

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/20/2023 2:29 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 11/20/2023 Time: 2:29 pm
 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 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended

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. MARY MEDICAL CENTER, INC. (15-0034) 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>Mary F. Sudicky</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	Mary F. Sudicky			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	195,110	-82,748	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	-27,320	0	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	1	0	0 9.00
200.00	TOTAL	0	167,790	-82,747	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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 2:29 pm
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		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1500 SOUTH LAKE PARK AVENUE		PO Box:						1.00	
2.00	City: HOBART		State: IN		Zip Code: 46342		County: LAKE		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. MARY MEDICAL CENTER, INC.	150034	23844	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	SMMC REHABILITATION UNIT	15T034	23844	5	01/01/2001	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	SMMC HOME HEALTH AGENCY	157313	23844		02/08/1996	N	P	N	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)				N	N	N			22.03
22.04	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
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)									22.04
22.04	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

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	851	173	150	70	4,687	106	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.	53	0	0	0	369		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.	Y	Y		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00	

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

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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.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0 88.00
			wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 2:29 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: 15-0034		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 2:29 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: 15-0034		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 11/20/2023 2:29 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.	Y					7.00
8.00	were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	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: 15-0034

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

Worksheet S-2
Part II
Date/Time Prepared:
11/20/2023 2:29 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0034

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2023 2:29 pm

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	160	58,400	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)		160	58,400	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	20	7,300	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)		180	65,700	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	20	7,300		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)		200			0	27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0034

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2023 2:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
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)	11,226	497	29,980		1.00
2.00	HMO and other (see instructions)	13,055	5,080			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	992	369			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)	11,226	497	29,980		7.00
8.00	INTENSIVE CARE UNIT	1,289	304	5,370		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		50	1,326		13.00
14.00	Total (see instructions)	12,515	851	36,676	0.00	1,090.00
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	3,065	53	4,984	0.00	24.00
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	11,155	0	25,921	0.00	24.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			1		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	1,138.00
28.00	Observation Bed Days		0	4,545		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	106	206		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0034

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2023 2:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	2,632	137	7,436	1.00
2.00	HMO and other (see instructions)			2,128	1,036		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				34		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	2,632	137	7,436	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	306	5	482	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: 15-0034

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

Worksheet S-3
Part II
Date/Time Prepared:
11/20/2023 2:29 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	85,025,800	0	85,025,800	2,367,007.34	35.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		3,041	0	3,041	144.00	21.12
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)		4,740,929	0	4,740,929	107,863.47	43.95
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,244,585	0	8,244,585	124,548.00	66.20
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		803,098	0	803,098	5,088.41	157.83
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		11,466,596	0	11,466,596	303,805.00	37.74
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)		21,027,431	0	21,027,431		
18.00	wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,004,025	0	1,004,025		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,340	0	1,340		
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)		2,904,270	0	2,904,270		
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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part II Date/Time Prepared: 11/20/2023 2:29 pm
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
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	631,720	0	631,720	17,162.00	36.81	26.00
27.00	Administrative & General	9,275,600	0	9,275,600	294,001.00	31.55	27.00
28.00	Administrative & General under contract (see inst.)	1,866,294	0	1,866,294	16,088.00	116.01	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,538,977	0	2,538,977	71,538.00	35.49	30.00
31.00	Laundry & Linen Service	105,545	0	105,545	6,410.00	16.47	31.00
32.00	Housekeeping	2,063,356	0	2,063,356	118,242.00	17.45	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,223,361	-979,534	1,243,827	60,902.00	20.42	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	979,534	979,534	47,961.00	20.42	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,551,042	0	4,551,042	114,536.00	39.73	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: 15-0034

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

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2023 2:29 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)	86,889,053	0	86,889,053	2,382,951.34	36.46	1.00
2.00	Excluded area salaries (see instructions)	4,740,929	0	4,740,929	107,863.47	43.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	82,148,124	0	82,148,124	2,275,087.87	36.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,514,279	0	20,514,279	433,441.41	47.33	4.00
5.00	Subtotal wage-related costs (see inst.)	23,931,701	0	23,931,701	0.00	29.13	5.00
6.00	Total (sum of lines 3 thru 5)	126,594,104	0	126,594,104	2,708,529.28	46.74	6.00
7.00	Total overhead cost (see instructions)	23,255,895	0	23,255,895	746,840.00	31.14	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2023 2:29 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	2,556,626	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)	11,955,824	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	624,751	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	69,473	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)	51,098	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	543,503	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	4,998,719	17.00
18.00	Medicare Taxes - Employers Portion Only	1,196,441	18.00
19.00	Unemployment Insurance	36,361	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)	22,032,796	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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part V Date/Time Prepared: 11/20/2023 2:29 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	8,244,585	22,032,796	1.00
2.00	Hospital	8,244,585	22,032,796	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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0034 Component CCN:15-7313	Period: From 07/01/2022 To 06/30/2023	Worksheet S-4 Date/Time Prepared: 11/20/2023 2:29 pm
			Home Health Agency I	PPS

					1.00	
0.00	County					0.00

	Title v	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	527	18	267	812	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	633.00	21.00	1,035.00	1,689.00	2.00

		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0	1.00	2.00	3.00		

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.02	0.00	1.02	4.00
5.00	Other Administrative Personnel			7.35	0.00	7.35	5.00
6.00	Direct Nursing Service			7.59	0.00	7.59	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.15	0.00	3.15	8.00
9.00	Physical Therapy Supervisor			1.09	0.00	1.09	9.00
10.00	Occupational Therapy Service			1.30	0.05	1.35	10.00
11.00	Occupational Therapy Supervisor			0.45	0.00	0.45	11.00
12.00	Speech Pathology Service			0.08	0.00	0.08	12.00
13.00	Speech Pathology Supervisor			0.42	0.00	0.42	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.85	0.00	0.85	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

						CBSA Data	
						1.00	

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					23844	20.00

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers			1-4)	
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,375	1,081	144	64	5,664	21.00
22.00	Skilled Nursing Visit Charges	961,960	238,485	31,580	13,975	1,246,000	22.00
23.00	Physical Therapy Visits	2,352	942	29	52	3,375	23.00
24.00	Physical Therapy Visit Charges	606,203	244,144	7,464	13,104	870,915	24.00
25.00	Occupational Therapy Visits	816	625	10	31	1,482	25.00
26.00	Occupational Therapy Visit Charges	209,896	161,985	2,572	7,812	382,265	26.00
27.00	Speech Pathology Visits	86	170	0	7	263	27.00
28.00	Speech Pathology Visit Charges	22,101	44,179	0	1,764	68,044	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	202	166	1	2	371	31.00
32.00	Home Health Aide Visit Charges	33,444	27,226	170	326	61,166	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,831	2,984	184	156	11,155	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,833,604	716,019	41,786	36,981	2,628,390	35.00
36.00	Total Number of Episodes (standard/non outlier)	839		126	8	973	36.00
37.00	Total Number of Outlier Episodes		145		4	149	37.00
38.00	Total Non-Routine Medical Supply Charges	39,909	10,975	1,436	155	52,475	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/20/2023 2:29 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)		0.190453	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,572,625	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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		167,003,899	6.00	
7.00	Medicaid cost (line 1 times line 6)		31,806,394	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)		16,233,769	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)		88	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		381	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		73	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,233,769	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,565,790	414,437	6,980,227	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,250,474	414,437	1,664,911	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)	1,250,474	414,437	1,664,911	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)		7,497,204		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		418,049		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		643,152		27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,854,052		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,530,478		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,195,389		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,429,158		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet A Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,642,976	8,642,976	193,860	8,836,836	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,723,788	8,723,788	15,680	8,739,468	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	631,720	11,827,090	12,458,810	0	12,458,810	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	555,652	193,067	748,719	0	748,719	5.01
5.02	00570	ADMITTING	2,876,901	447,766	3,324,667	0	3,324,667	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	-2	-2	0	-2	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	5,843,047	57,444,868	63,287,915	-209,540	63,078,375	5.04
7.00	00700	OPERATION OF PLANT	2,538,977	9,382,046	11,921,023	0	11,921,023	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	105,545	1,269,502	1,375,047	0	1,375,047	8.00
9.00	00900	HOUSEKEEPING	2,063,356	925,070	2,988,426	0	2,988,426	9.00
10.00	01000	DIETARY	2,223,361	2,277,349	4,500,710	-1,982,854	2,517,856	10.00
11.00	01100	CAFETERIA	0	0	0	1,982,854	1,982,854	11.00
13.00	01300	NURSING ADMINISTRATION	4,551,042	3,487,191	8,038,233	0	8,038,233	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	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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	261,151	36,461	297,612	0	297,612	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,818,860	4,207,362	18,026,222	668,577	18,694,799	30.00
31.00	03100	INTENSIVE CARE UNIT	4,390,580	1,315,464	5,706,044	0	5,706,044	31.00
41.00	04100	SUBPROVIDER - IRF	1,850,485	879,123	2,729,608	0	2,729,608	41.00
43.00	04300	NURSERY	0	0	0	1,518,268	1,518,268	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,935,736	20,547,119	28,482,855	0	28,482,855	50.00
51.00	05100	RECOVERY ROOM	2,884,534	647,085	3,531,619	0	3,531,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,717,547	962,526	3,680,073	-2,186,845	1,493,228	52.00
53.00	05300	ANESTHESIOLOGY	0	4,277,380	4,277,380	0	4,277,380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,540,559	2,780,089	6,320,648	0	6,320,648	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	627,410	742,423	1,369,833	0	1,369,833	55.00
56.00	05600	RADIOISOTOPE	592,939	996,345	1,589,284	0	1,589,284	56.00
57.00	05700	CT SCAN	1,177,948	1,019,846	2,197,794	0	2,197,794	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	653,530	881,966	1,535,496	0	1,535,496	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,778,308	2,363,725	4,142,033	0	4,142,033	59.00
60.00	06000	LABORATORY	4,261,181	5,748,169	10,009,350	0	10,009,350	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	322,627	1,641,810	1,964,437	0	1,964,437	63.00
64.00	06400	INTRAVENOUS THERAPY	432,831	159,198	592,029	0	592,029	64.00
65.00	06500	RESPIRATORY THERAPY	2,180,470	683,137	2,863,607	0	2,863,607	65.00
66.00	06600	PHYSICAL THERAPY	40,536	3,962,433	4,002,969	0	4,002,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,950	1,308,554	1,320,504	0	1,320,504	67.00
68.00	06800	SPEECH PATHOLOGY	188,254	666,731	854,985	0	854,985	68.00
69.00	06900	ELECTROCARDIOLOGY	856,989	583,065	1,440,054	0	1,440,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	455,950	156,400	612,350	0	612,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,667,773	11,667,773	0	11,667,773	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,074,751	14,074,751	0	14,074,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,730,581	11,470,062	14,200,643	0	14,200,643	73.00
74.00	07400	RENAL DIALYSIS	0	1,026,369	1,026,369	0	1,026,369	74.00
76.97	07697	CARDIAC REHABILITATION	507,942	135,592	643,534	0	643,534	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,473,331	917,874	2,391,205	0	2,391,205	90.00
91.00	09100	EMERGENCY	5,314,677	1,777,960	7,092,637	0	7,092,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,616,038	613,888	3,229,926	0	3,229,926	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,012,545	202,871,391	287,883,936	0	287,883,936	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	13,255	3,046	16,301	0	16,301	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,550	8,550	0	8,550	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	411,948	411,948	0	411,948	194.00
194.01	07952	ADVERTISING	0	482,913	482,913	0	482,913	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	85,025,800	203,777,848	288,803,648	0	288,803,648	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0034

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

Worksheet A
Date/Time Prepared:
11/20/2023 2:29 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	-77,770	8,759,066	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,336,673	10,076,141	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,801,024	14,259,834	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	748,719	5.01
5.02	00570	ADMITTING	-8	3,324,659	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,076,336	3,076,334	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	-32,693,552	30,384,823	5.04
7.00	00700	OPERATION OF PLANT	0	11,921,023	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,375,047	8.00
9.00	00900	HOUSEKEEPING	0	2,988,426	9.00
10.00	01000	DIETARY	-6,910	2,510,946	10.00
11.00	01100	CAFETERIA	-1,355,147	627,707	11.00
13.00	01300	NURSING ADMINISTRATION	-2,223,445	5,814,788	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	2,372,811	2,372,811	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	-49,465	248,147	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-318	18,694,481	30.00
31.00	03100	INTENSIVE CARE UNIT	-59,088	5,646,956	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,729,608	41.00
43.00	04300	NURSERY	0	1,518,268	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-32	28,482,823	50.00
51.00	05100	RECOVERY ROOM	-26	3,531,593	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-345,000	1,148,228	52.00
53.00	05300	ANESTHESIOLOGY	-3,821,357	456,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,692	6,312,956	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,369,833	55.00
56.00	05600	RADIOISOTOPE	0	1,589,284	56.00
57.00	05700	CT SCAN	-5,950	2,191,844	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,535,496	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,935	4,140,098	59.00
60.00	06000	LABORATORY	-684,094	9,325,256	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	-152,959	1,811,478	63.00
64.00	06400	INTRAVENOUS THERAPY	0	592,029	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,863,607	65.00
66.00	06600	PHYSICAL THERAPY	0	4,002,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,320,504	67.00
68.00	06800	SPEECH PATHOLOGY	0	854,985	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,440,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	612,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,667,773	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,074,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-164,056	14,036,587	73.00
74.00	07400	RENAL DIALYSIS	0	1,026,369	74.00
76.97	07697	CARDIAC REHABILITATION	-44,313	599,221	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-3,539	2,387,666	90.00
91.00	09100	EMERGENCY	-115	7,092,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-4,800	3,225,126	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-33,114,727	254,769,209	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	16,301	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,550	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	411,948	194.00
194.01	07952	ADVERTISING	0	482,913	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,114,727	255,688,921	200.00

RECLASSIFICATIONS

Provider CCN: 15-0034

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

Worksheet A-6
Date/Time Prepared:
11/20/2023 2:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	193,860	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,680	2.00
	0		0	209,540	
B - CAFETERIA EXPENSES RECLASS					
1.00	CAFETERIA	11.00	979,534	1,003,320	1.00
	0		979,534	1,003,320	
C - RECLASS LDRP COSTS					
1.00	ADULTS & PEDIATRICS	30.00	493,710	174,867	1.00
2.00	NURSERY	43.00	1,121,164	397,104	2.00
	0		1,614,874	571,971	
500.00	Grand Total: Increases		2,594,408	1,784,831	500.00

RECLASSIFICATIONS

Provider CCN: 15-0034

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	209,540	12	1.00	
2.00		0.00	0	0	12	2.00	
	0		0	209,540			
B - CAFETERIA EXPENSES RECLASS							
1.00	DIETARY	10.00	979,534	1,003,320	0	1.00	
	0		979,534	1,003,320			
C - RECLASS LDRP COSTS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,614,874	571,971	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,614,874	571,971			
500.00	Grand Total: Decreases		2,594,408	1,784,831		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0034

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

Worksheet A-7
Part I
Date/Time Prepared:
11/20/2023 2:29 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	18,663,251	0	0	0	1.00
2.00	Land Improvements	8,196,639	90,718	0	90,718	2.00
3.00	Buildings and Fixtures	158,320,776	110,000	0	110,000	3.00
4.00	Building Improvements	88,465,849	6,735,396	0	6,735,396	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	90,248,627	7,036,058	0	7,036,058	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	363,895,142	13,972,172	0	13,972,172	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	363,895,142	13,972,172	0	13,972,172	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,663,251	0			1.00
2.00	Land Improvements	8,287,357	0			2.00
3.00	Buildings and Fixtures	136,101,884	0			3.00
4.00	Building Improvements	91,628,919	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	95,548,844	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	350,230,255	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	350,230,255	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0034

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

Worksheet A-7
Part II
Date/Time Prepared:
11/20/2023 2:29 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	8,838,775	-195,799	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,002,462	2,721,326	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,841,237	2,525,527	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	8,642,976				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,723,788				2.00
3.00	Total (sum of lines 1-2)	0	17,366,764				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0034

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

Worksheet A-7
Part III
Date/Time Prepared:
11/20/2023 2:29 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	254,681,411	0	254,681,411	0.727183	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	95,548,844	0	95,548,844	0.272817	0	2.00
3.00	Total (sum of lines 1-2)	350,230,255	0	350,230,255	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	8,761,005	-195,799	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,339,135	2,721,326	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,100,140	2,525,527	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	193,860	0	0	8,759,066	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,680	0	0	10,076,141	2.00
3.00	Total (sum of lines 1-2)	0	209,540	0	0	18,835,207	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	
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	-6,678,757				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	-23,826,679				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
33.00 COVID DRUG DONATIONS	B	-164,056		DRUGS CHARGED TO PATIENTS	73.00	0 33.00

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	
33.01 OTHER REVENUE	B	-376,510	CAP REL COSTS-BLDG & FIXT	1.00	9	33.01
33.02 OTHER REVENUE	B	-130	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03 OTHER REVENUE	B	-8	ADMITTING	5.02	0	33.03
33.04 OTHER REVENUE	B	-21,647	OTHER ADMINISTRATIVE & GENERAL	5.04	0	33.04
33.05 OTHER REVENUE	B	-6,910	DIETARY	10.00	0	33.05
33.06 OTHER REVENUE	B	-1,355,147	CAFETERIA	11.00	0	33.06
33.07 OTHER REVENUE	B	-4	NURSING ADMINISTRATION	13.00	0	33.07
33.08 OTHER REVENUE	B	-49,465	PARAMEDICAL EDUCATION PROGRAM EMS	23.00	0	33.08
33.09 OTHER REVENUE	B	-318	ADULTS & PEDIATRICS	30.00	0	33.09
33.10 OTHER REVENUE	B	-11	INTENSIVE CARE UNIT	31.00	0	33.10
33.11 OTHER REVENUE	B	-32	OPERATING ROOM	50.00	0	33.11
33.12 OTHER REVENUE	B	-26	RECOVERY ROOM	51.00	0	33.12
33.13 OTHER REVENUE	B	-2,112	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14 OTHER REVENUE	B	-1,935	CARDIAC CATHETERIZATION	59.00	0	33.14
33.15 OTHER REVENUE	B	-215,680	LABORATORY	60.00	0	33.15
33.16 OTHER REVENUE	B	-10	CLINIC	90.00	0	33.16
33.17 OTHER REVENUE	B	-115	EMERGENCY	91.00	0	33.17
33.18 OTHER REVENUE	B	-4,800	HOME HEALTH AGENCY	101.00	0	33.18
33.19 PRE-MERGER ASSETS DEPRECIATION	A	211,358	CAP REL COSTS-BLDG & FIXT	1.00	9	33.19
33.20 TAXABLE LABS	A	-468,414	LABORATORY	60.00	0	33.20
33.21 TAXABLE LABS	A	-152,959	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	33.21
33.22 PATIENT TV DEPRECIATION	A	-360	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.22
33.23 PATIENT TV PURCHASES	A	0	OPERATION OF PLANT	7.00	0	33.23
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-33,114,727				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: 15-0034

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

Worksheet A-8-1

Date/Time Prepared: 11/20/2023 2:29 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	16,939,802
2.00	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION PER G	0	33,722,994
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOC-BLDG	87,382	0
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOC-EQUIP	1,337,033	0
3.02	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-SALARIES	8,238,718	0
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOC-BENEFITS	1,801,895	0
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOC-MEDICAL RE	2,372,811	0
3.05	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-REIMBURSEM	88,663	0
3.06	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE ALLOC-PATIENT AC	3,076,336	0
3.07	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-OTHER NON	10,048,341	0
3.08	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOCATION PER G	0	552,389
3.09	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOC-ADMIN	61,004	0
3.10	13.00	NURSING ADMINISTRATION	CANCER CARE ALLOC-REGISTRY	132,872	0
3.11	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOC-NAVIGATORS	143,451	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,388,506	51,215,185

* 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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepared: 11/20/2023 2:29 pm
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	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-16,939,802	0		1.00
2.00	-33,722,994	0		2.00
3.00	87,382	9		3.00
3.01	1,337,033	9		3.01
3.02	8,238,718	0		3.02
3.03	1,801,895	0		3.03
3.04	2,372,811	0		3.04
3.05	88,663	0		3.05
3.06	3,076,336	0		3.06
3.07	10,048,341	0		3.07
3.08	-552,389	0		3.08
3.09	61,004	0		3.09
3.10	132,872	0		3.10
3.11	143,451	0		3.11
4.00	0	0		4.00
5.00	-23,826,679			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: 15-0034

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

Worksheet A-8-2

Date/Time Prepared:
11/20/2023 2:29 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	90.00	CLINIC	3,041	3,041	0	0	0	1.00
2.00	90.00	CLINIC	488	488	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	741	741	0	0	0	3.00
4.00	13.00	NURSING ADMINISTRATION	2,356,313	2,356,313	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	345,000	345,000	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,821,357	3,821,357	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	5,580	5,580	0	0	0	7.00
8.00	57.00	CT SCAN	5,950	5,950	0	0	0	8.00
9.00	76.97	CARDIAC REHABILITATION	44,313	44,313	0	0	0	9.00
10.00	5.04	OTHER ADMINISTRATIVE & GENERAL	114,583	0	114,583	211,500	764	10.00
11.00	31.00	INTENSIVE CARE UNIT	183,333	0	183,333	211,500	1,222	11.00
200.00			6,880,699	6,582,783	297,916		1,986	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	90.00	CLINIC	0	0	0	0	0	1.00
2.00	90.00	CLINIC	0	0	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	3.00
4.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	57.00	CT SCAN	0	0	0	0	0	8.00
9.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	9.00
10.00	5.04	OTHER ADMINISTRATIVE & GENERAL	77,686	3,884	0	0	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	124,256	6,213	0	0	0	11.00
200.00			201,942	10,097	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	90.00	CLINIC	0	0	0	3,041		1.00
2.00	90.00	CLINIC	0	0	0	488		2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	741		3.00
4.00	13.00	NURSING ADMINISTRATION	0	0	0	2,356,313		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	345,000		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	3,821,357		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	5,580		7.00
8.00	57.00	CT SCAN	0	0	0	5,950		8.00
9.00	76.97	CARDIAC REHABILITATION	0	0	0	44,313		9.00
10.00	5.04	OTHER ADMINISTRATIVE & GENERAL	0	77,686	36,897	36,897		10.00
11.00	31.00	INTENSIVE CARE UNIT	0	124,256	59,077	59,077		11.00
200.00			0	201,942	95,974	6,678,757		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0034

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

Worksheet B
Part I
Date/Time Prepared:
11/20/2023 2:29 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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,759,066	8,759,066			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,076,141		10,076,141		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,259,834	38,353	849	14,299,036	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	748,719	67,734	4,344	94,145	914,942 5.01
5.02 00570	ADMITTING	3,324,659	87,103	7,432	487,439	1,492 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,076,334	10,502	0	0	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	30,384,823	417,306	903,317	989,999	1,194 5.04
7.00 00700	OPERATION OF PLANT	11,921,023	1,191,701	320,133	430,184	1,791 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,375,047	14,483	0	17,883	0 8.00
9.00 00900	HOUSEKEEPING	2,988,426	56,282	35,622	349,599	2,587 9.00
10.00 01000	DIETARY	2,510,946	134,131	52,390	210,744	6,267 10.00
11.00 01100	CAFETERIA	627,707	45,097	22,453	165,964	2,686 11.00
13.00 01300	NURSING ADMINISTRATION	5,814,788	72,606	93,158	771,092	6,466 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	2,372,811	31,386	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
23.00 02300	PARAMEDICAL EDUCATION PROGRAM EMS	248,147	6,595	4,330	44,247	99 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,694,481	1,173,817	185,853	2,424,988	45,961 30.00
31.00 03100	INTENSIVE CARE UNIT	5,646,956	197,275	139,300	743,905	21,886 31.00
41.00 04100	SUBPROVIDER - IRF	2,729,608	165,116	10,696	313,531	3,581 41.00
43.00 04300	NURSERY	1,518,268	19,355	80,348	189,961	4,278 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,482,823	706,705	4,250,234	1,344,568	490,851 50.00
51.00 05100	RECOVERY ROOM	3,531,593	222,319	72,877	488,732	10,346 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,148,228	201,300	78,792	186,828	4,178 52.00
53.00 05300	ANESTHESIOLOGY	456,023	4,798	4,065	0	13,928 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,312,956	182,035	794,837	599,884	19,598 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	1,369,833	49,181	20,755	106,303	497 55.00
56.00 05600	RADIOISOTOPE	1,589,284	87,549	23,490	100,463	1,094 56.00
57.00 05700	CT SCAN	2,191,844	60,366	573,030	199,582	10,943 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,535,496	56,727	341,606	110,729	3,581 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,140,098	131,338	845,036	301,302	33,725 59.00
60.00 06000	LABORATORY	9,325,256	167,864	124,988	721,980	142,260 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,811,478	13,250	57,406	54,663	7,461 63.00
64.00 06400	INTRAVENOUS THERAPY	592,029	48,676	0	73,335	3,382 64.00
65.00 06500	RESPIRATORY THERAPY	2,863,607	54,781	96,991	369,441	10,247 65.00
66.00 06600	PHYSICAL THERAPY	4,002,969	326,742	35,477	6,868	3,979 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,320,504	30,822	1,824	2,025	199 67.00
68.00 06800	SPEECH PATHOLOGY	854,985	13,071	53,289	31,896	199 68.00
69.00 06900	ELECTROCARDIOLOGY	1,440,054	53,593	188,835	145,201	1,990 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	612,350	39,779	26,349	77,253	2,885 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,667,773	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,074,751	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	14,036,587	53,430	234,697	462,648	3,780 73.00
74.00 07400	RENAL DIALYSIS	1,026,369	4,634	0	0	0 74.00
76.97 07697	CARDIAC REHABILITATION	599,221	116,410	26,468	86,062	298 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,387,666	202,370	171,640	249,629	9,849 90.00
91.00 09100	EMERGENCY	7,092,522	277,308	140,878	900,476	40,290 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,225,126	0	2,021	443,241	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	254,769,209	6,833,890	10,025,810	14,296,790	913,848 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,576	0	0	0 190.00
191.00 19100	RESEARCH	16,301	0	0	2,246	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,550	1,901,380	0	0	0 192.00
194.00 07950	OTHER NON-REIMBURSABLE COST CENTER	411,948	0	49,938	0	1,094 194.00
194.01 07952	ADVERTISING	482,913	13,220	393	0	0 194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	255,688,921	8,759,066	10,076,141	14,299,036	914,942 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0034

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

Worksheet B Part I Date/Time Prepared: 11/20/2023 2:29 pm

Cost Center Description			ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			5.02	5.03	5A.03	5.04	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	3,908,125					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,086,836				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	32,696,639	32,696,639		5.04
7.00	00700	OPERATION OF PLANT	0	0	13,864,832	2,032,959	15,897,791	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,407,413	206,365	33,146	8.00
9.00	00900	HOUSEKEEPING	0	0	3,432,516	503,300	128,809	9.00
10.00	01000	DIETARY	0	0	2,914,478	427,341	306,979	10.00
11.00	01100	CAFETERIA	0	0	863,907	126,672	103,210	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,758,110	990,921	166,170	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	2,404,197	352,520	71,832	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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	303,418	44,489	15,094	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	242,861	191,809	22,959,770	3,366,522	2,686,455	30.00
31.00	03100	INTENSIVE CARE UNIT	53,051	41,899	6,844,272	1,003,555	451,493	31.00
41.00	04100	SUBPROVIDER - IRF	25,603	20,221	3,268,356	479,229	377,893	41.00
43.00	04300	NURSERY	13,631	10,765	1,836,606	269,296	44,296	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	557,254	440,361	36,272,796	5,318,526	1,617,400	50.00
51.00	05100	RECOVERY ROOM	67,540	53,342	4,446,749	652,013	508,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,392	10,577	1,643,295	240,951	460,706	52.00
53.00	05300	ANESTHESIOLOGY	111,559	88,108	678,481	99,484	10,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	233,951	184,772	8,328,033	1,221,114	416,614	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	70,946	56,032	1,673,547	245,387	112,559	55.00
56.00	05600	RADIOISOTOPE	63,148	49,873	1,914,901	280,776	200,369	56.00
57.00	05700	CT SCAN	291,936	230,568	3,558,269	521,738	138,157	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	124,229	98,115	2,270,483	332,914	129,829	58.00
59.00	05900	CARDIAC CATHETERIZATION	316,544	250,002	6,018,045	882,408	300,588	59.00
60.00	06000	LABORATORY	437,794	345,765	11,265,907	1,651,886	384,182	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	19,162	15,134	1,978,554	290,109	30,324	63.00
64.00	06400	INTRAVENOUS THERAPY	14,819	11,704	743,945	109,082	111,403	64.00
65.00	06500	RESPIRATORY THERAPY	43,970	34,727	3,473,764	509,348	125,375	65.00
66.00	06600	PHYSICAL THERAPY	63,824	50,407	4,490,266	658,394	747,797	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,456	16,156	1,391,986	204,103	70,541	67.00
68.00	06800	SPEECH PATHOLOGY	8,502	6,715	968,657	142,031	29,916	68.00
69.00	06900	ELECTROCARDIOLOGY	128,112	101,181	2,058,966	301,900	122,655	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,797	27,482	820,895	120,365	91,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,136	80,665	11,850,574	1,737,614	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,531	86,506	14,270,788	2,092,483	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,369	238,807	15,332,318	2,248,132	122,282	73.00
74.00	07400	RENAL DIALYSIS	14,495	11,448	1,056,946	154,977	10,607	74.00
76.97	07697	CARDIAC REHABILITATION	7,606	6,007	842,072	123,470	266,422	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	31,072	24,540	3,076,766	451,137	463,154	90.00
91.00	09100	EMERGENCY	367,045	289,888	9,108,407	1,335,538	634,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	16,790	13,260	3,700,438	542,584	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,908,125	3,086,836	252,790,362	32,271,633	11,491,749	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,576	1,551	24,205	190.00
191.00	19100	RESEARCH	0	0	18,547	2,719	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,909,930	280,047	4,351,581	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	462,980	67,885	0	194.00
194.01	07952	ADVERTISING	0	0	496,526	72,804	30,256	194.01
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)	3,908,125	3,086,836	255,688,921	32,696,639	15,897,791	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0034

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

Worksheet B
Part I
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	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
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,646,924				8.00
9.00	00900	HOUSEKEEPING	0	4,064,625			9.00
10.00	01000	DIETARY	0	79,294	3,728,092		10.00
11.00	01100	CAFETERIA	0	26,660	0	1,120,449	11.00
13.00	01300	NURSING ADMINISTRATION	0	42,922	0	74,606	8,032,729
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	18,555	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	3,899	0	5,426	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,185,184	693,921	2,643,028	245,521	3,027,059
31.00	03100	INTENSIVE CARE UNIT	212,290	116,622	242,369	62,398	771,501
41.00	04100	SUBPROVIDER - IRF	197,030	97,611	385,057	32,555	403,983
43.00	04300	NURSERY	52,420	11,442	0	16,278	197,253
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	417,781	0	139,717	1,731,471
51.00	05100	RECOVERY ROOM	0	131,427	167,698	44,764	550,343
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	119,002	94,060	16,278	194,000
53.00	05300	ANESTHESIOLOGY	0	2,836	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	107,613	0	67,824	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0	29,074	0	9,495	0
56.00	05600	RADIOISOTOPE	0	51,756	0	8,139	0
57.00	05700	CT SCAN	0	35,687	0	18,991	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,535	0	10,852	0
59.00	05900	CARDIAC CATHETERIZATION	0	77,643	0	25,773	0
60.00	06000	LABORATORY	0	99,236	0	94,953	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	7,833	0	5,426	0
64.00	06400	INTRAVENOUS THERAPY	0	28,776	0	8,139	0
65.00	06500	RESPIRATORY THERAPY	0	32,385	0	36,625	0
66.00	06600	PHYSICAL THERAPY	0	193,159	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	18,221	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	7,727	0	4,069	0
69.00	06900	ELECTROCARDIOLOGY	0	31,682	0	13,565	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,516	0	9,495	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,586	0	37,981	0
74.00	07400	RENAL DIALYSIS	0	2,740	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	68,818	0	8,139	104,637
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	119,634	0	27,130	0
91.00	09100	EMERGENCY	0	163,935	195,880	85,458	1,052,482
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	10,852	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,646,924	2,926,528	3,728,092	1,120,449	8,032,729
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,252	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,124,030	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0
194.01	07952	ADVERTISING	0	7,815	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,646,924	4,064,625	3,728,092	1,120,449	8,032,729

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,847,104			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	176,912	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	38,645	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	18,651	0	0	41.00
43.00	04300	NURSERY	0	0	9,929	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	406,167	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	49,199	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,756	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	81,265	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	170,421	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	51,680	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	46,000	0	0	56.00
57.00	05700	CT SCAN	0	0	212,661	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	90,495	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	230,586	0	0	59.00
60.00	06000	LABORATORY	0	0	318,910	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	13,959	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	10,795	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	32,030	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	46,492	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	14,901	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,193	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	93,323	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	25,348	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	74,401	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	79,787	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	220,260	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	10,559	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	5,541	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	22,634	0	0	90.00
91.00	09100	EMERGENCY	0	0	267,373	0	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	12,231	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,847,104	0	0	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 NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07952	ADVERTISING	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,847,104	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		PARAMEDICAL EDUCATION PROGRAM EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	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
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	372,326			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	36,984,372	0	36,984,372
31.00	03100	INTENSIVE CARE UNIT	0	9,743,145	0	9,743,145
41.00	04100	SUBPROVIDER - IRF	0	5,260,365	0	5,260,365
43.00	04300	NURSERY	0	2,437,520	0	2,437,520
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	45,903,858	0	45,903,858
51.00	05100	RECOVERY ROOM	0	6,551,003	0	6,551,003
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,778,048	0	2,778,048
53.00	05300	ANESTHESIOLOGY	0	873,047	0	873,047
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,311,619	0	10,311,619
55.00	05500	RADIOLOGY - THERAPEUTIC	0	2,121,742	0	2,121,742
56.00	05600	RADIOISOTOPE	0	2,501,941	0	2,501,941
57.00	05700	CT SCAN	0	4,485,503	0	4,485,503
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,868,108	0	2,868,108
59.00	05900	CARDIAC CATHETERIZATION	0	7,535,043	0	7,535,043
60.00	06000	LABORATORY	0	13,815,074	0	13,815,074
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,326,205	0	2,326,205
64.00	06400	INTRAVENOUS THERAPY	0	1,012,140	0	1,012,140
65.00	06500	RESPIRATORY THERAPY	0	4,209,527	0	4,209,527
66.00	06600	PHYSICAL THERAPY	0	6,136,108	0	6,136,108
67.00	06700	OCCUPATIONAL THERAPY	0	1,699,752	0	1,699,752
68.00	06800	SPEECH PATHOLOGY	0	1,158,593	0	1,158,593
69.00	06900	ELECTROCARDIOLOGY	0	2,622,091	0	2,622,091
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,090,659	0	1,090,659
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,662,589	0	13,662,589
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,443,058	0	16,443,058
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,992,559	0	17,992,559
74.00	07400	RENAL DIALYSIS	0	1,235,829	0	1,235,829
76.97	07697	CARDIAC REHABILITATION	0	1,419,099	0	1,419,099
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,160,455	0	4,160,455
91.00	09100	EMERGENCY	372,326	13,216,060	0	13,216,060
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	4,266,105	0	4,266,105
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	372,326	246,821,217	0	246,821,217
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,584	0	42,584
191.00	19100	RESEARCH	0	21,266	0	21,266
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,665,588	0	7,665,588
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	530,865	0	530,865
194.01	07952	ADVERTISING	0	607,401	0	607,401
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	372,326	255,688,921	0	255,688,921

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/20/2023 2:29 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				2.00	2A
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	38,353	849	39,202	39,202	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	67,734	4,344	72,078	258	5.01
5.02	00570	ADMITTING	0	87,103	7,432	94,535	1,338	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,502	0	10,502	0	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	417,306	903,317	1,320,623	2,717	5.04
7.00	00700	OPERATION OF PLANT	0	1,191,701	320,133	1,511,834	1,181	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,483	0	14,483	49	8.00
9.00	00900	HOUSEKEEPING	0	56,282	35,622	91,904	959	9.00
10.00	01000	DIETARY	0	134,131	52,390	186,521	578	10.00
11.00	01100	CAFETERIA	0	45,097	22,453	67,550	455	11.00
13.00	01300	NURSING ADMINISTRATION	0	72,606	93,158	165,764	2,116	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	31,386	0	31,386	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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	6,595	4,330	10,925	121	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,173,817	185,853	1,359,670	6,617	30.00
31.00	03100	INTENSIVE CARE UNIT	0	197,275	139,300	336,575	2,042	31.00
41.00	04100	SUBPROVIDER - IRF	0	165,116	10,696	175,812	860	41.00
43.00	04300	NURSERY	0	19,355	80,348	99,703	521	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	706,705	4,250,234	4,956,939	3,690	50.00
51.00	05100	RECOVERY ROOM	0	222,319	72,877	295,196	1,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	201,300	78,792	280,092	513	52.00
53.00	05300	ANESTHESIOLOGY	0	4,798	4,065	8,863	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	182,035	794,837	976,872	1,646	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	49,181	20,755	69,936	292	55.00
56.00	05600	RADIOISOTOPE	0	87,549	23,490	111,039	276	56.00
57.00	05700	CT SCAN	0	60,366	573,030	633,396	548	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	56,727	341,606	398,333	304	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	131,338	845,036	976,374	827	59.00
60.00	06000	LABORATORY	0	167,864	124,988	292,852	1,981	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	13,250	57,406	70,656	150	63.00
64.00	06400	INTRAVENOUS THERAPY	0	48,676	0	48,676	201	64.00
65.00	06500	RESPIRATORY THERAPY	0	54,781	96,991	151,772	1,014	65.00
66.00	06600	PHYSICAL THERAPY	0	326,742	35,477	362,219	19	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	30,822	1,824	32,646	6	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,071	53,289	66,360	88	68.00
69.00	06900	ELECTROCARDIOLOGY	0	53,593	188,835	242,428	398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	39,779	26,349	66,128	212	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	53,430	234,697	288,127	1,270	73.00
74.00	07400	RENAL DIALYSIS	0	4,634	0	4,634	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	116,410	26,468	142,878	236	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	202,370	171,640	374,010	685	90.00
91.00	09100	EMERGENCY	0	277,308	140,878	418,186	2,471	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	2,021	2,021	1,216	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,833,890	10,025,810	16,859,700	39,196	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,576	0	10,576	0	190.00
191.00	19100	RESEARCH	0	0	0	0	6	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,901,380	0	1,901,380	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	49,938	49,938	0	194.00
194.01	07952	ADVERTISING	0	13,220	393	13,613	0	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,759,066	10,076,141	18,835,207	39,202	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0034

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

Worksheet B
Part II
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			5.01	5.02	5.03	5.04	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	72,336					5.01
5.02	00570	ADMITTING	118	95,991				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	10,502			5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	94	0	0	1,323,434		5.04
7.00	00700	OPERATION OF PLANT	142	0	0	82,288	1,595,445	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8,353	3,326	8.00
9.00	00900	HOUSEKEEPING	204	0	0	20,372	12,927	9.00
10.00	01000	DIETARY	496	0	0	17,297	30,807	10.00
11.00	01100	CAFETERIA	212	0	0	5,127	10,358	11.00
13.00	01300	NURSING ADMINISTRATION	511	0	0	40,109	16,676	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	14,269	7,209	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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	8	0	0	1,801	1,515	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,634	5,959	644	136,266	269,603	30.00
31.00	03100	INTENSIVE CARE UNIT	1,730	1,302	141	40,621	45,310	31.00
41.00	04100	SUBPROVIDER - IRF	283	628	68	19,398	37,924	41.00
43.00	04300	NURSERY	338	334	36	10,900	4,445	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,808	13,773	1,612	215,255	162,316	50.00
51.00	05100	RECOVERY ROOM	818	1,657	179	26,391	51,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	330	329	36	9,753	46,235	52.00
53.00	05300	ANESTHESIOLOGY	1,101	2,737	296	4,027	1,102	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,549	5,740	621	49,427	41,810	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	39	1,741	188	9,933	11,296	55.00
56.00	05600	RADIOISOTOPE	87	1,549	168	11,365	20,108	56.00
57.00	05700	CT SCAN	865	7,163	774	21,118	13,865	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	283	3,048	330	13,475	13,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,666	7,767	840	35,717	30,166	59.00
60.00	06000	LABORATORY	11,247	10,742	1,161	66,863	38,555	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	590	470	51	11,743	3,043	63.00
64.00	06400	INTRAVENOUS THERAPY	267	364	39	4,415	11,180	64.00
65.00	06500	RESPIRATORY THERAPY	810	1,079	117	20,617	12,582	65.00
66.00	06600	PHYSICAL THERAPY	315	1,566	169	26,650	75,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	16	502	54	8,261	7,079	67.00
68.00	06800	SPEECH PATHOLOGY	16	209	23	5,749	3,002	68.00
69.00	06900	ELECTROCARDIOLOGY	157	3,143	340	12,220	12,309	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	228	854	92	4,872	9,136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,506	271	70,333	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,687	291	84,697	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	299	7,419	802	90,997	12,272	73.00
74.00	07400	RENAL DIALYSIS	0	356	38	6,273	1,064	74.00
76.97	07697	CARDIAC REHABILITATION	24	187	20	4,998	26,737	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	779	762	82	18,261	46,480	90.00
91.00	09100	EMERGENCY	3,185	9,006	974	54,058	63,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	412	45	21,962	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,249	95,991	10,502	1,306,231	1,153,266	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	63	2,429	190.00
191.00	19100	RESEARCH	0	0	0	110	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,335	436,714	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	87	0	0	2,748	0	194.00
194.01	07952	ADVERTISING	0	0	0	2,947	3,036	194.01
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)	72,336	95,991	10,502	1,323,434	1,595,445	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0034

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,211					8.00
9.00	00900	HOUSEKEEPING	0	126,366				9.00
10.00	01000	DIETARY	0	2,465	238,164			10.00
11.00	01100	CAFETERIA	0	829	0	84,531		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,334	0	5,629	232,139	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	577	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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	121	0	409	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,862	21,573	168,846	18,524	87,480	30.00
31.00	03100	INTENSIVE CARE UNIT	3,379	3,626	15,483	4,708	22,296	31.00
41.00	04100	SUBPROVIDER - IRF	3,136	3,035	24,599	2,456	11,675	41.00
43.00	04300	NURSERY	834	356	0	1,228	5,700	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,988	0	10,541	50,038	50.00
51.00	05100	RECOVERY ROOM	0	4,086	10,713	3,377	15,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,700	6,009	1,228	5,606	52.00
53.00	05300	ANESTHESIOLOGY	0	88	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,346	0	5,117	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	904	0	716	0	55.00
56.00	05600	RADIOISOTOPE	0	1,609	0	614	0	56.00
57.00	05700	CT SCAN	0	1,109	0	1,433	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,043	0	819	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,414	0	1,944	0	59.00
60.00	06000	LABORATORY	0	3,085	0	7,164	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	244	0	409	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	895	0	614	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,007	0	2,763	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,005	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	566	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	240	0	307	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	985	0	1,023	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	731	0	716	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	982	0	2,865	0	73.00
74.00	07400	RENAL DIALYSIS	0	85	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,139	0	614	3,024	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,719	0	2,047	0	90.00
91.00	09100	EMERGENCY	0	5,097	12,514	6,447	30,416	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	819	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,211	90,983	238,164	84,531	232,139	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	194	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	34,946	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07952	ADVERTISING	0	243	0	0	0	194.01
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)	26,211	126,366	238,164	84,531	232,139	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0034

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

Worksheet B
Part II
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	53,441			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	3,301	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	721	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	348	0		41.00
43.00	04300	NURSERY	0	0	185	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,892	0		50.00
51.00	05100	RECOVERY ROOM	0	0	918	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	182	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,517	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,180	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	964	0		55.00
56.00	05600	RADIOISOTOPE	0	0	858	0		56.00
57.00	05700	CT SCAN	0	0	3,969	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,689	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,303	0		59.00
60.00	06000	LABORATORY	0	0	5,951	0		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	260	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	201	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	598	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	868	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	278	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	116	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,742	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	473	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,388	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,489	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,110	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	197	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	103	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	422	0		90.00
91.00	09100	EMERGENCY	0	0	4,990	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	228	0		101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	53,441	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0		194.00
194.01	07952	ADVERTISING	0	0	0	0		194.01
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)	0	0	53,441	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		PARAMEDICAL EDUCATION PROGRAM EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	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
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	14,900			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		2,100,979	0	2,100,979
31.00	03100	INTENSIVE CARE UNIT		477,934	0	477,934
41.00	04100	SUBPROVIDER - IRF		280,222	0	280,222
43.00	04300	NURSERY		124,580	0	124,580
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		5,473,852	0	5,473,852
51.00	05100	RECOVERY ROOM		411,642	0	411,642
52.00	05200	DELIVERY ROOM & LABOR ROOM		354,013	0	354,013
53.00	05300	ANESTHESIOLOGY		19,731	0	19,731
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,089,308	0	1,089,308
55.00	05500	RADIOLOGY - THERAPEUTIC		96,009	0	96,009
56.00	05600	RADIOISOTOPE		147,673	0	147,673
57.00	05700	CT SCAN		684,240	0	684,240
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		432,353	0	432,353
59.00	05900	CARDIAC CATHETERIZATION		1,063,018	0	1,063,018
60.00	06000	LABORATORY		439,601	0	439,601
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		87,616	0	87,616
64.00	06400	INTRAVENOUS THERAPY		66,852	0	66,852
65.00	06500	RESPIRATORY THERAPY		192,359	0	192,359
66.00	06600	PHYSICAL THERAPY		472,857	0	472,857
67.00	06700	OCCUPATIONAL THERAPY		49,408	0	49,408
68.00	06800	SPEECH PATHOLOGY		76,110	0	76,110
69.00	06900	ELECTROCARDIOLOGY		274,745	0	274,745
70.00	07000	ELECTROENCEPHALOGRAPHY		83,442	0	83,442
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		74,498	0	74,498
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		89,164	0	89,164
73.00	07300	DRUGS CHARGED TO PATIENTS		409,143	0	409,143
74.00	07400	RENAL DIALYSIS		12,647	0	12,647
76.97	07697	CARDIAC REHABILITATION		180,960	0	180,960
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		447,247	0	447,247
91.00	09100	EMERGENCY		611,036	0	611,036
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		26,703	0	26,703
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,349,942	0	16,349,942
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		13,262	0	13,262
191.00	19100	RESEARCH		116	0	116
192.00	19200	PHYSICIANS' PRIVATE OFFICES		2,384,375	0	2,384,375
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER		52,773	0	52,773
194.01	07952	ADVERTISING		19,839	0	19,839
200.00		Cross Foot Adjustments	14,900	14,900	0	14,900
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	14,900	18,835,207	0	18,835,207

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/20/2023 2:29 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	589,680				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		26,454,172			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,582	2,230	84,394,080		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	4,560	11,405	555,652	9,197	5.01
5.02 00570	ADMITTING	5,864	19,513	2,876,901	15	1,295,965,949
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	707	0	0	0	0
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	28,094	2,371,596	5,843,047	12	0
7.00 00700	OPERATION OF PLANT	80,228	840,487	2,538,977	18	0
8.00 00800	LAUNDRY & LINEN SERVICE	975	0	105,545	0	0
9.00 00900	HOUSEKEEPING	3,789	93,524	2,063,356	26	0
10.00 01000	DIETARY	9,030	137,546	1,243,827	63	0
11.00 01100	CAFETERIA	3,036	58,948	979,534	27	0
13.00 01300	NURSING ADMINISTRATION	4,888	244,579	4,551,042	65	0
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	2,113	0	0	0	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMEDICAL EDUCATION PROGRAM EMS	444	11,367	261,151	1	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	79,024	487,945	14,312,570	462	80,524,305
31.00 03100	INTENSIVE CARE UNIT	13,281	365,722	4,390,580	220	17,589,759
41.00 04100	SUBPROVIDER - IRF	11,116	28,081	1,850,485	36	8,489,186
43.00 04300	NURSERY	1,303	210,949	1,121,164	43	4,519,408
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	47,577	11,158,660	7,935,736	4,934	184,934,650
51.00 05100	RECOVERY ROOM	14,967	191,334	2,884,534	104	22,393,835
52.00 05200	DELIVERY ROOM & LABOR ROOM	13,552	206,863	1,102,673	42	4,440,378
53.00 05300	ANESTHESIOLOGY	323	10,672	0	140	36,989,116
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,255	2,086,788	3,540,559	197	77,569,910
55.00 05500	RADIOLOGY - THERAPEUTIC	3,311	54,491	627,410	5	23,523,213
56.00 05600	RADIOISOTOPE	5,894	61,672	592,939	11	20,937,597
57.00 05700	CT SCAN	4,064	1,504,451	1,177,948	110	96,795,911
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,819	896,863	653,530	36	41,190,073
59.00 05900	CARDIAC CATHETERIZATION	8,842	2,218,584	1,778,308	339	104,954,817
60.00 06000	LABORATORY	11,301	328,146	4,261,181	1,430	145,157,229
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	892	150,715	322,627	75	6,353,495
64.00 06400	INTRAVENOUS THERAPY	3,277	0	432,831	34	4,913,372
65.00 06500	RESPIRATORY THERAPY	3,688	254,644	2,180,470	103	14,578,814
66.00 06600	PHYSICAL THERAPY	21,997	93,143	40,536	40	21,161,708
67.00 06700	OCCUPATIONAL THERAPY	2,075	4,788	11,950	2	6,782,358
68.00 06800	SPEECH PATHOLOGY	880	139,907	188,254	2	2,819,061
69.00 06900	ELECTROCARDIOLOGY	3,608	495,772	856,989	20	42,477,500
70.00 07000	ELECTROENCEPHALOGRAPHY	2,678	69,177	455,950	29	11,537,516
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	33,864,594
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	36,316,479
73.00 07300	DRUGS CHARGED TO PATIENTS	3,597	616,180	2,730,581	38	100,254,968
74.00 07400	RENAL DIALYSIS	312	0	0	0	4,806,078
76.97 07697	CARDIAC REHABILITATION	7,837	69,491	507,942	3	2,521,880
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	13,624	450,628	1,473,331	99	10,302,451
91.00 09100	EMERGENCY	18,669	369,866	5,314,677	405	121,699,339
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	5,305	2,616,038	0	5,566,949
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	460,073	26,322,032	84,380,825	9,186	1,295,965,949
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	712	0	0	0	0
191.00 19100	RESEARCH	0	0	13,255	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	128,005	0	0	0	0
194.00 07950	OTHER NON-REIMBURSABLE COST CENTER	0	131,109	0	11	0
194.01 07952	ADVERTISING	890	1,031	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per wkst. B, Part I)	8,759,066	10,076,141	14,299,036	914,942	3,908,125
203.00	Unit cost multiplier (Wkst. B, Part I)	14.853931	0.380890	0.169432	99.482657	0.003016

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:29 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				
204.00	Cost to be allocated (per Wkst. B, Part II)		39,202	72,336	95,991	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000465	7.865173	0.000074	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: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5.03	5A.04	5.04	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,295,965,949					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	-32,696,639	222,992,282			5.04
7.00	00700	OPERATION OF PLANT	0	0	13,864,832	467,645		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,407,413	975	41,660	8.00
9.00	00900	HOUSEKEEPING	0	0	3,432,516	3,789	0	9.00
10.00	01000	DIETARY	0	0	2,914,478	9,030	0	10.00
11.00	01100	CAFETERIA	0	0	863,907	3,036	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,758,110	4,888	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	2,404,197	2,113	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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	303,418	444	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,524,305	0	22,959,770	79,024	29,980	30.00
31.00	03100	INTENSIVE CARE UNIT	17,589,789	0	6,844,272	13,281	5,370	31.00
41.00	04100	SUBPROVIDER - IRF	8,489,156	0	3,268,356	11,116	4,984	41.00
43.00	04300	NURSERY	4,519,408	0	1,836,606	1,303	1,326	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	184,934,650	0	36,272,796	47,577	0	50.00
51.00	05100	RECOVERY ROOM	22,393,835	0	4,446,749	14,967	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,440,378	0	1,643,295	13,552	0	52.00
53.00	05300	ANESTHESIOLOGY	36,989,116	0	678,481	323	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,569,910	0	8,328,033	12,255	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	23,523,213	0	1,673,547	3,311	0	55.00
56.00	05600	RADIOISOTOPE	20,937,597	0	1,914,901	5,894	0	56.00
57.00	05700	CT SCAN	96,795,911	0	3,558,269	4,064	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,190,073	0	2,270,483	3,819	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	104,954,817	0	6,018,045	8,842	0	59.00
60.00	06000	LABORATORY	145,157,229	0	11,265,907	11,301	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,353,495	0	1,978,554	892	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,913,372	0	743,945	3,277	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,578,814	0	3,473,764	3,688	0	65.00
66.00	06600	PHYSICAL THERAPY	21,161,708	0	4,490,266	21,997	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,782,358	0	1,391,986	2,075	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,819,061	0	968,657	880	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,477,500	0	2,058,966	3,608	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,537,516	0	820,895	2,678	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,864,594	0	11,850,574	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,316,479	0	14,270,788	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,254,968	0	15,332,318	3,597	0	73.00
74.00	07400	RENAL DIALYSIS	4,806,078	0	1,056,946	312	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,521,880	0	842,072	7,837	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,302,451	0	3,076,766	13,624	0	90.00
91.00	09100	EMERGENCY	121,699,339	0	9,108,407	18,669	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,566,949	0	3,700,438	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,295,965,949	-32,696,639	220,093,723	338,038	41,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,576	712	0	190.00
191.00	19100	RESEARCH	0	0	18,547	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,909,930	128,005	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	462,980	0	0	194.00
194.01	07952	ADVERTISING	0	0	496,526	890	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	3,086,836		32,696,639	15,897,791	1,646,924	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.002382		0.146627	33.995426	39.532501	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	10,502		1,323,434	1,595,445	26,211	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
		5.03	5A.04	5.04	7.00	8.00	
205.00	Unit cost multiplier (wkst. B, Part II)	0.000008		0.005935	3.411658	0.629165	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: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
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
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	462,881					9.00
10.00	01000	9,030	144,590				10.00
11.00	01100	3,036	0	826			11.00
13.00	01300	4,888	0	55	997,671		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	2,113	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	444	0	4	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	79,024	102,507	181	375,963	0	30.00
31.00	03100	13,281	9,400	46	95,821	0	31.00
41.00	04100	11,116	14,934	24	50,175	0	41.00
43.00	04300	1,303	0	12	24,499	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47,577	0	103	215,050	0	50.00
51.00	05100	14,967	6,504	33	68,353	0	51.00
52.00	05200	13,552	3,648	12	24,095	0	52.00
53.00	05300	323	0	0	0	0	53.00
54.00	05400	12,255	0	50	0	0	54.00
55.00	05500	3,311	0	7	0	0	55.00
56.00	05600	5,894	0	6	0	0	56.00
57.00	05700	4,064	0	14	0	0	57.00
58.00	05800	3,819	0	8	0	0	58.00
59.00	05900	8,842	0	19	0	0	59.00
60.00	06000	11,301	0	70	0	0	60.00
63.00	06300	892	0	4	0	0	63.00
64.00	06400	3,277	0	6	0	0	64.00
65.00	06500	3,688	0	27	0	0	65.00
66.00	06600	21,997	0	0	0	0	66.00
67.00	06700	2,075	0	0	0	0	67.00
68.00	06800	880	0	3	0	0	68.00
69.00	06900	3,608	0	10	0	0	69.00
70.00	07000	2,678	0	7	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	3,597	0	28	0	0	73.00
74.00	07400	312	0	0	0	0	74.00
76.97	07697	7,837	0	6	12,996	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	13,624	0	20	0	0	90.00
91.00	09100	18,669	7,597	63	130,719	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	8	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		333,274	144,590	826	997,671	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	712	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	128,005	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07952	890	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		4,064,625	3,728,092	1,120,449	8,032,729	0	202.00
203.00		8.781145	25.783885	1,356.475787	8.051481	0.000000	203.00
204.00		126,366	238,164	84,531	232,139	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
205.00	Unit cost multiplier (wkst. B, Part II)	0.272999	1.647168	102.337772	0.232681	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: 15-0034

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

Worksheet B-1

Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM EMS (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	23.00	
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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,295,965,949				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM EMS	0	0	0		1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	80,524,305	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,589,789	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	8,489,156	0	0	0	41.00
43.00	04300	NURSERY	0	4,519,408	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	184,934,650	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	22,393,835	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,440,378	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	36,989,116	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,569,910	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	23,523,213	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	20,937,597	0	0	0	56.00
57.00	05700	CT SCAN	0	96,795,911	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	41,190,073	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	104,954,817	0	0	0	59.00
60.00	06000	LABORATORY	0	145,157,229	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,353,495	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,913,372	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,578,814	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	21,161,708	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,782,358	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,819,061	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,477,500	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,537,516	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,864,594	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,316,479	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100,254,968	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,806,078	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,521,880	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,302,451	0	0	0	90.00
91.00	09100	EMERGENCY	0	121,699,339	0	0	1,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,566,949	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,295,965,949	0	0	1,000	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 NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07952	ADVERTISING	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	0	2,847,104	0	0	372,326	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.000000	0.002197	0.000000	0.000000	372.326000	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	0	53,441	0	0	14,900	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0034

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

Worksheet B-1
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM EMS (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	23.00	
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	0.000041	0.000000	0.000000	14.900000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 2:29 pm
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		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		36,984,372	0	36,984,372	30.00
31.00	03100 INTENSIVE CARE UNIT		9,743,145	59,077	9,802,222	31.00
41.00	04100 SUBPROVIDER - IRF		5,260,365	0	5,260,365	41.00
43.00	04300 NURSERY		2,437,520	0	2,437,520	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		45,903,858	0	45,903,858	50.00
51.00	05100 RECOVERY ROOM		6,551,003	0	6,551,003	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,778,048	0	2,778,048	52.00
53.00	05300 ANESTHESIOLOGY		873,047	0	873,047	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,311,619	0	10,311,619	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC		2,121,742	0	2,121,742	55.00
56.00	05600 RADIOISOTOPE		2,501,941	0	2,501,941	56.00
57.00	05700 CT SCAN		4,485,503	0	4,485,503	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,868,108	0	2,868,108	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,535,043	0	7,535,043	59.00
60.00	06000 LABORATORY		13,815,074	0	13,815,074	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		2,326,205	0	2,326,205	63.00
64.00	06400 INTRAVENOUS THERAPY		1,012,140	0	1,012,140	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,209,527	0	4,209,527	65.00
66.00	06600 PHYSICAL THERAPY	0	6,136,108	0	6,136,108	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,699,752	0	1,699,752	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,158,593	0	1,158,593	68.00
69.00	06900 ELECTROCARDIOLOGY		2,622,091	0	2,622,091	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,090,659	0	1,090,659	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		13,662,589	0	13,662,589	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		16,443,058	0	16,443,058	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,992,559	0	17,992,559	73.00
74.00	07400 RENAL DIALYSIS		1,235,829	0	1,235,829	74.00
76.97	07697 CARDIAC REHABILITATION		1,419,099	0	1,419,099	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		4,160,455	0	4,160,455	90.00
91.00	09100 EMERGENCY		13,216,060	0	13,216,060	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,868,740	0	4,868,740	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		4,266,105	0	4,266,105	101.00
200.00	Subtotal (see instructions)	0	251,689,957	59,077	251,749,034	200.00
201.00	Less Observation Beds		4,868,740	0	4,868,740	201.00
202.00	Total (see instructions)	0	246,821,217	59,077	246,880,294	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0034

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2023 2:29 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	63,975,835		63,975,835		30.00
31.00	03100	INTENSIVE CARE UNIT	17,589,789		17,589,789		31.00
41.00	04100	SUBPROVIDER - IRF	8,489,156		8,489,156		41.00
43.00	04300	NURSERY	4,519,408		4,519,408		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,814,853	140,119,797	184,934,650	0.248217	50.00
51.00	05100	RECOVERY ROOM	4,594,895	17,798,940	22,393,835	0.292536	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,925,535	1,514,843	4,440,378	0.625633	52.00
53.00	05300	ANESTHESIOLOGY	8,139,544	28,849,572	36,989,116	0.023603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,369,347	69,200,563	77,569,910	0.132933	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	270,937	23,252,276	23,523,213	0.090198	55.00
56.00	05600	RADIOISOTOPE	1,801,537	19,136,060	20,937,597	0.119495	56.00
57.00	05700	CT SCAN	21,333,852	75,462,059	96,795,911	0.046340	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,119,906	35,070,167	41,190,073	0.069631	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,840,478	78,114,339	104,954,817	0.071793	59.00
60.00	06000	LABORATORY	38,808,771	106,348,458	145,157,229	0.095173	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,522,435	2,831,060	6,353,495	0.366130	63.00
64.00	06400	INTRAVENOUS THERAPY	22,554	4,890,818	4,913,372	0.205997	64.00
65.00	06500	RESPIRATORY THERAPY	12,329,629	2,249,185	14,578,814	0.288743	65.00
66.00	06600	PHYSICAL THERAPY	4,571,015	16,590,693	21,161,708	0.289963	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,932,356	2,850,002	6,782,358	0.250614	67.00
68.00	06800	SPEECH PATHOLOGY	1,122,001	1,697,060	2,819,061	0.410985	68.00
69.00	06900	ELECTROCARDIOLOGY	10,508,411	31,969,089	42,477,500	0.061729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	291,112	11,246,404	11,537,516	0.094532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,026,418	18,838,176	33,864,594	0.403448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,805,007	21,511,472	36,316,479	0.452771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,571,773	54,683,195	100,254,968	0.179468	73.00
74.00	07400	RENAL DIALYSIS	4,469,934	336,144	4,806,078	0.257139	74.00
76.97	07697	CARDIAC REHABILITATION	360,315	2,161,565	2,521,880	0.562715	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	371,833	9,930,618	10,302,451	0.403832	90.00
91.00	09100	EMERGENCY	33,595,527	88,103,812	121,699,339	0.108596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,160,949	14,387,521	16,548,470	0.294211	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,566,949	5,566,949		101.00
200.00		Subtotal (see instructions)	411,255,112	884,710,837	1,295,965,949		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	411,255,112	884,710,837	1,295,965,949		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 2:29 pm
		Title XVIII	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	0.248217	50.00
51.00	05100	RECOVERY ROOM	0.292536	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625633	52.00
53.00	05300	ANESTHESIOLOGY	0.023603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132933	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.090198	55.00
56.00	05600	RADIOISOTOPE	0.119495	56.00
57.00	05700	CT SCAN	0.046340	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069631	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071793	59.00
60.00	06000	LABORATORY	0.095173	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.366130	63.00
64.00	06400	INTRAVENOUS THERAPY	0.205997	64.00
65.00	06500	RESPIRATORY THERAPY	0.288743	65.00
66.00	06600	PHYSICAL THERAPY	0.289963	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250614	67.00
68.00	06800	SPEECH PATHOLOGY	0.410985	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.094532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179468	73.00
74.00	07400	RENAL DIALYSIS	0.257139	74.00
76.97	07697	CARDIAC REHABILITATION	0.562715	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.403832	90.00
91.00	09100	EMERGENCY	0.108596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.294211	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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 2:29 pm
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		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		Total Costs
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,984,372	36,984,372	0	36,984,372	30.00
31.00	03100	INTENSIVE CARE UNIT	9,743,145	9,743,145	59,077	9,802,222	31.00
41.00	04100	SUBPROVIDER - IRF	5,260,365	5,260,365	0	5,260,365	41.00
43.00	04300	NURSERY	2,437,520	2,437,520	0	2,437,520	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,903,858	45,903,858	0	45,903,858	50.00
51.00	05100	RECOVERY ROOM	6,551,003	6,551,003	0	6,551,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,778,048	2,778,048	0	2,778,048	52.00
53.00	05300	ANESTHESIOLOGY	873,047	873,047	0	873,047	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,311,619	10,311,619	0	10,311,619	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,121,742	2,121,742	0	2,121,742	55.00
56.00	05600	RADIOISOTOPE	2,501,941	2,501,941	0	2,501,941	56.00
57.00	05700	CT SCAN	4,485,503	4,485,503	0	4,485,503	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,868,108	2,868,108	0	2,868,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,535,043	7,535,043	0	7,535,043	59.00
60.00	06000	LABORATORY	13,815,074	13,815,074	0	13,815,074	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,326,205	2,326,205	0	2,326,205	63.00
64.00	06400	INTRAVENOUS THERAPY	1,012,140	1,012,140	0	1,012,140	64.00
65.00	06500	RESPIRATORY THERAPY	4,209,527	4,209,527	0	4,209,527	65.00
66.00	06600	PHYSICAL THERAPY	6,136,108	6,136,108	0	6,136,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,699,752	1,699,752	0	1,699,752	67.00
68.00	06800	SPEECH PATHOLOGY	1,158,593	1,158,593	0	1,158,593	68.00
69.00	06900	ELECTROCARDIOLOGY	2,622,091	2,622,091	0	2,622,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090,659	1,090,659	0	1,090,659	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,662,589	13,662,589	0	13,662,589	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,443,058	16,443,058	0	16,443,058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,992,559	17,992,559	0	17,992,559	73.00
74.00	07400	RENAL DIALYSIS	1,235,829	1,235,829	0	1,235,829	74.00
76.97	07697	CARDIAC REHABILITATION	1,419,099	1,419,099	0	1,419,099	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,160,455	4,160,455	0	4,160,455	90.00
91.00	09100	EMERGENCY	13,216,060	13,216,060	0	13,216,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,868,740	4,868,740	0	4,868,740	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,266,105	4,266,105	0	4,266,105	101.00
200.00		Subtotal (see instructions)	251,689,957	251,689,957	59,077	251,749,034	200.00
201.00		Less Observation Beds	4,868,740	4,868,740	0	4,868,740	201.00
202.00		Total (see instructions)	246,821,217	246,821,217	59,077	246,880,294	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 2:29 pm
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		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	63,975,835		63,975,835		30.00
31.00	03100	INTENSIVE CARE UNIT	17,589,789		17,589,789		31.00
41.00	04100	SUBPROVIDER - IRF	8,489,156		8,489,156		41.00
43.00	04300	NURSERY	4,519,408		4,519,408		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,814,853	140,119,797	184,934,650	0.248217	50.00
51.00	05100	RECOVERY ROOM	4,594,895	17,798,940	22,393,835	0.292536	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,925,535	1,514,843	4,440,378	0.625633	52.00
53.00	05300	ANESTHESIOLOGY	8,139,544	28,849,572	36,989,116	0.023603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,369,347	69,200,563	77,569,910	0.132933	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	270,937	23,252,276	23,523,213	0.090198	55.00
56.00	05600	RADIOISOTOPE	1,801,537	19,136,060	20,937,597	0.119495	56.00
57.00	05700	CT SCAN	21,333,852	75,462,059	96,795,911	0.046340	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,119,906	35,070,167	41,190,073	0.069631	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,840,478	78,114,339	104,954,817	0.071793	59.00
60.00	06000	LABORATORY	38,808,771	106,348,458	145,157,229	0.095173	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,522,435	2,831,060	6,353,495	0.366130	63.00
64.00	06400	INTRAVENOUS THERAPY	22,554	4,890,818	4,913,372	0.205997	64.00
65.00	06500	RESPIRATORY THERAPY	12,329,629	2,249,185	14,578,814	0.288743	65.00
66.00	06600	PHYSICAL THERAPY	4,571,015	16,590,693	21,161,708	0.289963	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,932,356	2,850,002	6,782,358	0.250614	67.00
68.00	06800	SPEECH PATHOLOGY	1,122,001	1,697,060	2,819,061	0.410985	68.00
69.00	06900	ELECTROCARDIOLOGY	10,508,411	31,969,089	42,477,500	0.061729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	291,112	11,246,404	11,537,516	0.094532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,026,418	18,838,176	33,864,594	0.403448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,805,007	21,511,472	36,316,479	0.452771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,571,773	54,683,195	100,254,968	0.179468	73.00
74.00	07400	RENAL DIALYSIS	4,469,934	336,144	4,806,078	0.257139	74.00
76.97	07697	CARDIAC REHABILITATION	360,315	2,161,565	2,521,880	0.562715	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	371,833	9,930,618	10,302,451	0.403832	90.00
91.00	09100	EMERGENCY	33,595,527	88,103,812	121,699,339	0.108596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,160,949	14,387,521	16,548,470	0.294211	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,566,949	5,566,949		101.00
200.00		Subtotal (see instructions)	411,255,112	884,710,837	1,295,965,949		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	411,255,112	884,710,837	1,295,965,949		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.248217		50.00
51.00	05100	RECOVERY ROOM	0.292536		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625633		52.00
53.00	05300	ANESTHESIOLOGY	0.023603		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132933		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.090198		55.00
56.00	05600	RADIOISOTOPE	0.119495		56.00
57.00	05700	CT SCAN	0.046340		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069631		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071793		59.00
60.00	06000	LABORATORY	0.095173		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.366130		63.00
64.00	06400	INTRAVENOUS THERAPY	0.205997		64.00
65.00	06500	RESPIRATORY THERAPY	0.288743		65.00
66.00	06600	PHYSICAL THERAPY	0.289963		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250614		67.00
68.00	06800	SPEECH PATHOLOGY	0.410985		68.00
69.00	06900	ELECTROCARDIOLOGY	0.061729		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.094532		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452771		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179468		73.00
74.00	07400	RENAL DIALYSIS	0.257139		74.00
76.97	07697	CARDIAC REHABILITATION	0.562715		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.403832		90.00
91.00	09100	EMERGENCY	0.108596		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.294211		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: 15-0034

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

Worksheet C Part II Date/Time Prepared: 11/20/2023 2:29 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	45,903,858	5,473,852	40,430,006	0	0	50.00
51.00	05100	RECOVERY ROOM	6,551,003	411,642	6,139,361	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,778,048	354,013	2,424,035	0	0	52.00
53.00	05300	ANESTHESIOLOGY	873,047	19,731	853,316	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,311,619	1,089,308	9,222,311	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,121,742	96,009	2,025,733	0	0	55.00
56.00	05600	RADIOISOTOPE	2,501,941	147,673	2,354,268	0	0	56.00
57.00	05700	CT SCAN	4,485,503	684,240	3,801,263	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,868,108	432,353	2,435,755	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,535,043	1,063,018	6,472,025	0	0	59.00
60.00	06000	LABORATORY	13,815,074	439,601	13,375,473	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,326,205	87,616	2,238,589	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,012,140	66,852	945,288	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,209,527	192,359	4,017,168	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,136,108	472,857	5,663,251	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,699,752	49,408	1,650,344	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,158,593	76,110	1,082,483	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,622,091	274,745	2,347,346	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090,659	83,442	1,007,217	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,662,589	74,498	13,588,091	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,443,058	89,164	16,353,894	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,992,559	409,143	17,583,416	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,235,829	12,647	1,223,182	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,419,099	180,960	1,238,139	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,160,455	447,247	3,713,208	0	0	90.00
91.00	09100	EMERGENCY	13,216,060	611,036	12,605,024	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,868,740	276,579	4,592,161	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,266,105	26,703	4,239,402	0	0	101.00
200.00		Subtotal (sum of lines 50 thru 199)	197,264,555	13,642,806	183,621,749	0	0	200.00
201.00		Less Observation Beds	4,868,740	276,579	4,592,161	0	0	201.00
202.00		Total (line 200 minus line 201)	192,395,815	13,366,227	179,029,588	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part II Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	45,903,858	184,934,650	0.248217		50.00
51.00	05100 RECOVERY ROOM	6,551,003	22,393,835	0.292536		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,778,048	4,440,378	0.625633		52.00
53.00	05300 ANESTHESIOLOGY	873,047	36,989,116	0.023603		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,311,619	77,569,910	0.132933		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	2,121,742	23,523,213	0.090198		55.00
56.00	05600 RADIOISOTOPE	2,501,941	20,937,597	0.119495		56.00
57.00	05700 CT SCAN	4,485,503	96,795,911	0.046340		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,868,108	41,190,073	0.069631		58.00
59.00	05900 CARDIAC CATHETERIZATION	7,535,043	104,954,817	0.071793		59.00
60.00	06000 LABORATORY	13,815,074	145,157,229	0.095173		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	2,326,205	6,353,495	0.366130		63.00
64.00	06400 INTRAVENOUS THERAPY	1,012,140	4,913,372	0.205997		64.00
65.00	06500 RESPIRATORY THERAPY	4,209,527	14,578,814	0.288743		65.00
66.00	06600 PHYSICAL THERAPY	6,136,108	21,161,708	0.289963		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,699,752	6,782,358	0.250614		67.00
68.00	06800 SPEECH PATHOLOGY	1,158,593	2,819,061	0.410985		68.00
69.00	06900 ELECTROCARDIOLOGY	2,622,091	42,477,500	0.061729		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,090,659	11,537,516	0.094532		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,662,589	33,864,594	0.403448		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,443,058	36,316,479	0.452771		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,992,559	100,254,968	0.179468		73.00
74.00	07400 RENAL DIALYSIS	1,235,829	4,806,078	0.257139		74.00
76.97	07697 CARDIAC REHABILITATION	1,419,099	2,521,880	0.562715		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	4,160,455	10,302,451	0.403832		90.00
91.00	09100 EMERGENCY	13,216,060	121,699,339	0.108596		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,868,740	16,548,470	0.294211		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	4,266,105	5,566,949	0.766327		101.00
200.00	Subtotal (sum of lines 50 thru 199)	197,264,555	1,201,391,761			200.00
201.00	Less Observation Beds	4,868,740	0			201.00
202.00	Total (line 200 minus line 201)	192,395,815	1,201,391,761			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/20/2023 2:29 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	2,100,979	0	2,100,979	34,525	60.85	30.00	
31.00	INTENSIVE CARE UNIT	477,934		477,934	5,370	89.00	31.00	
41.00	SUBPROVIDER - IRF	280,222	0	280,222	4,984	56.22	41.00	
43.00	NURSERY	124,580		124,580	1,326	93.95	43.00	
200.00	Total (lines 30 through 199)	2,983,715		2,983,715	46,205		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	11,226	683,102					30.00
31.00	INTENSIVE CARE UNIT	1,289	114,721					31.00
41.00	SUBPROVIDER - IRF	3,065	172,314					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	15,580	970,137					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0034

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

Worksheet D
Part II
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		Title XVIII			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	5,473,852	184,934,650	0.029599	13,891,864	411,185	50.00
51.00	05100	RECOVERY ROOM	411,642	22,393,835	0.018382	1,503,596	27,639	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	354,013	4,440,378	0.079726	10,547	841	52.00
53.00	05300	ANESTHESIOLOGY	19,731	36,989,116	0.000533	2,595,155	1,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,089,308	77,569,910	0.014043	2,974,718	41,774	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	96,009	23,523,213	0.004081	39,593	162	55.00
56.00	05600	RADIOISOTOPE	147,673	20,937,597	0.007053	639,570	4,511	56.00
57.00	05700	CT SCAN	684,240	96,795,911	0.007069	7,641,181	54,016	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	432,353	41,190,073	0.010497	2,010,316	21,102	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,063,018	104,954,817	0.010128	9,648,282	97,718	59.00
60.00	06000	LABORATORY	439,601	145,157,229	0.003028	13,221,669	40,035	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	87,616	6,353,495	0.013790	1,128,323	15,560	63.00
64.00	06400	INTRAVENOUS THERAPY	66,852	4,913,372	0.013606	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	192,359	14,578,814	0.013194	4,202,665	55,450	65.00
66.00	06600	PHYSICAL THERAPY	472,857	21,161,708	0.022345	849,087	18,973	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,408	6,782,358	0.007285	604,762	4,406	67.00
68.00	06800	SPEECH PATHOLOGY	76,110	2,819,061	0.026998	266,255	7,188	68.00
69.00	06900	ELECTROCARDIOLOGY	274,745	42,477,500	0.006468	3,848,686	24,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,442	11,537,516	0.007232	89,155	645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,498	33,864,594	0.002200	5,087,639	11,193	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,164	36,316,479	0.002455	5,790,161	14,215	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	409,143	100,254,968	0.004081	14,355,465	58,585	73.00
74.00	07400	RENAL DIALYSIS	12,647	4,806,078	0.002631	1,557,445	4,098	74.00
76.97	07697	CARDIAC REHABILITATION	180,960	2,521,880	0.071756	106,084	7,612	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	447,247	10,302,451	0.043412	65,362	2,837	90.00
91.00	09100	EMERGENCY	611,036	121,699,339	0.005021	12,949,441	65,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	276,579	16,548,470	0.016713	887,651	14,835	92.00
200.00		Total (lines 50 through 199)	13,616,103	1,195,824,812		105,964,672	1,005,875	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/20/2023 2:29 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	34,525	0.00	11,226	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,370	0.00	1,289	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,984	0.00	3,065	41.00	
43.00	04300	NURSERY	0	0	1,326	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	46,205		15,580	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: 15-0034

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

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		Title XVIII			Hospital		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	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
76.97	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	372,326	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	372,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 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)	Title XVIII		Hospital		PPS	
				Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)				
	4.00	5.00	6.00	7.00	8.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	184,934,650	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,393,835	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,440,378	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,989,116	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	77,569,910	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	23,523,213	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	20,937,597	0.000000		56.00
57.00	05700	CT SCAN	0	0	0	96,795,911	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	41,190,073	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	104,954,817	0.000000		59.00
60.00	06000	LABORATORY	0	0	0	145,157,229	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,353,495	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,913,372	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,578,814	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,161,708	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,782,358	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,819,061	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,477,500	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,537,516	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,864,594	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,316,479	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100,254,968	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,806,078	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,521,880	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	10,302,451	0.000000		90.00
91.00	09100	EMERGENCY	0	372,326	372,326	121,699,339	0.003059		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,548,470	0.000000		92.00
200.00		Total (lines 50 through 199)	0	372,326	372,326	1,195,824,812			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	13,891,864	0	35,769,347	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,503,596	0	4,519,343	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	10,547	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,595,155	0	7,227,417	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,974,718	0	15,832,956	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	39,593	0	6,092,236	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	639,570	0	6,216,770	0	56.00
57.00	05700 CT SCAN	0.000000	7,641,181	0	18,488,984	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,010,316	0	8,412,077	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,648,282	0	27,285,977	0	59.00
60.00	06000 LABORATORY	0.000000	13,221,669	0	9,913,230	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	1,128,323	0	958,323	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	1,952,002	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,202,665	0	475,886	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	849,087	0	49,192	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	604,762	0	3,997	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	266,255	0	153,615	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,848,686	0	10,084,584	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	89,155	0	2,741,168	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,087,639	0	5,672,161	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,790,161	0	7,066,504	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	14,355,465	0	21,094,222	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,557,445	0	151,019	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	106,084	0	764,671	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	65,362	0	3,325,308	0	90.00
91.00	09100 EMERGENCY	0.003059	12,949,441	39,612	13,930,614	42,614	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	887,651	0	2,983,560	0	92.00
200.00	Total (lines 50 through 199)		105,964,672	39,612	211,165,163	42,614	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:29 pm
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		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	0.248217	35,769,347	0	29,250	8,878,560	50.00
51.00	05100 RECOVERY ROOM	0.292536	4,519,343	0	0	1,322,071	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.625633	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023603	7,227,417	0	0	170,589	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132933	15,832,956	0	0	2,104,722	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.090198	6,092,236	0	0	549,508	55.00
56.00	05600 RADIOISOTOPE	0.119495	6,216,770	0	0	742,873	56.00
57.00	05700 CT SCAN	0.046340	18,488,984	0	0	856,780	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069631	8,412,077	0	0	585,741	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071793	27,285,977	0	0	1,958,942	59.00
60.00	06000 LABORATORY	0.095173	9,913,230	0	0	943,472	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.366130	958,323	0	0	350,871	63.00
64.00	06400 INTRAVENOUS THERAPY	0.205997	1,952,002	0	0	402,107	64.00
65.00	06500 RESPIRATORY THERAPY	0.288743	475,886	0	0	137,409	65.00
66.00	06600 PHYSICAL THERAPY	0.289963	49,192	0	0	14,264	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250614	3,997	0	0	1,002	67.00
68.00	06800 SPEECH PATHOLOGY	0.410985	153,615	0	0	63,133	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061729	10,084,584	0	0	622,511	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.094532	2,741,168	0	0	259,128	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448	5,672,161	0	0	2,288,422	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452771	7,066,504	0	7,200	3,199,508	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179468	21,094,222	0	25,030	3,785,738	73.00
74.00	07400 RENAL DIALYSIS	0.257139	151,019	0	0	38,833	74.00
76.97	07697 CARDIAC REHABILITATION	0.562715	764,671	0	0	430,292	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.403832	3,325,308	0	0	1,342,866	90.00
91.00	09100 EMERGENCY	0.108596	13,930,614	0	0	1,512,809	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.294211	2,983,560	0	0	877,796	92.00
200.00	Subtotal (see instructions)		211,165,163	0	61,480	33,439,947	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		211,165,163	0	61,480	33,439,947	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:29 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	7,260	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	3,260	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,492	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
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	15,012	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	15,012	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0034 Component CCN:15-T034		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part II Date/Time Prepared: 11/20/2023 2:29 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	5,473,852	184,934,650	0.029599	69,328	2,052	50.00
51.00	05100	RECOVERY ROOM	411,642	22,393,835	0.018382	5,476	101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	354,013	4,440,378	0.079726	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,731	36,989,116	0.000533	5,668	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,089,308	77,569,910	0.014043	108,754	1,527	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	96,009	23,523,213	0.004081	0	0	55.00
56.00	05600	RADIOISOTOPE	147,673	20,937,597	0.007053	3,240	23	56.00
57.00	05700	CT SCAN	684,240	96,795,911	0.007069	121,447	859	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	432,353	41,190,073	0.010497	29,292	307	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,063,018	104,954,817	0.010128	0	0	59.00
60.00	06000	LABORATORY	439,601	145,157,229	0.003028	613,510	1,858	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	87,616	6,353,495	0.013790	11,204	155	63.00
64.00	06400	INTRAVENOUS THERAPY	66,852	4,913,372	0.013606	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	192,359	14,578,814	0.013194	335,552	4,427	65.00
66.00	06600	PHYSICAL THERAPY	472,857	21,161,708	0.022345	1,426,446	31,874	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,408	6,782,358	0.007285	1,435,667	10,459	67.00
68.00	06800	SPEECH PATHOLOGY	76,110	2,819,061	0.026998	255,014	6,885	68.00
69.00	06900	ELECTROCARDIOLOGY	274,745	42,477,500	0.006468	40,069	259	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,442	11,537,516	0.007232	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,498	33,864,594	0.002200	264,738	582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,164	36,316,479	0.002455	7,133	18	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	409,143	100,254,968	0.004081	1,165,893	4,758	73.00
74.00	07400	RENAL DIALYSIS	12,647	4,806,078	0.002631	162,941	429	74.00
76.97	07697	CARDIAC REHABILITATION	180,960	2,521,880	0.071756	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	447,247	10,302,451	0.043412	0	0	90.00
91.00	09100	EMERGENCY	611,036	121,699,339	0.005021	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,548,470	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	13,339,524	1,195,824,812		6,061,372	66,576	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
76.97	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	372,326	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	372,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 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	184,934,650	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,393,835	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,440,378	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,989,116	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	77,569,910	0.000000 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	23,523,213	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	20,937,597	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	96,795,911	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	41,190,073	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	104,954,817	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	145,157,229	0.000000 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,353,495	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,913,372	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,578,814	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,161,708	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,782,358	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,819,061	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,477,500	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,537,516	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,864,594	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,316,479	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100,254,968	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,806,078	0.000000 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,521,880	0.000000 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	10,302,451	0.000000 90.00
91.00	09100	EMERGENCY	0	372,326	372,326	121,699,339	0.003059 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,548,470	0.000000 92.00
200.00		Total (lines 50 through 199)	0	372,326	372,326	1,195,824,812	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	69,328	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	5,476	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	5,668	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	108,754	0	385	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,240	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	121,447	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	29,292	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	613,510	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	11,204	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	335,552	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,426,446	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,435,667	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	255,014	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	40,069	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	264,738	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,133	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,165,893	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	162,941	0	0	0	74.00
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	0.003059	0	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)		6,061,372	0	385	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0034 Component CCN:15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:29 pm
Title XVIII		Subprovider - IRF	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	0.248217	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0.292536	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.625633	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0.023603	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.132933	385	0	51	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0.090198	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0.119495	0	0	0	56.00
57.00 05700	CT SCAN	0.046340	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069631	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0.071793	0	0	0	59.00
60.00 06000	LABORATORY	0.095173	0	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0.366130	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0.205997	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0.288743	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0.289963	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0.250614	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0.410985	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0.061729	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.094532	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.452771	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.179468	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0.257139	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0.562715	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0.403832	0	0	0	90.00
91.00 09100	EMERGENCY	0.108596	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0.294211	0	0	0	92.00
200.00	Subtotal (see instructions)		385	0	51	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		385	0	51	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0034 Component CCN:15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/20/2023 2:29 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
76.97 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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/20/2023 2:29 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	2,100,979	0	2,100,979	34,525	60.85	30.00	
31.00	INTENSIVE CARE UNIT	477,934		477,934	5,370	89.00	31.00	
41.00	SUBPROVIDER - IRF	280,222	0	280,222	4,984	56.22	41.00	
43.00	NURSERY	124,580		124,580	1,326	93.95	43.00	
200.00	Total (lines 30 through 199)	2,983,715		2,983,715	46,205		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	497	30,242					30.00
31.00	INTENSIVE CARE UNIT	304	27,056					31.00
41.00	SUBPROVIDER - IRF	53	2,980					41.00
43.00	NURSERY	50	4,698					43.00
200.00	Total (lines 30 through 199)	904	64,976					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0034

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

Worksheet D
Part II
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,473,852	184,934,650	0.029599	520,854	15,417	50.00
51.00	05100	RECOVERY ROOM	411,642	22,393,835	0.018382	46,760	860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	354,013	4,440,378	0.079726	41,417	3,302	52.00
53.00	05300	ANESTHESIOLOGY	19,731	36,989,116	0.000533	83,665	45	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,089,308	77,569,910	0.014043	138,831	1,950	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	96,009	23,523,213	0.004081	0	0	55.00
56.00	05600	RADIOISOTOPE	147,673	20,937,597	0.007053	35,096	248	56.00
57.00	05700	CT SCAN	684,240	96,795,911	0.007069	475,867	3,364	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	432,353	41,190,073	0.010497	73,099	767	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,063,018	104,954,817	0.010128	67,920	688	59.00
60.00	06000	LABORATORY	439,601	145,157,229	0.003028	783,125	2,371	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	87,616	6,353,495	0.013790	20,624	284	63.00
64.00	06400	INTRAVENOUS THERAPY	66,852	4,913,372	0.013606	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	192,359	14,578,814	0.013194	134,716	1,777	65.00
66.00	06600	PHYSICAL THERAPY	472,857	21,161,708	0.022345	32,880	735	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,408	6,782,358	0.007285	21,309	155	67.00
68.00	06800	SPEECH PATHOLOGY	76,110	2,819,061	0.026998	23,081	623	68.00
69.00	06900	ELECTROCARDIOLOGY	274,745	42,477,500	0.006468	218,906	1,416	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,442	11,537,516	0.007232	26,997	195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,498	33,864,594	0.002200	162,214	357	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,164	36,316,479	0.002455	33,373	82	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	409,143	100,254,968	0.004081	1,073,181	4,380	73.00
74.00	07400	RENAL DIALYSIS	12,647	4,806,078	0.002631	160,660	423	74.00
76.97	07697	CARDIAC REHABILITATION	180,960	2,521,880	0.071756	2,330	167	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	447,247	10,302,451	0.043412	0	0	90.00
91.00	09100	EMERGENCY	611,036	121,699,339	0.005021	344,896	1,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	276,579	16,548,470	0.016713	33,157	554	92.00
200.00		Total (lines 50 through 199)	13,616,103	1,195,824,812		4,554,958	41,892	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/20/2023 2:29 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	34,525	0.00	497	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,370	0.00	304	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,984	0.00	53	41.00	
43.00	04300	NURSERY	0	0	1,326	0.00	50	43.00	
200.00		Total (lines 30 through 199)	0	0	46,205		904	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: 15-0034

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

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		Title XIX			Hospital		Allied Health	PPS
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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
76.97	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	372,326	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	372,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	184,934,650	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,393,835	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,440,378	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,989,116	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	77,569,910	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	23,523,213	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	20,937,597	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	96,795,911	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	41,190,073	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	104,954,817	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	145,157,229	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,353,495	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,913,372	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,578,814	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,161,708	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,782,358	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,819,061	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,477,500	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,537,516	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,864,594	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,316,479	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100,254,968	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,806,078	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,521,880	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,302,451	0.000000	90.00
91.00	09100	EMERGENCY	0	372,326	372,326	121,699,339	0.003059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,548,470	0.000000	92.00
200.00		Total (lines 50 through 199)	0	372,326	372,326	1,195,824,812		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0034

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

Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 2:29 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	520,854	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	46,760	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	41,417	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	83,665	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	138,831	0	0	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	35,096	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	475,867	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	73,099	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	67,920	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	783,125	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	20,624	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	134,716	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	32,880	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	21,309	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	23,081	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	218,906	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	26,997	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	162,214	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	33,373	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,073,181	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	160,660	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	2,330	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	0.003059	344,896	1,055	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	33,157	0	0	0 92.00
200.00		Total (lines 50 through 199)		4,554,958	1,055	0	0 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0034 Component CCN:15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/20/2023 2:29 pm
Title XIX			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,473,852	184,934,650	0.029599	0	50.00
51.00	05100	RECOVERY ROOM	411,642	22,393,835	0.018382	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	354,013	4,440,378	0.079726	0	52.00
53.00	05300	ANESTHESIOLOGY	19,731	36,989,116	0.000533	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,089,308	77,569,910	0.014043	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	96,009	23,523,213	0.004081	0	55.00
56.00	05600	RADIOISOTOPE	147,673	20,937,597	0.007053	0	56.00
57.00	05700	CT SCAN	684,240	96,795,911	0.007069	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	432,353	41,190,073	0.010497	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,063,018	104,954,817	0.010128	0	59.00
60.00	06000	LABORATORY	439,601	145,157,229	0.003028	8,830	27 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	87,616	6,353,495	0.013790	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	66,852	4,913,372	0.013606	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	192,359	14,578,814	0.013194	5,522	73 65.00
66.00	06600	PHYSICAL THERAPY	472,857	21,161,708	0.022345	21,956	491 66.00
67.00	06700	OCCUPATIONAL THERAPY	49,408	6,782,358	0.007285	19,960	145 67.00
68.00	06800	SPEECH PATHOLOGY	76,110	2,819,061	0.026998	1,290	35 68.00
69.00	06900	ELECTROCARDIOLOGY	274,745	42,477,500	0.006468	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,442	11,537,516	0.007232	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,498	33,864,594	0.002200	4,055	9 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,164	36,316,479	0.002455	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	409,143	100,254,968	0.004081	39,224	160 73.00
74.00	07400	RENAL DIALYSIS	12,647	4,806,078	0.002631	1,962	5 74.00
76.97	07697	CARDIAC REHABILITATION	180,960	2,521,880	0.071756	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	447,247	10,302,451	0.043412	0	0 90.00
91.00	09100	EMERGENCY	611,036	121,699,339	0.005021	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,548,470	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	13,339,524	1,195,824,812		102,799	945 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN:15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
76.97	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	372,326	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	372,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 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	184,934,650	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	22,393,835	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	4,440,378	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	36,989,116	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	77,569,910	0.000000	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	23,523,213	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	20,937,597	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	96,795,911	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	41,190,073	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	104,954,817	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	145,157,229	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,353,495	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	4,913,372	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	14,578,814	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	21,161,708	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	6,782,358	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2,819,061	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	42,477,500	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	11,537,516	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,864,594	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,316,479	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	100,254,968	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,806,078	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,521,880	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	10,302,451	0.000000	90.00
91.00	09100 EMERGENCY	0	372,326	372,326	121,699,339	0.003059	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,548,470	0.000000	92.00
200.00	Total (lines 50 through 199)	0	372,326	372,326	1,195,824,812		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0034 Component CCN: 15-T034		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/20/2023 2:29 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	8,830	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	5,522	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	21,956	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	19,960	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,290	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	4,055	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	39,224	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,962	0	0	74.00
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	0.003059	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)		102,799	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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)			34,525 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			34,525 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)			29,980 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)			11,226 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)			36,984,372 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)			36,984,372 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)			36,984,372 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)			1,071.23 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			12,025,628 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)			12,025,628 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,802,222	5,370	1,825.37	1,289	2,352,902	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)					18,660,782	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)					33,039,312	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)					797,823	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,045,487	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,843,310	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,196,002	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)					4,545	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,071.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,868,740	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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	2,100,979	36,984,372	0.056807	4,868,740	276,579	90.00
91.00	Nursing Program cost	0	36,984,372	0.000000	4,868,740	0	91.00
92.00	Allied health cost	0	36,984,372	0.000000	4,868,740	0	92.00
93.00	All other Medical Education	0	36,984,372	0.000000	4,868,740	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,984	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,984	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,984	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	3,065	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)	5,260,365	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)	5,260,365	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)	5,260,365	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)	1,055.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,234,954	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)	3,234,954	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034 Component CCN: 15-T034		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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)					1,442,707	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)					4,677,661	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)					172,314	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					66,576	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					238,890	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,438,771	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: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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	280,222	5,260,365	0.053270	0	0	90.00
91.00	Nursing Program cost	0	5,260,365	0.000000	0	0	91.00
92.00	Allied health cost	0	5,260,365	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,260,365	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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)		34,525	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,525	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)		29,980	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)		497	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,326	15.00
16.00	Nursery days (title V or XIX only)		50	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)		36,984,372	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)		36,984,372	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)		36,984,372	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)		1,071.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		532,401	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)		532,401	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,437,520	1,326	1,838.25	50	91,913	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,802,222	5,370	1,825.37	304	554,912	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)					749,913	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)					1,929,139	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)					61,996	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					42,947	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					104,943	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,824,196	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)					4,545	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,071.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,868,740	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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	2,100,979	36,984,372	0.056807	4,868,740	276,579	90.00
91.00	Nursing Program cost	0	36,984,372	0.000000	4,868,740	0	91.00
92.00	Allied health cost	0	36,984,372	0.000000	4,868,740	0	92.00
93.00	All other Medical Education	0	36,984,372	0.000000	4,868,740	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,984 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,984 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,984 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)			53 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,326 15.00
16.00	Nursery days (title V or XIX only)			50 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)			5,260,365 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)			5,260,365 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)			5,260,365 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)			1,055.45 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			55,939 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)			55,939 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0034 Component CCN: 15-T034		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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)					23,512	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)					79,451	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)					2,980	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					945	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,925	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					75,526	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: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:29 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	280,222	5,260,365	0.053270	0	0	90.00
91.00	Nursing Program cost	0	5,260,365	0.000000	0	0	91.00
92.00	Allied health cost	0	5,260,365	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,260,365	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital 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		21,753,429		30.00
31.00	03100 INTENSIVE CARE UNIT		5,523,538		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	0.248217	13,891,864	3,448,197	50.00
51.00	05100 RECOVERY ROOM	0.292536	1,503,596	439,856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.625633	10,547	6,599	52.00
53.00	05300 ANESTHESIOLOGY	0.023603	2,595,155	61,253	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132933	2,974,718	395,438	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.090198	39,593	3,571	55.00
56.00	05600 RADIOISOTOPE	0.119495	639,570	76,425	56.00
57.00	05700 CT SCAN	0.046340	7,641,181	354,092	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069631	2,010,316	139,980	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071793	9,648,282	692,679	59.00
60.00	06000 LABORATORY	0.095173	13,221,669	1,258,346	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.366130	1,128,323	413,113	63.00
64.00	06400 INTRAVENOUS THERAPY	0.205997	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.288743	4,202,665	1,213,490	65.00
66.00	06600 PHYSICAL THERAPY	0.289963	849,087	246,204	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250614	604,762	151,562	67.00
68.00	06800 SPEECH PATHOLOGY	0.410985	266,255	109,427	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061729	3,848,686	237,576	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.094532	89,155	8,428	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448	5,087,639	2,052,598	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452771	5,790,161	2,621,617	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179468	14,355,465	2,576,347	73.00
74.00	07400 RENAL DIALYSIS	0.257139	1,557,445	400,480	74.00
76.97	07697 CARDIAC REHABILITATION	0.562715	106,084	59,695	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.403832	65,362	26,395	90.00
91.00	09100 EMERGENCY	0.108596	12,949,441	1,406,257	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.294211	887,651	261,157	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		105,964,672	18,660,782	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)		105,964,672		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0034 Component CCN:15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:29 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		5,205,387	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.248217	69,328	17,208 50.00
51.00	05100 RECOVERY ROOM	0.292536	5,476	1,602 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.625633	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.023603	5,668	134 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132933	108,754	14,457 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.090198	0	0 55.00
56.00	05600 RADIOISOTOPE	0.119495	3,240	387 56.00
57.00	05700 CT SCAN	0.046340	121,447	5,628 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069631	29,292	2,040 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071793	0	0 59.00
60.00	06000 LABORATORY	0.095173	613,510	58,390 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.366130	11,204	4,102 63.00
64.00	06400 INTRAVENOUS THERAPY	0.205997	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.288743	335,552	96,888 65.00
66.00	06600 PHYSICAL THERAPY	0.289963	1,426,446	413,617 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250614	1,435,667	359,798 67.00
68.00	06800 SPEECH PATHOLOGY	0.410985	255,014	104,807 68.00
69.00	06900 ELECTROCARDIOLOGY	0.061729	40,069	2,473 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.094532	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448	264,738	106,808 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452771	7,133	3,230 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179468	1,165,893	209,240 73.00
74.00	07400 RENAL DIALYSIS	0.257139	162,941	41,898 74.00
76.97	07697 CARDIAC REHABILITATION	0.562715	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.403832	0	0 90.00
91.00	09100 EMERGENCY	0.108596	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.294211	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,061,372	1,442,707 200.00
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)		6,061,372	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:29 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		1,362,376	30.00
31.00	03100	INTENSIVE CARE UNIT		224,715	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		127,115	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.248217	520,854	50.00
51.00	05100	RECOVERY ROOM	0.292536	46,760	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625633	41,417	52.00
53.00	05300	ANESTHESIOLOGY	0.023603	83,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132933	138,831	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.090198	0	55.00
56.00	05600	RADIOISOTOPE	0.119495	35,096	56.00
57.00	05700	CT SCAN	0.046340	475,867	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069631	73,099	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071793	67,920	59.00
60.00	06000	LABORATORY	0.095173	783,125	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.366130	20,624	63.00
64.00	06400	INTRAVENOUS THERAPY	0.205997	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.288743	134,716	65.00
66.00	06600	PHYSICAL THERAPY	0.289963	32,880	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250614	21,309	67.00
68.00	06800	SPEECH PATHOLOGY	0.410985	23,081	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061729	218,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.094532	26,997	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448	162,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452771	33,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179468	1,073,181	73.00
74.00	07400	RENAL DIALYSIS	0.257139	160,660	74.00
76.97	07697	CARDIAC REHABILITATION	0.562715	2,330	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.403832	0	90.00
91.00	09100	EMERGENCY	0.108596	344,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.294211	33,157	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,554,958	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)		4,554,958	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 2:29 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	79,110	41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.248217	0 50.00
51.00	05100	RECOVERY ROOM	0.292536	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625633	0 52.00
53.00	05300	ANESTHESIOLOGY	0.023603	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132933	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.090198	0 55.00
56.00	05600	RADIOISOTOPE	0.119495	0 56.00
57.00	05700	CT SCAN	0.046340	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069631	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071793	0 59.00
60.00	06000	LABORATORY	0.095173	8,830 840 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.366130	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.205997	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.288743	5,522 1,594 65.00
66.00	06600	PHYSICAL THERAPY	0.289963	21,956 6,366 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250614	19,960 5,002 67.00
68.00	06800	SPEECH PATHOLOGY	0.410985	1,290 530 68.00
69.00	06900	ELECTROCARDIOLOGY	0.061729	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.094532	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.403448	4,055 1,636 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452771	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179468	39,224 7,039 73.00
74.00	07400	RENAL DIALYSIS	0.257139	1,962 505 74.00
76.97	07697	CARDIAC REHABILITATION	0.562715	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.403832	0 90.00
91.00	09100	EMERGENCY	0.108596	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.294211	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		102,799 23,512 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0 201.00
202.00		Net charges (line 200 minus line 201)		102,799 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 2:29 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)		7,598,609	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		22,100,294	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)		36,315	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		100,174	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)		167.55	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)		3.50	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.37	31.00
32.00	Sum of lines 30 and 31		19.87	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.67	33.00
34.00	Disproportionate share adjustment (see instructions)		420,982	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 2:29 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)	0.000165425	0.000148207	35.01	
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,189,736	1,018,837	35.02	
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	299,879	762,034	35.03	
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,061,913		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)	31,318,287		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)	31,318,287		49.00	
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)	2,344,297		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	33,383		53.00	
54.00	Special add-on payments for new technologies	126,776		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)	39,612		58.00	
59.00	Total (sum of amounts on lines 49 through 58)	33,862,355		59.00	
60.00	Primary payer payments	0		60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	33,862,355		61.00	
62.00	Deductibles billed to program beneficiaries	2,942,172		62.00	
63.00	Coinsurance billed to program beneficiaries	107,935		63.00	
64.00	Allowable bad debts (see instructions)	164,270		64.00	
65.00	Adjusted reimbursable bad debts (see instructions)	106,776		65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	31,696		66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	30,919,024		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)	-679,750		70.94	
70.95	Recovery of accelerated depreciation	0		70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 2:29 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	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)		30,239,274	71.00
71.01	Sequestration adjustment (see instructions)		604,785	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		29,439,379	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		195,110	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		520,509	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	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,012	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,397,333	2.00
3.00	OPPS or REH payments		33,280,929	3.00
4.00	Outlier payment (see instructions)		15,409	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		42,614	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,012	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		61,480	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)		61,480	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)		61,480	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		46,468	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)		15,012	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)		33,338,952	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)		5,870,786	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)		27,483,178	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)		27,483,178	30.00
31.00	Primary payer payments		13,199	31.00
32.00	Subtotal (line 30 minus line 31)		27,469,979	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)		478,882	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		311,273	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		302,235	36.00
37.00	Subtotal (see instructions)		27,781,252	37.00
38.00	MSP-LCC reconciliation amount from PS&R		387	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)		7,888	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		27,780,865	40.00
40.01	Sequestration adjustment (see instructions)		555,617	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		27,307,996	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)		-82,748	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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:29 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: 15-0034 Component CCN:15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:29 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)		51	2.00
3.00	OPPS or REH payments		103	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 chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		103	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)		21	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)		82	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)		82	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		82	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)		82	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)		82	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		80	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
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: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 2:29 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: 15-0034		Period: From 07/01/2022 To 06/30/2023		Worksheet E-1 Part I Date/Time Prepared: 11/20/2023 2:29 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		29,439,379		27,307,996	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)		29,439,379		27,307,996	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		195,110		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		82,748	6.02	
7.00	Total Medicare program liability (see instructions)		29,634,489		27,225,248	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: 15-0034 Component CCN: 15-T034		Period: From 07/01/2022 To 06/30/2023		Worksheet E-1 Part I Date/Time Prepared: 11/20/2023 2:29 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					80	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		6,464,753			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)		6,464,753			80	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		27,320			0	6.02
7.00	Total Medicare program liability (see instructions)		6,437,433			80	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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/20/2023 2:29 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: 15-0034 Component CCN: 15-T034	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part III Date/Time Prepared: 11/20/2023 2:29 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,396,025 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0182 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			202,114 3.00
4.00	Outlier Payments			18,333 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.654795 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)			6,616,472 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)			6,616,472 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,616,472 19.00
20.00	Deductibles			37,828 20.00
21.00	Subtotal (line 19 minus line 20)			6,578,644 21.00
22.00	Coinsurance			9,835 22.00
23.00	Subtotal (line 21 minus line 22)			6,568,809 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 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)			6,568,809 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)			6,568,809 32.00
32.01	Sequestration adjustment (see instructions)			131,376 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,464,753 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)			-27,320 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			18,333 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: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/20/2023 2:29 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: 15-0034

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

Worksheet G

Date/Time Prepared:
11/20/2023 2:29 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00	Cash on hand in banks	2,663	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	37,023,935	0	0	0 4.00
5.00	Other receivable	1,014,183	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0 6.00
7.00	Inventory	7,709,969	0	0	0 7.00
8.00	Prepaid expenses	0	0	0	0 8.00
9.00	Other current assets	2,245,860	0	0	0 9.00
10.00	Due from other funds	0	0	0	0 10.00
11.00	Total current assets (sum of lines 1-10)	47,996,610	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	146,077,987	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)	146,077,987	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	10,936,284	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	10,936,284	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	205,010,881	0	0	0 36.00
CURRENT LIABILITIES					
37.00	Accounts payable	1,225,799	0	0	0 37.00
38.00	Salaries, wages, and fees payable	6,413,862	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	3,546,069	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,185,730	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	4,262,122	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,262,122	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	15,447,852	0	0	0 51.00
CAPITAL ACCOUNTS					
52.00	General fund balance	189,563,029			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)	189,563,029	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	205,010,881	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0034

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

Worksheet G-1
Date/Time Prepared:
11/20/2023 2:29 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		170,476,292		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		33,899,191			2.00
3.00	Total (sum of line 1 and line 2)		204,375,483		0	3.00
4.00	RESTRICTED CONTRIBUTIONS	79,614		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		79,614		0	10.00
11.00	Subtotal (line 3 plus line 10)		204,455,097		0	11.00
12.00	NET ASSETS RELEASED	21,956		0		12.00
13.00	TRANSFERRED TO/FROM AFFILIATES	14,870,112		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		14,892,068		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		189,563,029		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	NET ASSETS RELEASED		0			12.00
13.00	TRANSFERRED TO/FROM AFFILIATES		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: 15-0034

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/20/2023 2:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	68,227,215		68,227,215	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	8,415,375		8,415,375	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)	76,642,590		76,642,590	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,957,820		17,957,820	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)	17,957,820		17,957,820	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	94,600,410		94,600,410	17.00
18.00	Ancillary services	316,654,702		316,654,702	18.00
19.00	Outpatient services	0	879,171,578	879,171,578	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		5,566,949	5,566,949	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 REVENUE	0	88,898	88,898	27.00
27.01	TAXABLE LAB	0	5,146,187	5,146,187	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	411,255,112	889,973,612	1,301,228,724	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		288,803,648		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)		288,803,648		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0034

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

Worksheet G-3

Date/Time Prepared:
11/20/2023 2:29 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,301,228,724	1.00
2.00	Less contractual allowances and discounts on patients' accounts	982,026,892	2.00
3.00	Net patient revenues (line 1 minus line 2)	319,201,832	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	288,803,648	4.00
5.00	Net income from service to patients (line 3 minus line 4)	30,398,184	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	164,336	6.00
7.00	Income from investments	190,275	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	1,354,653	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	19,391	21.00
22.00	Rental of hospital space	1,246,693	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	51,160	24.00
24.01	TEMP ASSETS RELEASED FROM RESTRICTIO	20,956	24.01
24.02	UBI INCOME	215,493	24.02
24.03	CLASSES	49,655	24.03
24.04	GAIN ON SALE OF ASSETS	125,366	24.04
24.05	GRANT INCOME	27,582	24.05
24.50	COVID-19 PHE Funding	35,447	24.50
25.00	Total other income (sum of lines 6-24)	3,501,007	25.00
26.00	Total (line 5 plus line 25)	33,899,191	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)	33,899,191	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0034

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

Worksheet H
Date/Time Prepared:
11/20/2023 2:29 pm

HHA CCN: 15-7313

Home Health
Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	654,955	67,143	0	19,056	99,431	840,585	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	938,671	96,229	73,798	0	0	1,108,698	6.00
7.00	Physical Therapy	791,132	81,104	29,030	0	0	901,266	7.00
8.00	Occupational Therapy	154,755	15,865	16,607	11,459	0	198,686	8.00
9.00	Speech Pathology	46,314	4,748	392	0	0	51,454	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	30,212	3,097	774	0	0	34,083	11.00
12.00	Supplies (see instructions)	0	0	0	0	95,154	95,154	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,616,039	268,186	120,601	30,515	194,585	3,229,926	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	840,585	-4,800	835,785			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,108,698	0	1,108,698			6.00
7.00	Physical Therapy	-59,760	841,506	0	841,506			7.00
8.00	Occupational Therapy	51,436	250,122	0	250,122			8.00
9.00	Speech Pathology	8,324	59,778	0	59,778			9.00
10.00	Medical Social Services	0	0	0	0			10.00
11.00	Home Health Aide	0	34,083	0	34,083			11.00
12.00	Supplies (see instructions)	0	95,154	0	95,154			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	3,229,926	-4,800	3,225,126			24.00

column, 6 line 24 should agree with the worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 15-0034

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

Worksheet H-1 Part I Date/Time Prepared: 11/20/2023 2:29 pm

HHA CCN: 15-7313

Home Health Agency I

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GENERAL SERVICE COST CENTERS	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	835,785	0	0	0	835,785	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,108,698	0	0	0	1,108,698	6.00
7.00	Physical Therapy	841,506	0	0	0	841,506	7.00
8.00	Occupational Therapy	250,122	0	0	0	250,122	8.00
9.00	Speech Pathology	59,778	0	0	0	59,778	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	34,083	0	0	0	34,083	11.00
12.00	Supplies (see instructions)	95,154	0	0	0	95,154	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,225,126	0	0	0	3,225,126	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	835,785					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	387,820	1,496,518				6.00
7.00	Physical Therapy	294,356	1,135,862				7.00
8.00	Occupational Therapy	87,492	337,614				8.00
9.00	Speech Pathology	20,910	80,688				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	11,922	46,005				11.00
12.00	Supplies (see instructions)	33,285	128,439				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,225,126				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0034

Period: From 07/01/2022

Worksheet H-1

HHA CCN: 15-7313

To 06/30/2023

Part II
Date/Time Prepared:
11/20/2023 2:29 pm

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	Capital Related Costs					Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)				
	1.00	2.00	3.00	4.00	5A.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	100				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	100		0		3.00
4.00	Transportation (see instructions)	0	0	0	0	0		4.00
5.00	Administrative and General	100	0	100	0	-835,785	2,389,341	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,108,698	6.00
7.00	Physical Therapy	0	0	0	0	0	841,506	7.00
8.00	Occupational Therapy	0	0	0	0	0	250,122	8.00
9.00	Speech Pathology	0	0	0	0	0	59,778	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	34,083	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	95,154	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	100	0	100	0	-835,785	2,389,341	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	835,785	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.349797	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet H-2 Part I Date/Time Prepared: 11/20/2023 2:29 pm
		HHA CCN: 15-7313	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	2,021	110,970	0	16,790	1.00
2.00 Skilled Nursing Care	1,496,518	0	0	159,042	0	0	2.00
3.00 Physical Therapy	1,135,862	0	0	134,043	0	0	3.00
4.00 Occupational Therapy	337,614	0	0	26,220	0	0	4.00
5.00 Speech Pathology	80,688	0	0	7,847	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	46,005	0	0	5,119	0	0	7.00
8.00 Supplies (see instructions)	128,439	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	3,225,126	0	2,021	443,241	0	16,790	20.00
21.00 Unit cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.03	5A.03	5.04	7.00	8.00	9.00	
1.00 Administrative and General	13,260	143,041	20,974	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,655,560	242,749	0	0	0	2.00
3.00 Physical Therapy	0	1,269,905	186,202	0	0	0	3.00
4.00 Occupational Therapy	0	363,834	53,348	0	0	0	4.00
5.00 Speech Pathology	0	88,535	12,982	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	51,124	7,496	0	0	0	7.00
8.00 Supplies (see instructions)	0	128,439	18,833	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	13,260	3,700,438	542,584	0	0	0	20.00
21.00 Unit cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0034

Period: From 07/01/2022

Worksheet H-2

HHA CCN: 15-7313

To 06/30/2023

Part I
Date/Time Prepared:
11/20/2023 2:29 pm

Home Health Agency I

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	10,852	0	0	0	12,231	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	10,852	0	0	0	12,231	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL EDUCATION PROGRAM EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		17.00	19.00	23.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	187,098	0	187,098	1.00
2.00	Skilled Nursing Care	0	0	0	1,898,309	0	1,898,309	2.00
3.00	Physical Therapy	0	0	0	1,456,107	0	1,456,107	3.00
4.00	Occupational Therapy	0	0	0	417,182	0	417,182	4.00
5.00	Speech Pathology	0	0	0	101,517	0	101,517	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	58,620	0	58,620	7.00
8.00	Supplies (see instructions)	0	0	0	147,272	0	147,272	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	4,266,105	0	4,266,105	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0034

Period:

Worksheet H-2

HHA CCN: 15-7313

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

Part I
Date/Time Prepared:
11/20/2023 2:29 pm

Home Health
Agency I

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Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	87,072	1,985,381		2.00
3.00	Physical Therapy	66,790	1,522,897		3.00
4.00	Occupational Therapy	19,136	436,318		4.00
5.00	Speech Pathology	4,656	106,173		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	2,689	61,309		7.00
8.00	Supplies (see instructions)	6,755	154,027		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	187,098	4,266,105		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.045869			21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2022 To 06/30/2023	Worksheet H-2 Part II Date/Time Prepared: 11/20/2023 2:29 pm
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	5,305	654,955	0	5,566,949	5,566,949	1.00
2.00 Skilled Nursing Care	0	0	938,671	0	0	0	2.00
3.00 Physical Therapy	0	0	791,132	0	0	0	3.00
4.00 Occupational Therapy	0	0	154,755	0	0	0	4.00
5.00 Speech Pathology	0	0	46,314	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	30,211	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	5,305	2,616,038	0	5,566,949	5,566,949	20.00
21.00 Total cost to be allocated	0	2,021	443,241	0	16,790	13,260	21.00
22.00 Unit cost multiplier	0.000000	0.380961	0.169432	0.000000	0.003016	0.002382	22.00
Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQARE FEET)	DIETARY (MEALS SERVED)	
	5A.04	5.04	7.00	8.00	9.00	10.00	
1.00 Administrative and General	0	143,041	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,655,560	0	0	0	0	2.00
3.00 Physical Therapy	0	1,269,905	0	0	0	0	3.00
4.00 Occupational Therapy	0	363,834	0	0	0	0	4.00
5.00 Speech Pathology	0	88,535	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	51,124	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	128,439	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)		3,700,438	0	0	0	0	20.00
21.00 Total cost to be allocated		542,584	0	0	0	0	21.00
22.00 Unit cost multiplier		0.146627	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2022 To 06/30/2023	Worksheet H-2 Part II Date/Time Prepared: 11/20/2023 2:29 pm
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Cost Center Description		CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	8	0	0	0	5,566,949	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	8	0	0	0	5,566,949	0	20.00
21.00	Total cost to be allocated	10,852	0	0	0	12,231	0	21.00
22.00	Unit cost multiplier	1,356.500000	0.000000	0.000000	0.000000	0.002197	0.000000	22.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM EMS (ASSIGNED TIME)					
		19.00	23.00					
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19)	0	0					20.00
21.00	Total cost to be allocated	0	0					21.00
22.00	Unit cost multiplier	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2022 To 06/30/2023	Worksheet H-3 Part I Date/Time Prepared: 11/20/2023 2:29 pm
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		Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,985,381		1,985,381	13,440	147.72	1.00
2.00	Physical Therapy	3.00	1,522,897	0	1,522,897	8,073	188.64	2.00
3.00	Occupational Therapy	4.00	436,318	0	436,318	3,306	131.98	3.00
4.00	Speech Pathology	5.00	106,173	0	106,173	535	198.45	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	61,309		61,309	567	108.13	6.00
7.00	Total (sum of lines 1-6)		4,112,078	0	4,112,078	25,921		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	0	5,664		8.00
9.00	Physical Therapy		23844	0	3,375		9.00
10.00	Occupational Therapy		23844	0	1,482		10.00
11.00	Speech Pathology		23844	0	263		11.00
12.00	Medical Social Services		23844	0	0		12.00
13.00	Home Health Aide		23844	0	371		13.00
14.00	Total (sum of lines 8-13)			0	11,155		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	154,027	0	154,027	67,815	2.271282	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	Ratio (col. 3 ÷ col. 4)
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	5,664		0	836,686	1.00
2.00	Physical Therapy	0	3,375		0	636,660	2.00
3.00	Occupational Therapy	0	1,482		0	195,594	3.00
4.00	Speech Pathology	0	263		0	52,192	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	0	371		0	40,116	6.00
7.00	Total (sum of lines 1-6)	0	11,155		0	1,761,248	7.00

	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0034 HHA CCN: 15-7313		Period: From 07/01/2022 To 06/30/2023		Worksheet H-3 Part I Date/Time Prepared: 11/20/2023 2:29 pm	
				Title XVIII		Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	52,475	0	0	119,186	0
16.00	Cost of Drugs		0	0		0	0
Total Program Cost (sum of cols. 9-10)							
12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	836,686					1.00
2.00	Physical Therapy	636,660					2.00
3.00	Occupational Therapy	195,594					3.00
4.00	Speech Pathology	52,192					4.00
5.00	Medical Social Services	0					5.00
6.00	Home Health Aide	40,116					6.00
7.00	Total (sum of lines 1-6)	1,761,248					7.00
Total Program Cost (sum of cols. 9-10)							
12.00							
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0034
HHA CCN: 15-7313

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

Worksheet H-3
Part II
Date/Time Prepared:
11/20/2023 2:29 pm
PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.289963	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.250614	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.410985	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.403448	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.179468	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0034 HHA CCN: 15-7313	Period: From 07/01/2022 To 06/30/2023	Worksheet H-4 Part I-II Date/Time Prepared: 11/20/2023 2:29 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,824,513
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	337,018
13.00	Total PPS Reimbursement - LUPA Episodes		0	31,902
14.00	Total PPS Reimbursement - PEP Episodes		0	18,350
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	86,642
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3,127
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,301,552
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,301,552
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,301,552
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	2,301,552
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,301,552
31.01	Sequestration adjustment (see instructions)		0	46,031
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,255,520
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet H-5
	HHA CCN: 15-7313	Home Health Agency I	Date/Time Prepared: 11/20/2023 2:29 pm 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		0		2,255,520	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			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			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. H-4, Part II, column as appropriate, line 32)		0		2,255,520	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,255,521	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0034	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/20/2023 2:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,244,768	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		7,494	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)		97.41	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		3.50	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.37	8.00
9.00	Sum of lines 7 and 8		19.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.10	10.00
11.00	Disproportionate share adjustment (see instructions)		92,035	11.00
12.00	Total prospective capital payments (see instructions)		2,344,297	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