389,852	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	364,109	0	1,402,293	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,464,608	0	2,398,704	0	59.00
60.00	06000 LABORATORY	0.000000	4,300,217	0	2,711,323	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	275,868	0	235,013	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	1,612,982	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,558,346	0	117,516	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	607,488	0	34,369	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	475,184	0	25,740	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	112,849	0	38,227	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,341,754	0	2,162,688	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	65,153	0	829,113	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,371,177	0	782,321	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	653,385	0	492,694	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,176,955	0	22,404,019	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	869,201	0	261,867	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	101,815	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	8,759	0	211,846	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	864,854	0	90.00
91.00	09100 EMERGENCY	0.000000	3,825,615	0	4,784,862	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	638,443	0	1,804,645	0	92.00
200.00	Total (lines 50 through 199)		28,954,947	0	58,180,810	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.242997	4,036,929	0	6,683	980,962	50.00
51.00	05100	RECOVERY ROOM	0.315309	651,993	0	0	205,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.582226	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.154501	543,504	0	0	83,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213150	1,577,107	0	0	336,160	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.194664	2,943,732	0	0	573,039	55.00
56.00	05600	RADIOISOTOPE	0.212662	760,802	0	0	161,794	56.00
57.00	05700	CT SCAN	0.048889	4,389,852	0	0	214,615	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.120898	1,402,293	0	0	169,534	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158324	2,398,704	0	0	379,772	59.00
60.00	06000	LABORATORY	0.131320	2,711,323	0	231	356,051	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.358738	235,013	0	0	84,308	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286241	1,612,982	0	0	461,702	64.00
65.00	06500	RESPIRATORY THERAPY	0.412714	117,516	0	0	48,500	65.00
66.00	06600	PHYSICAL THERAPY	0.413913	34,369	0	0	14,226	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390660	25,740	0	0	10,056	67.00
68.00	06800	SPEECH PATHOLOGY	0.380659	38,227	0	0	14,551	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091681	2,162,688	0	0	198,277	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123997	829,113	0	0	102,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505	782,321	0	0	363,392	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.589744	492,694	0	7,425	290,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171745	22,404,019	0	12,073	3,847,778	73.00
74.00	07400	RENAL DIALYSIS	0.237658	261,867	0	0	62,235	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367	101,815	0	0	45,549	76.00
76.97	07697	CARDIAC REHABILITATION	1.130415	211,846	0	0	239,474	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.403745	864,854	0	0	349,180	90.00
91.00	09100	EMERGENCY	0.107091	4,784,862	0	0	512,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.345805	1,804,645	0	0	624,055	92.00
200.00		Subtotal (see instructions)		58,180,810	0	26,412	10,730,548	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		58,180,810	0	26,412	10,730,548	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	1,624	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	30	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,379	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,073	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	0	8,106	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	8,106	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0008 Component CCN:15-T008		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part II Date/Time Prepared: 11/20/2023 2:22 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,184,724	43,371,247	0.027316	96,470	2,635	50.00
51.00	05100	RECOVERY ROOM	77,522	6,383,435	0.012144	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,836	3,729,673	0.033739	0	0	52.00
53.00	05300	ANESTHESIOLOGY	63,486	6,480,198	0.009797	4,998	49	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,696	21,519,006	0.020294	47,871	971	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	585,491	7,263,139	0.080611	0	0	55.00
56.00	05600	RADIOISOTOPE	82,701	5,530,790	0.014953	0	0	56.00
57.00	05700	CT SCAN	31,338	38,015,672	0.000824	45,893	38	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	498,294	11,050,008	0.045094	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	641,342	21,270,073	0.030152	0	0	59.00
60.00	06000	LABORATORY	230,812	65,664,518	0.003515	423,936	1,490	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	11,138	2,669,195	0.004173	5,944	25	63.00
64.00	06400	INTRAVENOUS THERAPY	117,250	5,196,950	0.022561	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	90,538	6,715,900	0.013481	181,875	2,452	65.00
66.00	06600	PHYSICAL THERAPY	151,022	10,689,641	0.014128	962,259	13,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,107	5,269,166	0.007801	974,258	7,600	67.00
68.00	06800	SPEECH PATHOLOGY	11,433	1,499,935	0.007622	177,202	1,351	68.00
69.00	06900	ELECTROCARDIOLOGY	138,517	16,621,382	0.008334	13,886	116	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,490	7,033,442	0.009738	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,382	9,728,184	0.001376	151,103	208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,674	6,190,114	0.001724	14,498	25	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	591,462	85,755,218	0.006897	801,582	5,529	73.00
74.00	07400	RENAL DIALYSIS	10,587	4,023,309	0.002631	259,561	683	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,765	546,553	0.037993	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	78,959	786,380	0.100408	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	34,824	4,226,169	0.008240	0	0	90.00
91.00	09100	EMERGENCY	221,979	79,772,732	0.002783	2,809	8	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,750,614	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,570,369	495,752,643		4,164,145	36,775	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:22 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	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	43,371,247	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	6,383,435	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,729,673	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	6,480,198	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	21,519,006	0.000000	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	7,263,139	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	5,530,790	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	38,015,672	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,050,008	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	21,270,073	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	65,664,518	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,669,195	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	5,196,950	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	6,715,900	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	10,689,641	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	5,269,166	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,499,935	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	16,621,382	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,033,442	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,728,184	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,190,114	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	85,755,218	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,023,309	0.000000	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	546,553	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	786,380	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	4,226,169	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	79,772,732	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,750,614	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	495,752,643		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:22 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	96,470	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	4,998	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	47,871	0	218	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	45,893	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	423,936	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	5,944	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	181,875	0	552	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	962,259	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	974,258	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	177,202	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	13,886	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	151,103	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	14,498	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	801,582	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	259,561	0	9,020	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	2,809	0	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)		4,164,145	0	9,790	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0008 Component CCN:15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:22 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.242997	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.315309	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.582226	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.154501	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213150	218	0	0	46	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.194664	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.212662	0	0	0	0	56.00
57.00	05700	CT SCAN	0.048889	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.120898	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158324	0	0	0	0	59.00
60.00	06000	LABORATORY	0.131320	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.358738	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286241	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.412714	552	0	0	228	65.00
66.00	06600	PHYSICAL THERAPY	0.413913	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390660	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.380659	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091681	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123997	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.589744	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171745	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.237658	9,020	0	0	2,144	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.130415	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.403745	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.107091	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.345805	0	0	0	0	92.00
200.00		Subtotal (see instructions)		9,790	0	0	2,418	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		9,790	0	0	2,418	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0008 Component CCN:15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:22 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/20/2023 2:22 pm
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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)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,135,015	0	1,135,015	30,241	37.53	30.00	
31.00	INTENSIVE CARE UNIT	227,019		227,019	1,899	119.55	31.00	
41.00	SUBPROVIDER - IRF	183,834	0	183,834	3,836	47.92	41.00	
43.00	NURSERY	23,789		23,789	661	35.99	43.00	
200.00	Total (lines 30 through 199)	1,569,657		1,569,657	36,637		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,424	53,443					30.00
31.00	INTENSIVE CARE UNIT	214	25,584					31.00
41.00	SUBPROVIDER - IRF	41	1,965					41.00
43.00	NURSERY	120	4,319					43.00
200.00	Total (lines 30 through 199)	1,799	85,311					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/20/2023 2:22 pm
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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	1,184,724	43,371,247	0.027316	964,504	26,346	50.00
51.00	05100	RECOVERY ROOM	77,522	6,383,435	0.012144	71,364	867	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,836	3,729,673	0.033739	238,464	8,046	52.00
53.00	05300	ANESTHESIOLOGY	63,486	6,480,198	0.009797	169,399	1,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,696	21,519,006	0.020294	216,214	4,388	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	585,491	7,263,139	0.080611	0	0	55.00
56.00	05600	RADIOISOTOPE	82,701	5,530,790	0.014953	45,715	684	56.00
57.00	05700	CT SCAN	31,338	38,015,672	0.000824	443,530	365	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	498,294	11,050,008	0.045094	84,539	3,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	641,342	21,270,073	0.030152	299,592	9,033	59.00
60.00	06000	LABORATORY	230,812	65,664,518	0.003515	1,064,256	3,741	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	11,138	2,669,195	0.004173	44,572	186	63.00
64.00	06400	INTRAVENOUS THERAPY	117,250	5,196,950	0.022561	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	90,538	6,715,900	0.013481	214,000	2,885	65.00
66.00	06600	PHYSICAL THERAPY	151,022	10,689,641	0.014128	107,380	1,517	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,107	5,269,166	0.007801	49,966	390	67.00
68.00	06800	SPEECH PATHOLOGY	11,433	1,499,935	0.007622	43,018	328	68.00
69.00	06900	ELECTROCARDIOLOGY	138,517	16,621,382	0.008334	243,772	2,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,490	7,033,442	0.009738	30,709	299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,382	9,728,184	0.001376	244,415	336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,674	6,190,114	0.001724	143,120	247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	591,462	85,755,218	0.006897	1,062,160	7,326	73.00
74.00	07400	RENAL DIALYSIS	10,587	4,023,309	0.002631	193,927	510	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,765	546,553	0.037993	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	78,959	786,380	0.100408	2,368	238	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	34,824	4,226,169	0.008240	0	0	90.00
91.00	09100	EMERGENCY	221,979	79,772,732	0.002783	686,888	1,912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	210,706	18,750,614	0.011237	146,769	1,649	92.00
200.00		Total (lines 50 through 199)	5,781,075	495,752,643		6,810,641	78,797	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
Cost Center Description			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
Cost Center Description			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	30,241	0.00	1,424	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,899	0.00	214	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,836	0.00	41	41.00	
43.00	04300	NURSERY	0	0	661	0.00	120	43.00	
200.00		Total (lines 30 through 199)	0	0	36,637		1,799	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
Cost Center Description			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		Title XIX			Hospital		Allied Health	Allied Health	
		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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	43,371,247	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,383,435	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,729,673	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,480,198	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	21,519,006	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	7,263,139	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,530,790	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	38,015,672	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,050,008	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,270,073	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,664,518	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,669,195	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,196,950	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,715,900	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,689,641	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,269,166	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,499,935	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,621,382	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,033,442	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,728,184	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,190,114	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	85,755,218	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,023,309	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	546,553	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	786,380	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,226,169	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	79,772,732	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,750,614	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	495,752,643		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		Title XIX			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	964,504	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	71,364	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	238,464	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	169,399	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	216,214	0	0	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	45,715	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	443,530	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	84,539	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	299,592	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	1,064,256	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	44,572	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	214,000	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	107,380	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	49,966	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	43,018	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	243,772	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	30,709	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	244,415	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	143,120	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,062,160	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	193,927	0	0	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	2,368	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0 90.00
91.00	09100	EMERGENCY	0.000000	686,888	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	146,769	0	0	0 92.00
200.00		Total (lines 50 through 199)		6,810,641	0	0	0 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0008 Component CCN:15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/20/2023 2:22 pm
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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	1,184,724	43,371,247	0.027316	0	0	50.00
51.00	05100 RECOVERY ROOM	77,522	6,383,435	0.012144	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	125,836	3,729,673	0.033739	0	0	52.00
53.00	05300 ANESTHESIOLOGY	63,486	6,480,198	0.009797	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	436,696	21,519,006	0.020294	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	585,491	7,263,139	0.080611	0	0	55.00
56.00	05600 RADIOISOTOPE	82,701	5,530,790	0.014953	0	0	56.00
57.00	05700 CT SCAN	31,338	38,015,672	0.000824	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	498,294	11,050,008	0.045094	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	641,342	21,270,073	0.030152	0	0	59.00
60.00	06000 LABORATORY	230,812	65,664,518	0.003515	3,440	12	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	11,138	2,669,195	0.004173	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	117,250	5,196,950	0.022561	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	90,538	6,715,900	0.013481	0	0	65.00
66.00	06600 PHYSICAL THERAPY	151,022	10,689,641	0.014128	14,782	209	66.00
67.00	06700 OCCUPATIONAL THERAPY	41,107	5,269,166	0.007801	14,344	112	67.00
68.00	06800 SPEECH PATHOLOGY	11,433	1,499,935	0.007622	4,104	31	68.00
69.00	06900 ELECTROCARDIOLOGY	138,517	16,621,382	0.008334	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	68,490	7,033,442	0.009738	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,382	9,728,184	0.001376	815	1	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,674	6,190,114	0.001724	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	591,462	85,755,218	0.006897	5,080	35	73.00
74.00	07400 RENAL DIALYSIS	10,587	4,023,309	0.002631	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,765	546,553	0.037993	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	78,959	786,380	0.100408	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	34,824	4,226,169	0.008240	0	0	90.00
91.00	09100 EMERGENCY	221,979	79,772,732	0.002783	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	18,750,614	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	5,570,369	495,752,643		42,565	400	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:22 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:22 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	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	43,371,247	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	6,383,435	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,729,673	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	6,480,198	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	21,519,006	0.000000	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	7,263,139	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	5,530,790	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	38,015,672	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,050,008	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	21,270,073	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	65,664,518	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,669,195	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	5,196,950	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	6,715,900	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	10,689,641	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	5,269,166	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,499,935	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	16,621,382	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,033,442	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,728,184	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,190,114	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	85,755,218	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,023,309	0.000000	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	546,553	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	786,380	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	4,226,169	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	79,772,732	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,750,614	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	495,752,643		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:22 pm	
Title XIX				Subprovider - IRF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	3,440	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	14,782	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	14,344	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	4,104	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	815	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,080	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		42,565	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,241	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,241	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)		24,627	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)		5,225	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)		34,927,888	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)		34,927,888	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)		34,927,888	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)		1,154.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,034,771	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)		6,034,771	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,247,766	1,899	2,763.44	450	1,243,548	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					5,920,939	48.00
48.01	Program inpatient cellular therapy acquisition cost (worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					13,199,258	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)					249,892	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					295,737	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					545,629	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,653,629	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,614	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,154.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,484,058	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,135,015	34,927,888	0.032496	6,484,058	210,706	90.00
91.00	Nursing Program cost	0	34,927,888	0.000000	6,484,058	0	91.00
92.00	Allied health cost	0	34,927,888	0.000000	6,484,058	0	92.00
93.00	All other Medical Education	0	34,927,888	0.000000	6,484,058	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,836 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,836 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)			3,836 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			2,005 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,228,777 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,228,777 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,228,777 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)			1,102.39 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,210,292 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,210,292 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,295,544	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)						0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)						3,505,836	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)						96,080	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						36,775	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						132,855	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,372,981	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
55.01	Permanent adjustment amount per discharge						0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)						0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description				1.00		
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0 89.00		
	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	183,834	4,228,777	0.043472	0	0 90.00
91.00	Nursing Program cost	0	4,228,777	0.000000	0	0 91.00
92.00	Allied health cost	0	4,228,777	0.000000	0	0 92.00
93.00	All other Medical Education	0	4,228,777	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm
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)		30,241	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,241	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)		24,627	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,424	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)		661	15.00
16.00	Nursery days (title V or XIX only)		120	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)		34,927,888	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)		34,927,888	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)		34,927,888	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)		1,154.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,644,692	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)		1,644,692	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm	
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)	PPS
42.00	NURSERY (title V & XIX only)	714,203	661	1,080.49	120	129,659	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,247,766	1,899	2,763.44	214	591,376	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,461,034	48.00
48.01	Program inpatient cellular therapy acquisition cost (worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					3,826,761	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)					83,346	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,797	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					162,143	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,664,618	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,614	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,154.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,484,058	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,135,015	34,927,888	0.032496	6,484,058	210,706	90.00
91.00	Nursing Program cost	0	34,927,888	0.000000	6,484,058	0	91.00
92.00	Allied health cost	0	34,927,888	0.000000	6,484,058	0	92.00
93.00	All other Medical Education	0	34,927,888	0.000000	6,484,058	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,836	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,836	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)		3,836	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)		41	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)		661	15.00
16.00	Nursery days (title V or XIX only)		120	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,228,777	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,228,777	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,228,777	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)		1,102.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		45,198	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)		45,198	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	14,987						48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0						48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	60,185						49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,965						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	400						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,365						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	57,820						53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges	0						54.00
55.00	Target amount per discharge	0.00						55.00
55.01	Permanent adjustment amount per discharge	0.00						55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00						55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	0						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0						57.00
58.00	Bonus payment (see instructions)	0						58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00						59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00						60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)	0						61.00
62.00	Relief payment (see instructions)	0						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions	0						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)	0						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00						88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:22 pm		
		Title XIX		Subprovider - IRF		PPS		
Cost Center Description							1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	183,834	4,228,777	0.043472	0	0	90.00	
91.00	Nursing Program cost	0	4,228,777	0.000000	0	0	91.00	
92.00	Allied health cost	0	4,228,777	0.000000	0	0	92.00	
93.00	All other Medical Education	0	4,228,777	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,378,020	30.00
31.00	03100	INTENSIVE CARE UNIT		1,587,466	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.242997	2,411,772	50.00
51.00	05100	RECOVERY ROOM	0.315309	160,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.582226	5,402	52.00
53.00	05300	ANESTHESIOLOGY	0.154501	340,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213150	669,494	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.194664	0	55.00
56.00	05600	RADIOISOTOPE	0.212662	223,582	56.00
57.00	05700	CT SCAN	0.048889	2,034,340	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.120898	364,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158324	2,464,608	59.00
60.00	06000	LABORATORY	0.131320	4,300,217	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.358738	275,868	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286241	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.412714	1,558,346	65.00
66.00	06600	PHYSICAL THERAPY	0.413913	607,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390660	475,184	67.00
68.00	06800	SPEECH PATHOLOGY	0.380659	112,849	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091681	1,341,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123997	65,153	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505	1,371,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.589744	653,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171745	4,176,955	73.00
74.00	07400	RENAL DIALYSIS	0.237658	869,201	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.130415	8,759	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.403745	0	90.00
91.00	09100	EMERGENCY	0.107091	3,825,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.345805	638,443	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,954,947	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)		28,954,947	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN:15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF		3,509,507	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.242997	96,470	23,442 50.00
51.00	05100 RECOVERY ROOM	0.315309	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.582226	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.154501	4,998	772 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213150	47,871	10,204 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.194664	0	0 55.00
56.00	05600 RADIOISOTOPE	0.212662	0	0 56.00
57.00	05700 CT SCAN	0.048889	45,893	2,244 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.120898	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.158324	0	0 59.00
60.00	06000 LABORATORY	0.131320	423,936	55,671 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.358738	5,944	2,132 63.00
64.00	06400 INTRAVENOUS THERAPY	0.286241	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.412714	181,875	75,062 65.00
66.00	06600 PHYSICAL THERAPY	0.413913	962,259	398,292 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.390660	974,258	380,604 67.00
68.00	06800 SPEECH PATHOLOGY	0.380659	177,202	67,454 68.00
69.00	06900 ELECTROCARDIOLOGY	0.091681	13,886	1,273 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.123997	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505	151,103	70,188 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.589744	14,498	8,550 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171745	801,582	137,668 73.00
74.00	07400 RENAL DIALYSIS	0.237658	259,561	61,687 74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	1.130415	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.403745	0	0 90.00
91.00	09100 EMERGENCY	0.107091	2,809	301 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.345805	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,164,145	1,295,544 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		4,164,145	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,574,889	30.00
31.00	03100	INTENSIVE CARE UNIT		238,090	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		236,753	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.242997	964,504	50.00
51.00	05100	RECOVERY ROOM	0.315309	71,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.582226	238,464	52.00
53.00	05300	ANESTHESIOLOGY	0.154501	169,399	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213150	216,214	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.194664	0	55.00
56.00	05600	RADIOISOTOPE	0.212662	45,715	56.00
57.00	05700	CT SCAN	0.048889	443,530	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.120898	84,539	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158324	299,592	59.00
60.00	06000	LABORATORY	0.131320	1,064,256	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.358738	44,572	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286241	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.412714	214,000	65.00
66.00	06600	PHYSICAL THERAPY	0.413913	107,380	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390660	49,966	67.00
68.00	06800	SPEECH PATHOLOGY	0.380659	43,018	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091681	243,772	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123997	30,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505	244,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.589744	143,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171745	1,062,160	73.00
74.00	07400	RENAL DIALYSIS	0.237658	193,927	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.130415	2,368	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.403745	0	90.00
91.00	09100	EMERGENCY	0.107091	686,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.345805	146,769	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,810,641	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)		6,810,641	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN:15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:22 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF		56,965	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.242997	0	50.00
51.00	05100	RECOVERY ROOM	0.315309	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.582226	0	52.00
53.00	05300	ANESTHESIOLOGY	0.154501	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213150	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.194664	0	55.00
56.00	05600	RADIOISOTOPE	0.212662	0	56.00
57.00	05700	CT SCAN	0.048889	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.120898	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158324	0	59.00
60.00	06000	LABORATORY	0.131320	3,440	452 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.358738	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286241	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.412714	0	65.00
66.00	06600	PHYSICAL THERAPY	0.413913	14,782	6,118 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390660	14,344	5,604 67.00
68.00	06800	SPEECH PATHOLOGY	0.380659	4,104	1,562 68.00
69.00	06900	ELECTROCARDIOLOGY	0.091681	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123997	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.464505	815	379 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.589744	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171745	5,080	872 73.00
74.00	07400	RENAL DIALYSIS	0.237658	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.447367	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.130415	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.403745	0	90.00
91.00	09100	EMERGENCY	0.107091	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.345805	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		42,565	14,987 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		42,565	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		2,547,049	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,867,696	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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		25,879	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		106.58	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.36	30.00
31.00	Percentage of Medicaid patient days (see instructions)		42.44	31.00
32.00	Sum of lines 30 and 31		51.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.95	33.00
34.00	Disproportionate share adjustment (see instructions)		831,878	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 2:22 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00	
35.01	Factor 3 (see instructions)	0.000170182	0.000159469	35.01	
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,223,948	1,096,254	35.02	
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	308,502	819,938	35.03	
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,128,440		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)	12,400,942		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)		12,400,942	49.00	
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		874,545	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from wkst. E-4, line 49 see instructions).		0	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		12,838	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		13,288,325	59.00	
60.00	Primary payer payments		9,221	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,279,104	61.00	
62.00	Deductibles billed to program beneficiaries		976,232	62.00	
63.00	Coinsurance billed to program beneficiaries		116,435	63.00	
64.00	Allowable bad debts (see instructions)		349,999	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		227,499	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		205,133	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,413,936	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50	
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		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)		0	70.93	
70.94	HRR adjustment amount (see instructions)		-14,597	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 2:22 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			12,399,339	71.00
71.01	Sequestration adjustment (see instructions)			247,987	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			11,785,631	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			365,721	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			347,562	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,106	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,730,548	2.00
3.00	OPPS or REH payments		8,835,132	3.00
4.00	Outlier payment (see instructions)		5,314	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,106	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		26,412	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)		26,412	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)		26,412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,306	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,106	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)		8,840,446	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,609,248	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)		7,239,304	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		7,239,304	30.00
31.00	Primary payer payments		3,092	31.00
32.00	Subtotal (line 30 minus line 31)		7,236,212	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)		323,713	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		210,413	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		211,792	36.00
37.00	Subtotal (see instructions)		7,446,625	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-23	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,446,648	40.00
40.01	Sequestration adjustment (see instructions)		148,933	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		7,331,874	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)		-34,159	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: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Hospital
			PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,418 2.00
3.00	OPPS or REH payments			2,667 3.00
4.00	Outlier payment (see instructions)			0 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			2,667 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0 25.00
26.00	Deductibles and coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			534 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)			2,133 27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)			0 28.00
28.50	REH facility payment amount			28.50
29.00	ESRD direct medical education costs (from wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)			2,133 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			2,133 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)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			2,133 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.75	N95 respirator payment adjustment amount (see instructions)			0 39.75
39.97	Demonstration payment adjustment amount before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			2,133 40.00
40.01	Sequestration adjustment (see instructions)			43 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			2,091 41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)			0 42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)			-1 43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,785,631		7,331,874	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)		11,785,631		7,331,874	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		365,721		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		34,159	6.02	
7.00	Total Medicare program liability (see instructions)		12,151,352		7,297,715	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0008
Component CCN: 15-T008

Period:
From 07/01/2022
To 06/30/2023

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2023 2:22 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,278,181		2,091	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)		4,278,181		2,091	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		52,699		1	6.02
7.00	Total Medicare program liability (see instructions)		4,225,482		2,090	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: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part III Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,074,576 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0370 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			253,031 3.00
4.00	Outlier Payments			28,993 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.509589 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,356,600 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,356,600 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,356,600 19.00
20.00	Deductibles			23,472 20.00
21.00	Subtotal (line 19 minus line 20)			4,333,128 21.00
22.00	Coinsurance			22,004 22.00
23.00	Subtotal (line 21 minus line 22)			4,311,124 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			911 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			592 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,311,716 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,311,716 32.00
32.01	Sequestration adjustment (see instructions)			86,234 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,278,181 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-52,699 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			28,993 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/20/2023 2:22 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet G

Date/Time Prepared:
11/20/2023 2:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,190	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,547,314	0	0	0	4.00
5.00	Other receivable	479,499	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,894,885	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,569,349	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)	25,492,237	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	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	39,897,055	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	39,897,055	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	3,362,304	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,362,304	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	68,751,596	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	791,224	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,081,610	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,692,015	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,564,849	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,780,663	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,780,663	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	17,345,512	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	51,406,084				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	51,406,084	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	68,751,596	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-1

Date/Time Prepared:
11/20/2023 2:22 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		30,218,885			0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		196,634				2.00
3.00	Total (sum of line 1 and line 2)		30,415,519			0	3.00
4.00	RESTRICTED CONTRIBUTIONS	1,425,894		0		0	4.00
5.00	INVESTMENT INCOME	14,784		0		0	5.00
6.00	TRANSFERRED TO/FROM AFFILIATES	20,446,548		0		0	6.00
7.00	NET ASSETS RELEASED-CAPITAL	141,407		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		22,028,633			0	10.00
11.00	Subtotal (line 3 plus line 10)		52,444,152			0	11.00
12.00	NET ASSETS RELEASED-OPERATING	896,662		0		0	12.00
13.00	NET ASSETS RELEASED-CAPITAL	141,406		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,038,068			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		51,406,084			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	RESTRICTED CONTRIBUTIONS		0				4.00
5.00	INVESTMENT INCOME		0				5.00
6.00	TRANSFERRED TO/FROM AFFILIATES		0				6.00
7.00	NET ASSETS RELEASED-CAPITAL		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	NET ASSETS RELEASED-OPERATING		0				12.00
13.00	NET ASSETS RELEASED-CAPITAL		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: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/20/2023 2:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	81,575,390		81,575,390	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,444,620		6,444,620	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)	88,020,010		88,020,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,528,696		6,528,696	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,528,696		6,528,696	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	94,548,706		94,548,706	17.00
18.00	Ancillary services	125,176,071		125,176,071	18.00
19.00	Outpatient services	0	366,576,570	366,576,570	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		0	0	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	PHYSICIAN OFFICES	1,710,872	4,324,874	6,035,746	27.00
27.01	TAXABLE LAB	0	904,489	904,489	27.01
27.02	REGENCY	0	4,343,244	4,343,244	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	221,435,649	376,149,177	597,584,826	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		153,799,194		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)		153,799,194		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0008

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-3

Date/Time Prepared:
11/20/2023 2:22 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	597,584,826	1.00
2.00	Less contractual allowances and discounts on patients' accounts	459,320,283	2.00
3.00	Net patient revenues (line 1 minus line 2)	138,264,543	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	153,799,194	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,534,651	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	47,565	6.00
7.00	Income from investments	85,214	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	945,098	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	11,118,600	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	23,590	21.00
22.00	Rental of hospital space	1,305,292	22.00
23.00	Governmental appropriations	0	23.00
24.00	GRANT INCOME	139,748	24.00
24.01	OTHER INCOME	958,178	24.01
24.02	TEMP ASSETS RELEASE FROM RESTRICTION	896,662	24.02
24.03	GAIN ON SALE OF ASSETS	178,304	24.03
24.50	COVID-19 PHE Funding	33,034	24.50
25.00	Total other income (sum of lines 6-24)	15,731,285	25.00
26.00	Total (line 5 plus line 25)	196,634	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)	196,634	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0008	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/20/2023 2:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		786,659	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		882	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)		72.76	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		9.36	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		42.44	8.00
9.00	Sum of lines 7 and 8		51.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.06	10.00
11.00	Disproportionate share adjustment (see instructions)		87,004	11.00
12.00	Total prospective capital payments (see instructions)		874,545	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