

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 11/29/2022 1:57 pm
--	-----------------------	---------------------------------------	--

PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 11/29/2022 Time: 1:57 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 or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (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 ASCENSION ST. VINCENT EVANSVILLE (15-0100) for the cost reporting period beginning 07/01/2021 and ending 06/30/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Zach Zirkelbach	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 Zach Zirkelbach			2
3	Signatory Title VP OF FINANCE			3
4	Date 11/29/2022 01:56:58 PM			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,277,183	-79,851	0	0	1.00
2.00 Subprovider - IPF	0	14,886	-6		0	2.00
3.00 Subprovider - IRF	0	52,457	-2		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	2,344,526	-79,859	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm
---	--	-----------------------	---	--

1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 3700 WASHINGTON AVE	PO Box:	Zip Code: 47750		County: VANDERBURGH				1.00
2.00	City: EVANSVILLE	State: IN							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	ASCENSION ST. VINCENT EVANSVILLE	150100	21780	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ASCENSION SVE - STRESS CTR	15S100	21780	4	07/01/1987	N	P	0	4.00
5.00	Subprovider - IRF	ASCENSION SVE - REHAB UNIT	15T100	21780	5	07/01/1999	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2021	06/30/2022	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00
--	--	------	------	------

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm	
---	--	-----------------------	--	---	--	--	--

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
	1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,851	634	1,195	1,446	11,507	73	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.	43	35	131	47	603		25.00	
							Urban/Rural S	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
							V	XVIII	XIX
							1.00	2.00	3.00
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm
---	--	-----------------------	---	--

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00
-------	--	------	------	----------	-------

		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	

66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. 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	7.32	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)	FAMILY MEDICINE	1350	0.00	0.69	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	12.63	0.000000	67.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm	
			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.	Y			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)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
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	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? 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	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm	
		V		XIX			
		1.00		2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00		2.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
				1.00		2.00	
				3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.			2		118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	3,489,567		0		118.01	
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm	
		1.00	2.00				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	Removed and reserved						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H046				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ASCENSION ST. VINCENT	Contractor's Name: WPS		Contractor's Number: 08001			141.00
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:					142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46260			143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
							1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
			Part A	Part B	Title V	Title XIX	
			1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
							1.00
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	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)					N	168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 1:57 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 11/29/2022 1:57 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
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				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/07/2022	Y	10/07/2022		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/29/2022 1:57 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL	HILL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ASCENSION ST. VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	N/A	JILL.HILL@ASCENSION.ORG		43.00

		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: 15-0100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	233	85,045	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)		233	85,045	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	57	20,805	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	8	2,920	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		338	123,370	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	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	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		376				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,163	1,081	41,142			1.00
2.00 HMO and other (see instructions)	11,942	13,484				2.00
3.00 HMO IPF Subprovider	222	1,357				3.00
4.00 HMO IRF Subprovider	1,062	816				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)	12,163	1,081	41,142			7.00
8.00 INTENSIVE CARE UNIT	4,880	400	10,509			8.00
8.02 NICU	0	253	3,956			8.02
9.00 CORONARY CARE UNIT	411	0	1,566			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,415	2,189			13.00
14.00 Total (see instructions)	17,454	3,149	59,362	31.70	1,514.83	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	533	183	3,231	0.00	14.94	16.00
17.00 SUBPROVIDER - IRF	2,339	43	5,206	0.00	26.46	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			212			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				31.70	1,556.23	27.00
28.00 Observation Bed Days		0	7,166			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			870			30.00
31.00 Employee discount days - IRF			49			31.00
32.00 Labor & delivery days (see instructions)	0	73	1,794			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2022 1:57 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
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,667	261	13,965	1.00
2.00 HMO and other (see instructions)				2,061	2,819		2.00
3.00 HMO IPF Subprovider					115		3.00
4.00 HMO IRF Subprovider					66		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.02 NICU							8.02
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	3,667		261	13,965	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	32		15	463	16.00
17.00 SUBPROVIDER - IRF	0.00	0	180		2	396	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						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	0.00						25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

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

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2022 1:57 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	127,028,335	-3,745,865	123,282,470	3,236,967.00	38.09
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		511,824	0	511,824	3,510.00	145.82
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,379,192	0	1,379,192	27,808.00	49.60
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	1,739,330	0	1,739,330	36,931.00	47.10
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		48,222	0	48,222	2,196.00	21.96
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,554,371	-2,880,965	8,673,406	341,286.00	25.41
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		14,168,578	0	14,168,578	95,415.00	148.49
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		4,048,162	0	4,048,162	60,431.00	66.99
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		33,664,833	0	33,664,833	659,649.00	51.03
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)		35,299,963	0	35,299,963		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,215,359	0	4,215,359		
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		87,349	0	87,349		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		381,194	0	381,194		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		495,527	0	495,527		
25.50	Home office wage-related (core)		12,200,262	0	12,200,262		
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: 15-0100

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

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2022 1:57 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,919,862	0	1,919,862	119.00	16,133.29	26.00
27.00	Administrative & General	7,829,643	-415,163	7,414,480	245,103.00	30.25	27.00
28.00	Administrative & General under contract (see inst.)	3,221,673	0	3,221,673	19,471.00	165.46	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	869,802	0	869,802	50,215.00	17.32	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	4,486,859	0	4,486,859	171,694.00	26.13	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	4,011,899	0	4,011,899	148,772.00	26.97	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,262,745	0	5,262,745	160,280.00	32.83	38.00
39.00	Central Services and Supply	1,505,263	0	1,505,263	68,583.00	21.95	39.00
40.00	Pharmacy	5,745,906	-188,087	5,557,819	127,321.00	43.65	40.00
41.00	Medical Records & Medical Records Library	612,780	0	612,780	17,969.00	34.10	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: 15-0100

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

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2022 1:57 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati 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)	135,582,022	-3,745,865	131,836,157	3,509,969.00	37.56	1.00
2.00	Excluded area salaries (see instructions)	11,554,371	-2,880,965	8,673,406	341,286.00	25.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	124,027,651	-864,900	123,162,751	3,168,683.00	38.87	3.00
4.00	Subtotal other wages & related costs (see inst.)	51,881,573	0	51,881,573	815,495.00	63.62	4.00
5.00	Subtotal wage-related costs (see inst.)	47,587,574	0	47,587,574	0.00	38.64	5.00
6.00	Total (sum of lines 3 thru 5)	223,496,798	-864,900	222,631,898	3,984,178.00	55.88	6.00
7.00	Total overhead cost (see instructions)	35,466,432	-603,250	34,863,182	1,009,527.00	34.53	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2022 1: 57 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,541,184	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		32,804	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		104,513	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		771,054	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)		17,770,806	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		5,735,765	9.00
10.00	Dental, Hearing and Vision Plan		409,665	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		96,662	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)		785,389	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		8,812	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		9,077,163	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		6,233	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		139,344	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		40,479,394	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: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 11/29/2022 1:57 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		14,168,578	40,479,394 1.00
2.00	Hospital		14,168,578	35,299,963 2.00
3.00	SUBPROVIDER - IPF		0	451,103 3.00
4.00	SUBPROVIDER - IRF		0	719,603 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		0	0 8.00
9.00	NURSING FACILITY		0	0 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		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	RENAL DIALYSIS I		0	0 17.00
18.00	Other		0	4,008,725 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 11/29/2022 1: 57 pm
---	-----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.209915	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		54,319,292	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?		N	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		382,333,380	6.00	
7.00	Medicaid cost (line 1 times line 6)		80,257,511	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)		25,938,219	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		25,938,219	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)	28,190,980	2,620,853	30,811,833	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,917,710	2,620,853	8,538,563	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)	5,917,710	2,620,853	8,538,563	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)		16,976,177	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		667,132	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,026,355	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		15,949,822	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,707,330	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,245,893	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		38,184,112	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		19,841,709	19,841,709	0	19,841,709	1.00
2.00	00200		13,444,758	13,444,758	0	13,444,758	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,919,862	33,011,138	34,931,000	0	34,931,000	4.00
5.00	00500	7,829,643	147,969,376	155,799,019	-1,041,643	154,757,376	5.00
7.00	00700	0	12,190,147	12,190,147	0	12,190,147	7.00
8.00	00800	869,802	849,505	1,719,307	0	1,719,307	8.00
9.00	00900	0	5,725,186	5,725,186	0	5,725,186	9.00
10.00	01000	0	6,356,781	6,356,781	-3,932,637	2,424,144	10.00
11.00	01100	0	0	0	3,932,637	3,932,637	11.00
13.00	01300	5,262,745	1,219,167	6,481,912	0	6,481,912	13.00
14.00	01400	1,505,263	2,173,626	3,678,889	0	3,678,889	14.00
15.00	01500	5,745,906	43,359,274	49,105,180	-188,087	48,917,093	15.00
16.00	01600	612,780	82,645	695,425	0	695,425	16.00
21.00	02100	1,739,330	2,702,261	4,441,591	0	4,441,591	21.00
23.00	02300	122,193	2,429	124,622	0	124,622	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,522,920	10,162,597	28,685,517	-1,024,260	27,661,257	30.00
31.00	03100	13,168,419	4,713,158	17,881,577	0	17,881,577	31.00
31.02	03102	2,683,327	227,746	2,911,073	0	2,911,073	31.02
32.00	03200	1,386,935	231,918	1,618,853	0	1,618,853	32.00
40.00	04000	1,384,846	901,717	2,286,563	0	2,286,563	40.00
41.00	04100	2,209,118	149,091	2,358,209	0	2,358,209	41.00
43.00	04300	0	0	0	1,024,260	1,024,260	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,048,656	36,173,485	46,222,141	0	46,222,141	50.00
51.00	05100	1,779,290	242,606	2,021,896	0	2,021,896	51.00
52.00	05200	3,024,900	839,989	3,864,889	0	3,864,889	52.00
53.00	05300	133,193	6,330,140	6,463,333	0	6,463,333	53.00
54.00	05400	4,828,091	2,936,228	7,764,319	-141,783	7,622,536	54.00
54.01	05401	2,662,724	2,269,498	4,932,222	0	4,932,222	54.01
54.02	05402	505,434	77,929	583,363	0	583,363	54.02
54.03	05403	554,101	1,757,605	2,311,706	0	2,311,706	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	1,060,823	283,570	1,344,393	0	1,344,393	57.00
58.00	05800	521,877	136,259	658,136	0	658,136	58.00
59.00	05900	1,319,606	2,953,169	4,272,775	0	4,272,775	59.00
60.00	06000	2,196,784	18,109,719	20,306,503	0	20,306,503	60.00
63.00	06300	0	1,782,208	1,782,208	0	1,782,208	63.00
64.00	06400	1,821,179	357,229	2,178,408	0	2,178,408	64.00
65.00	06500	4,096,592	935,909	5,032,501	0	5,032,501	65.00
66.00	06600	4,102,059	663,607	4,765,666	-119,867	4,645,799	66.00
67.00	06700	1,319,260	10,272	1,329,532	0	1,329,532	67.00
68.00	06800	541,703	9,800	551,503	0	551,503	68.00
69.00	06900	1,025,941	544,578	1,570,519	0	1,570,519	69.00
69.02	06902	500,625	214,413	715,038	0	715,038	69.02
69.03	06903	0	0	0	0	0	69.03
70.00	07000	448,962	1,356,398	1,805,360	0	1,805,360	70.00
71.00	07100	0	6,412,915	6,412,915	0	6,412,915	71.00
72.00	07200	0	29,818,887	29,818,887	0	29,818,887	72.00
73.00	07300	0	20,198,367	20,198,367	0	20,198,367	73.00
74.00	07400	961,379	246,337	1,207,716	0	1,207,716	74.00
76.00	03951	112,514	17,590	130,104	0	130,104	76.00
76.01	03950	350,772	50,093	400,865	0	400,865	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	850,016	511,258	1,361,274	0	1,361,274	90.00
90.01	09001	296,300	2,842	299,142	0	299,142	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	7,528,713	6,749,792	14,278,505	0	14,278,505	91.00
91.01	09101	1,114,018	1,281,765	2,395,783	0	2,395,783	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	2,766,229	582,247	3,348,476	0	3,348,476	95.00
97.00	09700	521,520	1,157,913	1,679,433	0	1,679,433	97.00
98.00	09850	2,880,965	3,471,269	6,352,234	1,491,380	7,843,614	98.00
99.00	09900	0	0	0	0	0	99.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	124,837,315	453,800,115	578,637,430	0	578,637,430	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,257,248	2,385,194	3,642,442	0	3,642,442	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	840,808	9,545,221	10,386,029	0	10,386,029	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	89,474	4,816	94,290	0	94,290	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 MOB	196	179,079	179,275	0	179,275	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	346,502	346,502	0	346,502	194.08
194.09	07959 CONV CARE	3,294	0	3,294	0	3,294	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.12	07962 RETAIL PHARMACY	0	1,250	1,250	0	1,250	194.12
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
200.00	TOTAL (SUM OF LINES 118 through 199)	127,028,335	466,262,177	593,290,512	0	593,290,512	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A
Date/Time Prepared:
11/29/2022 1:57 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	-786,948	19,054,761	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-469,189	12,975,569	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-95,137	34,835,863	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-19,578,589	135,178,787	5.00
7.00	00700	OPERATION OF PLANT	-950,497	11,239,650	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-302,001	1,417,306	8.00
9.00	00900	HOUSEKEEPING	-347,477	5,377,709	9.00
10.00	01000	DIETARY	0	2,424,144	10.00
11.00	01100	CAFETERIA	-1,447,018	2,485,619	11.00
13.00	01300	NURSING ADMINISTRATION	-316,646	6,165,266	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,644,395	1,034,494	14.00
15.00	01500	PHARMACY	-48,179	48,868,914	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	695,425	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-5,055	4,436,536	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,472	131,094	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,930,654	25,730,603	30.00
31.00	03100	INTENSIVE CARE UNIT	-13,022	17,868,555	31.00
31.02	03102	NICU	-12,874	2,898,199	31.02
32.00	03200	CORONARY CARE UNIT	-54,119	1,564,734	32.00
40.00	04000	SUBPROVIDER - I PF	-806,440	1,480,123	40.00
41.00	04100	SUBPROVIDER - I RF	-12,290	2,345,919	41.00
43.00	04300	NURSERY	0	1,024,260	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-868,448	45,353,693	50.00
51.00	05100	RECOVERY ROOM	0	2,021,896	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-101,817	3,763,072	52.00
53.00	05300	ANESTHESIOLOGY	-6,216,590	246,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-710,954	6,911,582	54.00
54.01	05401	ONCOLOGY (OHA)	-462	4,931,760	54.01
54.02	05402	ULTRASOUND	0	583,363	54.02
54.03	05403	NUCLEAR MEDICINE	0	2,311,706	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-15,480	1,328,913	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	658,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	-58,247	4,214,528	59.00
60.00	06000	LABORATORY	-391,092	19,915,411	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,782,208	63.00
64.00	06400	INTRAVENOUS THERAPY	-2,377	2,176,031	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,032,501	65.00
66.00	06600	PHYSICAL THERAPY	-135,038	4,510,761	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,329,532	67.00
68.00	06800	SPEECH PATHOLOGY	0	551,503	68.00
69.00	06900	ELECTROCARDIOLOGY	-87,759	1,482,760	69.00
69.02	06902	CARDIAC REHAB	0	715,038	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,141,136	664,224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,412,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,818,887	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,198,367	73.00
74.00	07400	RENAL DIALYSIS	-315,834	891,882	74.00
76.00	03951	ECT	0	130,104	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-188,217	212,648	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-117,502	1,243,772	90.00
90.01	09001	COVID-19 VACCINE CLINIC	-84,027	215,115	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARITRICS	0	0	90.04
91.00	09100	EMERGENCY	-168,533	14,109,972	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	-283,673	2,112,110	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-306,610	3,041,866	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,679,433	97.00
98.00	09850	HOME OFFICE	-7,843,614	0	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-48,851,468	529,785,962	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,642,442	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	APOTHECARY	0	10,386,029	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954	MARKETING	0	94,290	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956	MOB	0	179,275	194.06
194.07	07957	SENIOR PARTNERS	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	346,502	194.08
194.09	07959	CONV CARE	0	3,294	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	194.11
194.12	07962	RETAIL PHARMACY	0	1,250	194.12
194.14	07964	FREE STANDING CATH LAB	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	-48,851,468	544,439,044	200.00

Provider CCN: 15-0100

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

Worksheet A-6
Date/Time Prepared:
11/29/2022 1:57 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - Cafeteria						
1.00	CAFETERIA	11.00	0	3,932,637	1.00	
	TOTALS		0	3,932,637		
C - Nursery						
1.00	NURSERY	43.00	960,817	63,443	1.00	
			960,817	63,443		
D - Recl ass Home Offi ce Expense						
1.00	HOME OFFICE	98.00		626,480	1.00	
			0	626,480		
E - Recl ass Home Offi ce Sal ari es						
1.00	HOME OFFICE	98.00	0	864,900	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	864,900		
L - Home Offi ce Sal ari es						
1.00	HOME OFFICE	98.00		2,880,965	1.00	
			0	2,880,965		
500.00	Grand Total: Increases		960,817	8,368,425	500.00	

Provider CCN: 15-0100

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

Worksheet A-6
Date/Time Prepared:
11/29/2022 1:57 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - Cafeteria							
1.00	DIETARY	10.00	0	3,932,637	0		1.00
	TOTALS		0	3,932,637			
C - Nursery							
1.00	ADULTS & PEDIATRICS	30.00	960,817	63,443			1.00
			960,817	63,443			
D - Recl ass Home Offi ce Expense							
1.00	ADM NI STRATI VE & GENERAL	5.00		626,480			1.00
			0	626,480			
E - Recl ass Home Offi ce Sal ari es							
1.00	ADM NI STRATI VE & GENERAL	5.00	415,163	0	0		1.00
2.00	PHARMACY	15.00	188,087	0	0		2.00
3.00	RADI OLOGY-DI AGNOSTIC	54.00	141,783	0	0		3.00
4.00	PHYSI CAL THERAPY	66.00	119,867	0	0		4.00
	TOTALS		864,900	0			
L - Home Offi ce Sal ari es							
1.00	HOME OFFICE	98.00	2,880,965				1.00
			2,880,965	0			
500.00	Grand Total: Decreases		4,706,682	4,622,560			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0	0	0	0	1.00
2.00	Land Improvements	9,514,013	1,355,534	0	1,355,534	0	2.00
3.00	Buildings and Fixtures	169,444,286	7,894,729	0	7,894,729	0	3.00
4.00	Building Improvements	12,225,545	0	0	0	0	4.00
5.00	Fixed Equipment	71,063,647	7,509	0	7,509	0	5.00
6.00	Movable Equipment	196,560,449	7,388,592	0	7,388,592	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	466,544,732	16,646,364	0	16,646,364	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	466,544,732	16,646,364	0	16,646,364	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0				1.00
2.00	Land Improvements	10,869,547	0				2.00
3.00	Buildings and Fixtures	177,339,015	0				3.00
4.00	Building Improvements	12,225,545	0				4.00
5.00	Fixed Equipment	71,071,156	0				5.00
6.00	Movable Equipment	203,949,041	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	483,191,096	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	483,191,096	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7
Part II
Date/Time Prepared:
11/29/2022 1:57 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	8,537,950	9,795,684	0	0	1,508,075	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,944,130	1,500,628	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,482,080	11,296,312	0	0	1,508,075	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	19,841,709				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,444,758				2.00
3.00	Total (sum of lines 1-2)	0	33,286,467				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7
Part III
Date/Time Prepared:
11/29/2022 1:57 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	279,242,055	0	279,242,055	0.577912	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	203,949,041	0	203,949,041	0.422088	0	2.00
3.00	Total (sum of lines 1-2)	483,191,096	0	483,191,096	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,751,002	9,795,684	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,474,941	1,500,628	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,225,943	11,296,312	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1,508,075	0	19,054,761	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	12,975,569	2.00
3.00	Total (sum of lines 1-2)	0	0	1,508,075	0	32,030,330	3.00

Line #	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		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,343,644	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00	Investment income - other (chapter 2)	B	-227,814	ADMINISTRATIVE & GENERAL	5.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		7.00
8.00	Television and radio service (chapter 21)		0		0.00		8.00
9.00	Parking lot (chapter 21)		0		0.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-12,675,553				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	9,884,572				12.00
13.00	Laundry and linen service		0		0.00		13.00
14.00	Cafeteria-employees and guests	B	-1,390,798	CAFETERIA	11.00		14.00
15.00	Rental of quarters to employee and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00	Sale of drugs to other than patients	B	-48,179	PHARMACY	15.00		17.00
18.00	Sale of medical records and abstracts		0		0.00		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00	Vending machines		0		0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		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		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00		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		32.00
33.00	Misc Income - A&G	B	-109,690	ADMINISTRATIVE & GENERAL	5.00		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	Misc Income - Plant Ops	B	-5,436	OPERATION OF PLANT	7.00	0 33.01
33.02	Misc Income - Laundry	B	-302,001	LAUNDRY & LINEN SERVICE	8.00	0 33.02
33.03	Misc Income - Dietary	B	-8,128	NURSING ADMINISTRATION	13.00	0 33.03
33.04	Misc Income - I&R Services	B	-5,055	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.04
33.05	Misc Income - Adults & Peds	B	-3,722	ADULTS & PEDIATRICS	30.00	0 33.05
33.06	Misc Income - ICU	B	-2,440	INTENSIVE CARE UNIT	31.00	0 33.06
33.07	Misc Income - NICU	B	-12,874	NICU	31.02	0 33.07
33.08	Misc Income - Psych	B	-5,325	SUBPROVIDER - IPF	40.00	0 33.08
33.09	Misc Income - Rehab	B	-12,290	SUBPROVIDER - IRF	41.00	0 33.09
33.10	Misc Income - L&D	B	-240	DELIVERY ROOM & LABOR ROOM	52.00	0 33.10
33.11	Misc Income - Radiology	B	-28,369	RADIOLOGY-DIAGNOSTIC	54.00	0 33.11
33.12	Misc Income - Lab	B	-50,120	LABORATORY	60.00	0 33.12
33.13	Misc Income - Physical Therapy	B	-135,038	PHYSICAL THERAPY	66.00	0 33.13
33.14	Misc Income - Dialysis	B	-315,834	RENAL DIALYSIS	74.00	0 33.14
33.15	Misc Income - Mobile Clinic	B	-1,891	MOBILE OUTREACH CLINIC	76.01	0 33.15
33.16	Misc Income - Clinic	B	-4,377	CLINIC	90.00	0 33.16
33.17	Misc Income - ER	B	-34,875	EMERGENCY	91.00	0 33.17
33.18	Misc Income - COVID Vaccine Clinic	B	-1,296	DIAGNOSTIC TREATMENT CENTER	91.01	0 33.18
33.19	Misc Income - Ambulance	B	-306,610	AMBULANCE SERVICES	95.00	0 33.19
33.21	Advertising	A	-83,067	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22	Various N/A Expenses	A	-833	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.22
33.23	Various N/A Expenses	A	-33,185	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24	Provider Assessment	A	-23,981,456	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25	Bad Debt Expense	A	-10,372	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	Patient Phones	A	-85,994	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.27	Pharm Resident Startup Amort	A	6,472	PARAMED ED PRGM-(SPECIFY)	23.00	0 33.27
33.28	Physician Group Loss	A	-13,757,430	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29	Lobbying	A	-6,257	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30	MID-LEVELS	A	-648	ADMINISTRATIVE & GENERAL	5.00	0 33.30
33.31	MID-LEVELS	A	-88,395	NURSING ADMINISTRATION	13.00	0 33.31
33.32	MID-LEVELS	A	-163,349	ADULTS & PEDIATRICS	30.00	0 33.32
33.33	MID-LEVELS	A	-10,582	INTENSIVE CARE UNIT	31.00	0 33.33
33.34	MID-LEVELS	A	-54,119	CORONARY CARE UNIT	32.00	0 33.34
33.35	MID-LEVELS	A	-101,577	DELIVERY ROOM & LABOR ROOM	52.00	0 33.35
33.36	MID-LEVELS	A	-462	ONCOLOGY (OHA)	54.01	0 33.36
33.37	MID-LEVELS	A	-2,377	INTRAVENOUS THERAPY	64.00	0 33.37
33.38	MID-LEVELS	A	-113,125	CLINIC	90.00	0 33.38
33.39	MID-LEVELS	A	-84,027	COVID-19 VACCINE CLINIC	90.01	0 33.39
33.40	MID-LEVELS	A	-133,658	EMERGENCY	91.00	0 33.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-48,851,468			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: 15-0100
 Period: From 07/01/2021 To 06/30/2022
 Worksheet A-8-1
 Date/Time Prepared: 11/29/2022 1:57 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	5.00	ADMINISTRATIVE & GENERAL	Home Office - Capital	9,325,502	0
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest - Cap	205,357	0
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest - A&G	1,236	0
3.01	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	114,678,307	100,340,577
3.02	16.00	MEDICAL RECORDS & LIBRARY	SVH Chargebacks	20,417	20,417
3.03	30.00	ADULTS & PEDIATRICS	SVH Chargebacks	43,680	43,680
3.04	192.00	PHYSICIANS' PRIVATE OFFICES	SVH CHARGEBACKS	432,970	432,970
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	22,064,136	20,829,301
3.06	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	4,343,644	0
3.07	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	22,457	4,393,493
3.08	14.00	CENTRAL SERVICES & SUPPLY	TRG ADMIN FEES - SUPPLIES	-2,644,395	0
3.09	13.00	NURSING ADMINISTRATION	TRG ADMIN FEES - CONTRACT	-220,123	0
3.10	5.00	ADMINISTRATIVE & GENERAL	TRG ADMIN FEES - OTHER	-684,124	0
3.11	1.00	CAP REL COSTS-BLDG & FIXT	HO	0	786,948
3.12	2.00	CAP REL COSTS-MVBLE EQUIP	HO	0	469,189
3.13	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO	0	1,195,545
3.14	7.00	OPERATION OF PLANT	HO	0	945,061
3.15	9.00	HOUSEKEEPING	HO	0	347,477
3.16	11.00	CAFETERIA	HO	0	56,220
4.00	98.00	HOME OFFICE	HO	0	7,843,614
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			147,589,064	137,704,492

* 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	Ascension St. Vincent Health	100.00	6.00
7.00	B	0.00	Ascension	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0100

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2022 1:57 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	9,325,502	0		1.00
2.00	205,357	0		2.00
3.00	1,236	0		3.00
3.01	14,337,730	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	1,234,835	0		3.05
3.06	4,343,644	11		3.06
3.07	-4,371,036	0		3.07
3.08	-2,644,395	0		3.08
3.09	-220,123	0		3.09
3.10	-684,124	0		3.10
3.11	-786,948	9		3.11
3.12	-469,189	9		3.12
3.13	-1,195,545	0		3.13
3.14	-945,061	0		3.14
3.15	-347,477	0		3.15
3.16	-56,220	0		3.16
4.00	-7,843,614	0		4.00
5.00	9,884,572			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	Home Office		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: 15-0100

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2022 1:57 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	133,594	133,594	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	99,148	93,683	5,465	179,000	21	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,763,583	1,763,583	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	801,115	801,115	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	40,000	0	40,000	197,500	2,688	6.00
7.00	50.00	OPERATING ROOM	868,448	868,448	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	6,216,590	6,216,590	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	707,030	554,030	153,000	271,900	187	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	57.00	CT SCAN	15,480	15,480	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	58,247	58,247	0	0	0	12.00
13.00	60.00	LABORATORY	340,972	340,972	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	87,759	87,759	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	1,222,936	1,141,136	81,800	260,300	2,546	15.00
16.00	76.01	MOBILE OUTREACH CLINIC	186,326	186,326	0	0	0	16.00
18.00	91.00	EMERGENCY	3,773,363	0	3,773,363	179,000	55,010	18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	282,377	282,377	0	0	0	19.00
200.00			16,596,968	12,543,340	4,053,628		60,452	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,807	90	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	255,231	12,762	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	24,445	1,222	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	318,617	15,931	0	0	0	15.00
16.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	0	0	16.00
18.00	91.00	EMERGENCY	4,734,034	236,702	0	0	0	18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	19.00
200.00			5,334,134	266,707	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	133,594		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	1,807	3,658	97,341		2.00
3.00	0.00		0	0	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,763,583		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	801,115		5.00
6.00	41.00	SUBPROVIDER - IRF	0	255,231	0	0		6.00
7.00	50.00	OPERATING ROOM	0	0	0	868,448		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	6,216,590		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	24,445	128,555	682,585		9.00
10.00	0.00		0	0	0	0		10.00
11.00	57.00	CT SCAN	0	0	0	15,480		11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	58,247		12.00
13.00	60.00	LABORATORY	0	0	0	340,972		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	87,759		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	318,617	0	1,141,136		15.00
16.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	186,326		16.00
18.00	91.00	EMERGENCY	0	4,734,034	0	0		18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	282,377		19.00
200.00			0	5,334,134	132,213	12,675,553		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	19,054,761	19,054,761				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	12,975,569		12,975,569			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	34,835,863	14,096	0	34,849,959		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	135,178,787	1,493,380	666,633	2,129,112	139,467,912	5.00
7.00 00700 OPERATION OF PLANT	11,239,650	1,632,783	1,353,659	0	14,226,092	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,417,306	155,913	27,499	249,769	1,850,487	8.00
9.00 00900 HOUSEKEEPING	5,377,709	365,127	7,496	0	5,750,332	9.00
10.00 01000 DIETARY	2,424,144	504,603	132,252	0	3,060,999	10.00
11.00 01100 CAFETERIA	2,485,619	0	0	0	2,485,619	11.00
13.00 01300 NURSING ADMINISTRATION	6,165,266	671,854	90,732	1,511,229	8,439,081	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,034,494	365,290	377,828	432,245	2,209,857	14.00
15.00 01500 PHARMACY	48,868,914	144,628	405,711	1,595,961	51,015,214	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	695,425	109,052	0	175,963	980,440	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	4,436,536	0	36,474	499,459	4,972,469	21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	131,094	0	0	35,088	166,182	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	25,730,603	3,353,064	487,013	5,043,027	34,613,707	30.00
31.00 03100 INTENSIVE CARE UNIT	17,868,555	768,950	89,700	3,781,391	22,508,596	31.00
31.02 03102 NICU	2,898,199	230,295	53,425	770,533	3,952,452	31.02
32.00 03200 CORONARY CARE UNIT	1,564,734	102,394	35,011	398,267	2,100,406	32.00
40.00 04000 SUBPROVIDER - I PF	1,480,123	209,940	15,993	397,667	2,103,723	40.00
41.00 04100 SUBPROVIDER - I RF	2,345,919	640,668	9,081	634,361	3,630,029	41.00
43.00 04300 NURSERY	1,024,260	0	0	275,904	1,300,164	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	45,353,693	1,240,643	3,896,519	2,885,532	53,376,387	50.00
51.00 05100 RECOVERY ROOM	2,021,896	392,539	4,610	510,934	2,929,979	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,763,072	439,092	44,560	868,618	5,115,342	52.00
53.00 05300 ANESTHESIOLOGY	246,743	0	37,015	38,247	322,005	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,911,582	390,852	970,897	1,345,701	9,619,032	54.00
54.01 05401 ONCOLOGY (OHA)	4,931,760	632,195	769,426	764,617	7,097,998	54.01
54.02 05402 ULTRASOUND	583,363	33,926	66,002	145,138	828,429	54.02
54.03 05403 NUCLEAR MEDICINE	2,311,706	127,792	302,542	159,113	2,901,153	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	1,328,913	94,139	791,785	304,622	2,519,459	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	658,136	170,608	629,343	149,860	1,607,947	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,214,528	232,708	578,002	378,933	5,404,171	59.00
60.00 06000 LABORATORY	19,915,411	301,865	39,878	630,820	20,887,974	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,782,208	11,248	0	0	1,793,456	63.00
64.00 06400 INTRAVENOUS THERAPY	2,176,031	197,276	6,051	522,962	2,902,320	64.00
65.00 06500 RESPIRATORY THERAPY	5,032,501	56,730	109,138	1,176,361	6,374,730	65.00
66.00 06600 PHYSICAL THERAPY	4,510,761	128,046	39,920	1,143,510	5,822,237	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,329,532	0	0	378,833	1,708,365	67.00
68.00 06800 SPEECH PATHOLOGY	551,503	0	14,623	155,553	721,679	68.00
69.00 06900 ELECTROCARDIOLOGY	1,482,760	167,143	192,189	294,605	2,136,697	69.00
69.02 06902 CARDIAC REHAB	715,038	139,331	3,161	143,757	1,001,287	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	664,224	129,988	22,953	128,922	946,087	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,412,915	0	0	0	6,412,915	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	29,818,887	0	0	0	29,818,887	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20,198,367	0	0	0	20,198,367	73.00
74.00 07400 RENAL DIALYSIS	891,882	5,316	47,093	276,066	1,220,357	74.00
76.00 03951 ECT	130,104	0	0	32,309	162,413	76.00
76.01 03950 MOBILE OUTREACH CLINIC	212,648	0	13,954	100,726	327,328	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,243,772	18,541	1,025	244,087	1,507,425	90.00
90.01 09001 COVID-19 VACCINE CLINIC	215,115	0	1,153	85,084	301,352	90.01
90.02 09002 PEDI CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICALS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	14,109,972	436,389	87,051	2,161,915	16,795,327	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	2,112,110	214,276	326,258	319,897	2,972,541	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	3,041,866	0	185,586	794,339	4,021,791	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1,679,433	0	0	149,758	1,829,191	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	529,785,962	16,322,680	12,969,241	34,220,795	526,418,389	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,642,442	617,174	6,328	361,026	4,626,970	192.00
192.01 19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	334,630	0	0	334,630	194.00
194.01 07951 APOTHECARY	10,386,029	3,302	0	241,443	10,630,774	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	94,290	0	0	25,693	119,983	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 MOB	179,275	0	0	56	179,331	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	346,502	16,527	0	0	363,029	194.08
194.09 07959 CONV CARE	3,294	0	0	946	4,240	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	19,902	0	0	19,902	194.11
194.12 07962 RETAIL PHARMACY	1,250	0	0	0	1,250	194.12
194.14 07964 FREE STANDING CATH LAB	0	18,795	0	0	18,795	194.14
194.15 07965 FAMILY PRACTICE	0	54,208	0	0	54,208	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	1,667,543	0	0	1,667,543	194.17
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)	544,439,044	19,054,761	12,975,569	34,849,959	544,439,044	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part I Date/Time Prepared: 11/29/2022 1:57 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL	139,467,912					5.00
7.00	00700	OPERATION OF PLANT	4,899,324	19,125,416				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	637,289	140,595	2,628,371			8.00
9.00	00900	HOUSEKEEPING	1,980,357	329,255	0	8,059,944		9.00
10.00	01000	DIETARY	1,054,177	459,675	0	198,598	4,773,449	10.00
11.00	01100	CAFETERIA	856,022	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,906,335	605,849	0	261,751	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	761,053	329,402	0	142,315	0	14.00
15.00	01500	PHARMACY	17,569,130	130,419	0	56,346	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	337,654	98,338	0	42,486	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,712,469	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	57,231	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,920,615	3,078,141	1,003,822	1,329,877	3,280,994	30.00
31.00	03100	INTENSIVE CARE UNIT	7,751,735	693,406	241,391	299,579	639,086	31.00
31.02	03102	NICU	1,361,185	207,670	60,789	89,722	0	31.02
32.00	03200	CORONARY CARE UNIT	723,359	92,334	69,521	39,892	60,062	32.00
40.00	04000	SUBPROVIDER - I/PF	724,501	189,314	0	81,791	300,032	40.00
41.00	04100	SUBPROVIDER - I/RF	1,250,146	577,726	109,584	249,601	356,849	41.00
43.00	04300	NURSERY	447,763	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,382,200	1,166,299	319,725	503,887	1,565	50.00
51.00	05100	RECOVERY ROOM	1,009,055	547,477	96,623	236,532	1,821	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,761,673	395,954	87,163	171,068	57,681	52.00
53.00	05300	ANESTHESIOLOGY	110,895	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,312,698	952,380	56,350	411,466	26,739	54.00
54.01	05401	ONCOLOGY (OHA)	2,444,480	570,086	0	246,300	0	54.01
54.02	05402	ULTRASOUND	285,303	67,435	0	29,134	0	54.02
54.03	05403	NUCLEAR MEDICINE	999,128	540,508	8,696	233,521	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	867,676	169,012	43,946	73,020	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	553,761	234,827	18,881	101,455	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,861,142	209,846	49,014	90,662	0	59.00
60.00	06000	LABORATORY	7,193,609	802,836	0	346,857	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	617,648	10,143	0	4,382	0	63.00
64.00	06400	INTRAVENOUS THERAPY	999,530	337,370	0	145,757	44,953	64.00
65.00	06500	RESPIRATORY THERAPY	2,195,393	51,157	0	22,102	0	65.00
66.00	06600	PHYSICAL THERAPY	2,005,120	268,348	7,723	115,937	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	588,344	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	248,539	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	735,857	277,215	22,261	119,768	0	69.00
69.02	06902	CARDIAC REHAB	344,833	486,750	18,210	210,295	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	325,823	117,217	16,638	50,642	3,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,208,544	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,269,326	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,956,116	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	420,279	4,793	3,049	2,071	0	74.00
76.00	03951	ECT	55,933	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	112,728	56,228	0	24,293	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	519,142	120,784	0	52,183	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	103,783	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,784,143	393,516	305,138	170,015	234	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,023,713	193,224	89,847	83,481	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,385,065	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	629,955	115,859	0	50,056	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	133,261,779	15,021,388	2,628,371	6,286,842	4,773,332	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,593,482	1,174,332	0	507,358	117	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	115,243	301,755	0	130,370	0	194.00
194.01	07951 APOTHECARY	3,661,132	50,093	0	21,642	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	41,321	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 MOB	61,760	165,315	0	71,423	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	125,024	14,904	0	6,439	0	194.08
194.09	07959 CONV CARE	1,460	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	6,854	17,947	0	7,754	0	194.11
194.12	07962 RETAIL PHARMACY	430	0	0	0	0	194.12
194.14	07964 FREE STANDING CATH LAB	6,473	16,949	0	7,322	0	194.14
194.15	07965 FAMILY PRACTICE	18,669	136,260	0	58,870	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	574,285	2,226,473	0	961,924	0	194.17
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)	139,467,912	19,125,416	2,628,371	8,059,944	4,773,449	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,341,641					11.00
13.00	01300	NURSING ADMINISTRATION	187,517	12,400,533				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	80,238	0	3,522,865			14.00
15.00	01500	PHARMACY	148,957	0	0	68,920,066		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,023	0	0	0	1,479,941	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	43,207	0	0	0	0	21.00
23.00	02300	PARAMED PRGM-(SPECIFY)	5,364	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	494,468	3,069,037	0	0	34,666	30.00
31.00	03100	INTENSIVE CARE UNIT	341,843	1,881,687	0	0	26,707	31.00
31.02	03102	NICU	67,685	720,853	0	0	4,965	31.02
32.00	03200	CORONARY CARE UNIT	33,872	0	0	0	3,009	32.00
40.00	04000	SUBPROVIDER - I PF	36,357	0	0	0	4,184	40.00
41.00	04100	SUBPROVIDER - I RF	64,397	717,118	0	0	4,061	41.00
43.00	04300	NURSERY	27,052	0	0	0	1,621	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	320,550	637,936	0	0	343,337	50.00
51.00	05100	RECOVERY ROOM	44,194	687,238	0	0	11,600	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,571	717,118	0	0	17,595	52.00
53.00	05300	ANESTHESIOLOGY	7,980	0	0	0	36,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,130	0	0	0	59,241	54.00
54.01	05401	ONCOLOGY (OHA)	90,266	0	0	0	34,882	54.01
54.02	05402	ULTRASOUND	13,871	0	0	0	11,045	54.02
54.03	05403	NUCLEAR MEDICINE	15,162	0	0	0	19,517	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	28,527	0	0	0	42,963	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,626	0	0	0	13,165	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,776	377,981	0	0	98,376	59.00
60.00	06000	LABORATORY	112,439	0	0	0	112,792	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,188	63.00
64.00	06400	INTRAVENOUS THERAPY	45,282	351,089	0	0	3,965	64.00
65.00	06500	RESPIRATORY THERAPY	102,503	0	0	0	20,612	65.00
66.00	06600	PHYSICAL THERAPY	127,243	0	0	0	12,121	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,446	0	0	0	6,759	67.00
68.00	06800	SPEECH PATHOLOGY	16,176	0	0	0	2,788	68.00
69.00	06900	ELECTROCARDIOLOGY	35,777	0	0	0	43,525	69.00
69.02	06902	CARDIAC REHAB	15,486	0	0	0	1,160	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	16,470	0	773,890	0	4,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,748,975	0	81,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	77,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	68,920,066	226,661	73.00
74.00	07400	RENAL DIALYSIS	21,825	32,121	0	0	4,273	74.00
76.00	03951	ECT	3,763	0	0	0	1,598	76.00
76.01	03950	MOBILE OUTREACH CLINIC	9,245	0	0	0	219	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	31,747	0	0	0	5,187	90.00
90.01	09001	COVID-19 VACCINE CLINIC	14,880	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	183,924	1,408,090	0	0	74,212	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	26,393	366,029	0	0	17,328	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	128,164	717,118	0	0	3,871	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	3,663	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,276,396	11,683,415	3,522,865	68,920,066	1,479,941
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,941	717,118	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	APOTHECARY	20,555	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	2,568	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	07956	MOB	7	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	194.08
194.09	07959	CONV CARE	174	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	194.12
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	194.17
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)	3,341,641	12,400,533	3,522,865	68,920,066	1,479,941

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	6,728,145					21.00
23.00 02300 PARAMED PRGM-(SPECIFY)		228,777				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,728,145	0	65,553,472	-6,728,145	58,825,327	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	34,384,030	0	34,384,030	31.00
31.02 03102 NICU	0	0	6,465,321	0	6,465,321	31.02
32.00 03200 CORONARY CARE UNIT	0	0	3,122,455	0	3,122,455	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	3,439,902	0	3,439,902	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	6,959,511	0	6,959,511	41.00
43.00 04300 NURSERY	0	0	1,776,600	0	1,776,600	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	75,051,886	0	75,051,886	50.00
51.00 05100 RECOVERY ROOM	0	0	5,564,519	0	5,564,519	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	8,392,165	0	8,392,165	52.00
53.00 05300 ANESTHESIOLOGY	0	0	477,025	0	477,025	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	14,593,036	0	14,593,036	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	10,484,012	0	10,484,012	54.01
54.02 05402 ULTRASOUND	0	0	1,235,217	0	1,235,217	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	4,717,685	0	4,717,685	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	3,744,603	0	3,744,603	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,542,662	0	2,542,662	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	8,123,968	0	8,123,968	59.00
60.00 06000 LABORATORY	0	0	29,456,507	0	29,456,507	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,433,817	0	2,433,817	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	4,830,266	0	4,830,266	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	8,766,497	0	8,766,497	65.00
66.00 06600 PHYSICAL THERAPY	0	0	8,358,729	0	8,358,729	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	2,346,914	0	2,346,914	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	989,182	0	989,182	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	3,371,100	0	3,371,100	69.00
69.02 06902 CARDIAC REHAB	0	0	2,078,021	0	2,078,021	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	2,254,572	0	2,254,572	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,451,973	0	11,451,973	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	40,166,125	0	40,166,125	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	228,777	96,529,987	0	96,529,987	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,708,768	0	1,708,768	74.00
76.00 03951 ECT	0	0	223,707	0	223,707	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	530,041	0	530,041	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	2,236,468	0	2,236,468	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	420,015	0	420,015	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	25,114,599	0	25,114,599	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	4,772,556	0	4,772,556	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	6,256,009	0	6,256,009	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	2,628,724	0	2,628,724	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,728,145	228,777	513,552,646	-6,728,145	506,824,501	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	8,661,318	0	8,661,318	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	881,998	0	881,998	194.00
194.01	07951	APOTHECARY	0	0	14,384,196	0	14,384,196	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	163,872	0	163,872	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	MOB	0	0	477,836	0	477,836	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	509,396	0	509,396	194.08
194.09	07959	CONV CARE	0	0	5,874	0	5,874	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	52,457	0	52,457	194.11
194.12	07962	RETAIL PHARMACY	0	0	1,680	0	1,680	194.12
194.14	07964	FREE STANDING CATH LAB	0	0	49,539	0	49,539	194.14
194.15	07965	FAMILY PRACTICE	0	0	268,007	0	268,007	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	5,430,225	0	5,430,225	194.17
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)	6,728,145	228,777	544,439,044	-6,728,145	537,710,899	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,096	0	14,096	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,325,502	1,493,380	666,633	11,485,515	5.00
7.00 00700	OPERATION OF PLANT	0	1,632,783	1,353,659	2,986,442	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	155,913	27,499	183,412	8.00
9.00 00900	HOUSEKEEPING	0	365,127	7,496	372,623	9.00
10.00 01000	DIETARY	0	504,603	132,252	636,855	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	671,854	90,732	762,586	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	365,290	377,828	743,118	14.00
15.00 01500	PHARMACY	0	144,628	405,711	550,339	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	109,052	0	109,052	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	36,474	36,474	21.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,353,064	487,013	3,840,077	30.00
31.00 03100	INTENSIVE CARE UNIT	0	768,950	89,700	858,650	31.00
31.02 03102	NICU	0	230,295	53,425	283,720	31.02
32.00 03200	CORONARY CARE UNIT	0	102,394	35,011	137,405	32.00
40.00 04000	SUBPROVIDER - IPF	0	209,940	15,993	225,933	40.00
41.00 04100	SUBPROVIDER - IRF	0	640,668	9,081	649,749	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,240,643	3,896,519	5,137,162	50.00
51.00 05100	RECOVERY ROOM	0	392,539	4,610	397,149	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	439,092	44,560	483,652	52.00
53.00 05300	ANESTHESIOLOGY	0	0	37,015	37,015	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	390,852	970,897	1,361,749	54.00
54.01 05401	ONCOLOGY (OHA)	0	632,195	769,426	1,401,621	54.01
54.02 05402	ULTRASOUND	0	33,926	66,002	99,928	54.02
54.03 05403	NUCLEAR MEDICINE	0	127,792	302,542	430,334	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	94,139	791,785	885,924	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	170,608	629,343	799,951	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	232,708	578,002	810,710	59.00
60.00 06000	LABORATORY	0	301,865	39,878	341,743	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	11,248	0	11,248	63.00
64.00 06400	INTRAVENOUS THERAPY	0	197,276	6,051	203,327	64.00
65.00 06500	RESPIRATORY THERAPY	0	56,730	109,138	165,868	65.00
66.00 06600	PHYSICAL THERAPY	0	128,046	39,920	167,966	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	14,623	14,623	68.00
69.00 06900	ELECTROCARDIOLOGY	0	167,143	192,189	359,332	69.00
69.02 06902	CARDIAC REHAB	0	139,331	3,161	142,492	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	129,988	22,953	152,941	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	5,316	47,093	52,409	74.00
76.00 03951	ECT	0	0	0	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	13,954	13,954	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	18,541	1,025	19,566	90.00
90.01 09001	COVID-19 VACCINE CLINIC	0	0	1,153	1,153	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	436,389	87,051	523,440	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	214,276	326,258	540,534	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	185,586	185,586	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	9,325,502	16,322,680	12,969,241	38,617,423	13,842	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	617,174	6,328	623,502	146	192.00
192.01 19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	334,630	0	334,630	0	194.00
194.01 07951 APOTHECARY	0	3,302	0	3,302	98	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	0	0	0	0	10	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 MOB	0	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	16,527	0	16,527	0	194.08
194.09 07959 CONV CARE	0	0	0	0	0	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	19,902	0	19,902	0	194.11
194.12 07962 RETAIL PHARMACY	0	0	0	0	0	194.12
194.14 07964 FREE STANDING CATH LAB	0	18,795	0	18,795	0	194.14
194.15 07965 FAMILY PRACTICE	0	54,208	0	54,208	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	1,667,543	0	1,667,543	0	194.17
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)	9,325,502	19,054,761	12,975,569	41,355,832	14,096	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/29/2022 1:57 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL	11,486,375					5.00
7.00	00700	OPERATION OF PLANT	403,495	3,389,937				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	52,485	24,920	260,918			8.00
9.00	00900	HOUSEKEEPING	163,097	58,360	0	594,080		9.00
10.00	01000	DIETARY	86,819	81,476	0	14,638	819,788	10.00
11.00	01100	CAFETERIA	70,500	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	239,358	107,385	0	19,293	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,678	58,386	0	10,490	0	14.00
15.00	01500	PHARMACY	1,446,945	23,117	0	4,153	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27,808	17,430	0	3,132	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	141,034	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	4,713	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	981,749	545,590	99,649	98,026	563,476	30.00
31.00	03100	INTENSIVE CARE UNIT	638,411	122,905	23,963	22,081	109,756	31.00
31.02	03102	NICU	112,103	36,809	6,034	6,613	0	31.02
32.00	03200	CORONARY CARE UNIT	59,574	16,366	6,901	2,940	10,315	32.00
40.00	04000	SUBPROVIDER - I/PF	59,668	33,556	0	6,029	51,527	40.00
41.00	04100	SUBPROVIDER - I/RF	102,959	102,401	10,878	18,397	61,285	41.00
43.00	04300	NURSERY	36,877	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,514,091	206,724	31,739	37,140	269	50.00
51.00	05100	RECOVERY ROOM	83,103	97,039	9,592	17,434	313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145,086	70,182	8,653	12,609	9,906	52.00
53.00	05300	ANESTHESIOLOGY	9,133	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	272,825	168,807	5,594	30,328	4,592	54.00
54.01	05401	ONCOLOGY (OHA)	201,321	101,047	0	18,154	0	54.01
54.02	05402	ULTRASOUND	23,497	11,953	0	2,147	0	54.02
54.03	05403	NUCLEAR MEDICINE	82,285	95,804	863	17,212	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	71,459	29,957	4,362	5,382	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	45,606	41,623	1,874	7,478	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	153,279	37,195	4,866	6,682	0	59.00
60.00	06000	LABORATORY	592,446	142,301	0	25,566	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,868	1,798	0	323	0	63.00
64.00	06400	INTRAVENOUS THERAPY	82,319	59,798	0	10,743	7,720	64.00
65.00	06500	RESPIRATORY THERAPY	180,806	9,067	0	1,629	0	65.00
66.00	06600	PHYSICAL THERAPY	165,136	47,564	767	8,545	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,454	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,469	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	60,603	49,136	2,210	8,828	0	69.00
69.02	06902	CARDIAC REHAB	28,400	86,275	1,808	15,500	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	26,834	20,776	1,652	3,733	569	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	181,890	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	845,753	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	572,886	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	34,613	850	303	153	0	74.00
76.00	03951	ECT	4,607	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	9,284	9,966	0	1,791	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	42,755	21,409	0	3,846	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	8,547	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	476,366	69,750	30,291	12,531	40	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	84,310	34,249	8,919	6,153	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	114,070	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	51,881	20,536	0	3,690	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,975,255	2,662,507	260,918	463,389	819,768	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	131,235	208,148	0	37,396	20	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	9,491	53,485	0	9,609	0	194.00
194.01	07951 APOTHECARY	301,521	8,879	0	1,595	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	3,403	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 MOB	5,086	29,302	0	5,264	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	10,297	2,642	0	475	0	194.08
194.09	07959 CONV CARE	120	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	564	3,181	0	572	0	194.11
194.12	07962 RETAIL PHARMACY	35	0	0	0	0	194.12
194.14	07964 FREE STANDING CATH LAB	533	3,004	0	540	0	194.14
194.15	07965 FAMILY PRACTICE	1,538	24,152	0	4,339	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	47,297	394,637	0	70,901	0	194.17
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)	11,486,375	3,389,937	260,918	594,080	819,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/29/2022 1:57 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	70,500					11.00
13.00	01300	3,956	1,133,188				13.00
14.00	01400	1,693	0	876,540			14.00
15.00	01500	3,143	0	0	2,028,342		15.00
16.00	01600	444	0	0	0	157,937	16.00
21.00	02100	912	0	0	0	0	21.00
23.00	02300	113	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,430	280,455	0	0	3,676	30.00
31.00	03100	7,212	171,953	0	0	2,832	31.00
31.02	03102	1,428	65,873	0	0	527	31.02
32.00	03200	715	0	0	0	319	32.00
40.00	04000	767	0	0	0	444	40.00
41.00	04100	1,359	65,532	0	0	431	41.00
43.00	04300	571	0	0	0	172	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,763	58,296	0	0	37,416	50.00
51.00	05100	932	62,801	0	0	1,230	51.00
52.00	05200	1,447	65,532	0	0	1,866	52.00
53.00	05300	168	0	0	0	3,833	53.00
54.00	05400	3,273	0	0	0	6,282	54.00
54.01	05401	1,904	0	0	0	3,699	54.01
54.02	05402	293	0	0	0	1,171	54.02
54.03	05403	320	0	0	0	2,069	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	602	0	0	0	4,556	57.00
58.00	05800	266	0	0	0	1,396	58.00
59.00	05900	691	34,541	0	0	10,431	59.00
60.00	06000	2,372	0	0	0	11,960	60.00
63.00	06300	0	0	0	0	868	63.00
64.00	06400	955	32,083	0	0	420	64.00
65.00	06500	2,163	0	0	0	2,186	65.00
66.00	06600	2,685	0	0	0	1,285	66.00
67.00	06700	917	0	0	0	717	67.00
68.00	06800	341	0	0	0	296	68.00
69.00	06900	755	0	0	0	4,615	69.00
69.02	06902	327	0	0	0	123	69.02
69.03	06903	0	0	0	0	0	69.03
70.00	07000	347	0	192,554	0	476	70.00
71.00	07100	0	0	683,986	0	8,646	71.00
72.00	07200	0	0	0	0	8,262	72.00
73.00	07300	0	0	0	2,028,342	24,034	73.00
74.00	07400	460	2,935	0	0	453	74.00
76.00	03951	79	0	0	0	169	76.00
76.01	03950	195	0	0	0	23	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	670	0	0	0	550	90.00
90.01	09001	314	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	3,880	128,674	0	0	7,869	91.00
91.01	09101	557	33,449	0	0	1,837	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	2,704	65,532	0	0	410	95.00
97.00	09700	0	0	0	0	388	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/29/2022 1:57 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,123	1,067,656	876,540	2,028,342	157,937	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	885	65,532	0	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	434	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	54	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	4	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	0	194.12
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	70,500	1,133,188	876,540	2,028,342	157,937	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/29/2022 1:57 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	178,622				21.00
23.00 02300	PARAMED PRGM-(SPECIFY)		4,840			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		6,425,183	0	6,425,183	30.00
31.00 03100	INTENSIVE CARE UNIT		1,959,291	0	1,959,291	31.00
31.02 03102	NICU		513,418	0	513,418	31.02
32.00 03200	CORONARY CARE UNIT		234,696	0	234,696	32.00
40.00 04000	SUBPROVIDER - I PF		378,085	0	378,085	40.00
41.00 04100	SUBPROVIDER - I RF		1,013,247	0	1,013,247	41.00
43.00 04300	NURSERY		37,731	0	37,731	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		7,030,766	0	7,030,766	50.00
51.00 05100	RECOVERY ROOM		669,799	0	669,799	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		799,284	0	799,284	52.00
53.00 05300	ANESTHESIOLOGY		50,164	0	50,164	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,853,994	0	1,853,994	54.00
54.01 05401	ONCOLOGY (OHA)		1,728,055	0	1,728,055	54.01
54.02 05402	ULTRASOUND		139,048	0	139,048	54.02
54.03 05403	NUCLEAR MEDICINE		628,951	0	628,951	54.03
56.00 05600	RADIOISOTOPE		0	0	0	56.00
57.00 05700	CT SCAN		1,002,365	0	1,002,365	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		898,255	0	898,255	58.00
59.00 05900	CARDIAC CATHETERIZATION		1,058,548	0	1,058,548	59.00
60.00 06000	LABORATORY		1,116,643	0	1,116,643	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		65,105	0	65,105	63.00
64.00 06400	INTRAVENOUS THERAPY		397,576	0	397,576	64.00
65.00 06500	RESPIRATORY THERAPY		362,194	0	362,194	65.00
66.00 06600	PHYSICAL THERAPY		394,410	0	394,410	66.00
67.00 06700	OCCUPATIONAL THERAPY		50,241	0	50,241	67.00
68.00 06800	SPEECH PATHOLOGY		35,792	0	35,792	68.00
69.00 06900	ELECTROCARDIOLOGY		485,598	0	485,598	69.00
69.02 06902	CARDIAC REHAB		274,983	0	274,983	69.02
69.03 06903	DIABETIC EDUCATION		0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		399,934	0	399,934	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		874,522	0	874,522	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		854,015	0	854,015	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		2,625,262	0	2,625,262	73.00
74.00 07400	RENAL DIALYSIS		92,288	0	92,288	74.00
76.00 03951	ECT		4,868	0	4,868	76.00
76.01 03950	MOBILE OUTREACH CLINIC		35,254	0	35,254	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 09000	CLINIC		88,895	0	88,895	90.00
90.01 09001	COVID-19 VACCINE CLINIC		10,048	0	10,048	90.01
90.02 09002	PEDS CLINIC		0	0	0	90.02
90.04 09004	BARITRICS		0	0	0	90.04
91.00 09100	EMERGENCY		1,253,714	0	1,253,714	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		710,137	0	710,137	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES		368,623	0	368,623	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		76,555	0	76,555	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION			0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	36,997,537	0	36,997,537	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,066,864	0	1,066,864	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES			0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			407,215	0	407,215	194.00
194.01	07951	APOTHECARY			315,829	0	315,829	194.01
194.02	07952	OCCUPATIONAL MEDICINE			0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT			0	0	0	194.03
194.04	07954	MARKETING			3,467	0	3,467	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS			0	0	0	194.05
194.06	07956	MOB			39,652	0	39,652	194.06
194.07	07957	SENIOR PARTNERS			0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT			29,941	0	29,941	194.08
194.09	07959	CONV CARE			124	0	124	194.09
194.10	07960	EMPLOYEE FITNESS CENTER			0	0	0	194.10
194.11	07961	ST ELIZABETH			24,219	0	24,219	194.11
194.12	07962	RETAIL PHARMACY			35	0	35	194.12
194.14	07964	FREE STANDING CATH LAB			22,872	0	22,872	194.14
194.15	07965	FAMILY PRACTICE			84,237	0	84,237	194.15
194.17	07967	FOUNDATION/UNUSED SPACE			2,180,378	0	2,180,378	194.17
200.00		Cross Foot Adjustments	178,622	4,840	183,462	0	183,462	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	178,622	4,840	41,355,832	0	41,355,832	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,050,310				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,448,351			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	121,362,608		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	82,316	690,922	7,414,480	-139,467,912	5.00
7.00 00700	OPERATION OF PLANT	90,000	1,402,981	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	28,501	869,802	0	8.00
9.00 00900	HOUSEKEEPING	20,126	7,769	0	0	9.00
10.00 01000	DIETARY	27,814	137,071	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	94,038	5,262,745	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	20,135	391,594	1,505,263	0	14.00
15.00 01500	PHARMACY	7,972	420,493	5,557,819	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	0	612,780	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	37,803	1,739,330	0	21.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	122,193	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	184,823	504,758	17,562,103	0	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	92,968	13,168,419	0	31.00
31.02 03102	NICU	12,694	55,372	2,683,327	0	31.02
32.00 03200	CORONARY CARE UNIT	5,644	36,287	1,386,935	0	32.00
40.00 04000	SUBPROVIDER - I/PF	11,572	16,576	1,384,846	0	40.00
41.00 04100	SUBPROVIDER - I/RF	35,314	9,412	2,209,118	0	41.00
43.00 04300	NURSERY	0	0	960,817	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	68,385	4,038,497	10,048,656	0	50.00
51.00 05100	RECOVERY ROOM	21,637	4,778	1,779,290	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	46,184	3,024,900	0	52.00
53.00 05300	ANESTHESIOLOGY	0	38,364	133,193	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	1,006,272	4,686,308	0	54.00
54.01 05401	ONCOLOGY (OHA)	34,847	797,461	2,662,724	0	54.01
54.02 05402	ULTRASOUND	1,870	68,407	505,434	0	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	313,565	554,101	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	820,634	1,060,823	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	9,404	652,274	521,877	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	599,062	1,319,606	0	59.00
60.00 06000	LABORATORY	16,639	41,331	2,196,784	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	10,874	6,271	1,821,179	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,127	113,115	4,096,592	0	65.00
66.00 06600	PHYSICAL THERAPY	7,058	41,375	3,982,192	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,319,260	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	15,156	541,703	0	68.00
69.00 06900	ELECTROCARDIOLOGY	9,213	199,192	1,025,941	0	69.00
69.02 06902	CARDIAC REHAB	7,680	3,276	500,625	0	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	23,789	448,962	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	293	48,809	961,379	0	74.00
76.00 03951	ECT	0	0	112,514	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	14,462	350,772	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,022	1,062	850,016	0	90.00
90.01 09001	COVID-19 VACCINE CLINIC	0	1,195	296,300	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	24,054	90,223	7,528,713	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	338,145	1,114,018	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	192,348	2,766,229	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	521,520	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1
Date/Time Prepared:
11/29/2022 1: 57 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00	4.00	5A	5.00				
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		899,716	13,441,792	119,171,588	-139,467,912	386,950,477	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,019	6,559	1,257,248	0	4,626,970	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	18,445	0	0	0	334,630	194.00
194.01	07951	APOTHECARY	182	0	840,808	0	10,630,774	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	89,474	0	119,983	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	MOB	0	0	196	0	179,331	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	0	0	363,029	194.08
194.09	07959	CONV CARE	0	0	3,294	0	4,240	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	19,902	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	1,250	194.12
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	18,795	194.14
194.15	07965	FAMILY PRACTICE	2,988	0	0	0	54,208	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	91,916	0	0	0	1,667,543	194.17
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)		19,054,761	12,975,569	34,849,959		139,467,912	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		18.142035	0.964845	0.287156		0.344390	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				14,096		11,486,375	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000116		0.028363	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: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,169,057				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	4,684,520			8.00
9.00	00900	HOUSEKEEPING	20,126	0	1,140,337		9.00
10.00	01000	DIETARY	28,098	0	28,098	204,409	10.00
11.00	01100	CAFETERIA	0	0	0	2,856,263	11.00
13.00	01300	NURSING ADMINISTRATION	37,033	0	37,033	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,135	0	20,135	0	14.00
15.00	01500	PHARMACY	7,972	0	7,972	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	6,011	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	4,585	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,154	1,789,107	188,154	140,499	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	430,228	42,385	27,367	31.00
31.02	03102	NICU	12,694	108,343	12,694	0	31.02
32.00	03200	CORONARY CARE UNIT	5,644	123,906	5,644	2,572	32.00
40.00	04000	SUBPROVIDER - I PF	11,572	0	11,572	12,848	40.00
41.00	04100	SUBPROVIDER - I RF	35,314	195,310	35,314	15,281	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,291	569,843	71,291	67	50.00
51.00	05100	RECOVERY ROOM	33,465	172,210	33,465	78	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	155,349	24,203	2,470	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,215	100,432	58,215	1,145	54.00
54.01	05401	ONCOLOGY (OHA)	34,847	0	34,847	0	54.01
54.02	05402	ULTRASOUND	4,122	0	4,122	0	54.02
54.03	05403	NUCLEAR MEDICINE	33,039	15,498	33,039	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	10,331	78,324	10,331	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,354	33,651	14,354	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	87,358	12,827	0	59.00
60.00	06000	LABORATORY	49,074	0	49,074	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	63.00
64.00	06400	INTRAVENOUS THERAPY	20,622	0	20,622	1,925	64.00
65.00	06500	RESPIRATORY THERAPY	3,127	0	3,127	0	65.00
66.00	06600	PHYSICAL THERAPY	16,403	13,765	16,403	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,945	39,675	16,945	0	69.00
69.02	06902	CARDIAC REHAB	29,753	32,455	29,753	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	29,654	7,165	142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	5,434	293	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	3,437	0	3,437	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	7,383	0	7,383	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	543,844	24,054	10	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	160,134	11,811	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	109,548	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	7,082	0	7,082	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	918,195	4,684,520	889,475	2,800,495	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,782	0	71,782	5	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	18,445	0	18,445	0	194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	2,195	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	07956	MOB	10,105	0	10,105	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	194.08
194.09	07959	CONV CARE	0	0	0	149	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	194.12
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	194.14
194.15	07965	FAMILY PRACTICE	8,329	0	8,329	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	136,095	0	136,095	0	194.17
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)	19,125,416	2,628,371	8,059,944	4,773,449	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.359695	0.561076	7.068037	23.352440	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,389,937	260,918	594,080	819,788	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.899719	0.055698	0.520969	4.010528	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: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)
	13.00	14.00	15.00	16.00	21.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION	33,201				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	8,218,276			14.00
15.00 01500 PHARMACY	0	0	1,000		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	2,414,428,527	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100 21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	8,217	0	0	56,552,066	100 30.00
31.00 03100 INTENSIVE CARE UNIT	5,038	0	0	43,567,573	0 31.00
31.02 03102 NICU	1,930	0	0	8,100,012	0 31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	4,908,620	0 32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	6,825,634	0 40.00
41.00 04100 SUBPROVIDER - I/RF	1,920	0	0	6,625,504	0 41.00
43.00 04300 NURSERY	0	0	0	2,645,032	0 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,708	0	0	560,261,154	0 50.00
51.00 05100 RECOVERY ROOM	1,840	0	0	18,923,244	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,920	0	0	28,703,533	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	58,964,026	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	96,640,816	0 54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	56,903,544	0 54.01
54.02 05402 ULTRASOUND	0	0	0	18,017,210	0 54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	31,838,444	0 54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700 CT SCAN	0	0	0	70,087,145	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,476,255	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	1,012	0	0	160,482,998	0 59.00
60.00 06000 LABORATORY	0	0	0	184,000,071	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,357,271	0 63.00
64.00 06400 INTRAVENOUS THERAPY	940	0	0	6,468,673	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	33,624,917	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,773,140	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,025,621	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,548,516	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	71,002,775	0 69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,891,679	0 69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0 69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,805,361	0	7,322,832	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,412,915	0	133,016,628	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,100,007	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	369,756,520	0 73.00
74.00 07400 RENAL DIALYSIS	86	0	0	6,971,149	0 74.00
76.00 03951 ECT	0	0	0	2,606,379	0 76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	357,494	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	8,461,065	0 90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0 90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0 90.02
90.04 09004 BARIATRICS	0	0	0	0	0 90.04
91.00 09100 EMERGENCY	3,770	0	0	121,064,150	0 91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	980	0	0	28,267,914	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	1,920	0	0	6,314,127	0 95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,974,789	0 97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,281	8,218,276	1,000	2,414,428,527	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,920	0	0	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	0	194.12
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	12,400,533	3,522,865	68,920,066	1,479,941	6,728,145	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	373.498780	0.428662	68,920.066000	0.000613	67,281.450000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,133,188	876,540	2,028,342	157,937	178,622	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	34.131141	0.106657	2,028.342000	0.000065	1,786.220000	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: 15-0100

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

Worksheet B-1
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.02	03102	NICU	31.02
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY (OHA)	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05403	NUCLEAR MEDICINE	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.02	06902	CARDIAC REHAB	69.02
69.03	06903	DIABETIC EDUCATION	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	ECT	76.00
76.01	03950	MOBILE OUTREACH CLINIC	76.01
76.01	03950	MOBILE OUTREACH CLINIC	76.01
		100	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	COVID-19 VACCINE CLINIC	90.01
90.02	09002	PEDS CLINIC	90.02
90.04	09004	BARITRICS	90.04
91.00	09100	EMERGENCY	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
98.00	09850	HOME OFFICE	98.00
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS			
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 APOTHECARY	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	194.03
194.04	07954 MARKETING	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	07956 MOB	0	194.06
194.07	07957 SENIOR PARTNERS	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	194.08
194.09	07959 CONV CARE	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	194.10
194.11	07961 ST ELIZABETH	0	194.11
194.12	07962 RETAIL PHARMACY	0	194.12
194.14	07964 FREE STANDING CATH LAB	0	194.14
194.15	07965 FAMILY PRACTICE	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	194.17
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)	228,777	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,287.770000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,840	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	48.400000	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: 15-0100

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	58,825,327		58,825,327	0	58,825,327	30.00
31.00	03100 INTENSIVE CARE UNIT	34,384,030		34,384,030	0	34,384,030	31.00
31.02	03102 NICU	6,465,321		6,465,321	0	6,465,321	31.02
32.00	03200 CORONARY CARE UNIT	3,122,455		3,122,455	0	3,122,455	32.00
40.00	04000 SUBPROVIDER - IPF	3,439,902		3,439,902	0	3,439,902	40.00
41.00	04100 SUBPROVIDER - IRF	6,959,511		6,959,511	0	6,959,511	41.00
43.00	04300 NURSERY	1,776,600		1,776,600	0	1,776,600	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	75,051,886		75,051,886	0	75,051,886	50.00
51.00	05100 RECOVERY ROOM	5,564,519		5,564,519	0	5,564,519	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,392,165		8,392,165	0	8,392,165	52.00
53.00	05300 ANESTHESIOLOGY	477,025		477,025	0	477,025	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,593,036		14,593,036	128,555	14,721,591	54.00
54.01	05401 ONCOLOGY (OHA)	10,484,012		10,484,012	0	10,484,012	54.01
54.02	05402 ULTRASOUND	1,235,217		1,235,217	0	1,235,217	54.02
54.03	05403 NUCLEAR MEDICINE	4,717,685		4,717,685	0	4,717,685	54.03
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,744,603		3,744,603	0	3,744,603	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,542,662		2,542,662	0	2,542,662	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,123,968		8,123,968	0	8,123,968	59.00
60.00	06000 LABORATORY	29,456,507		29,456,507	0	29,456,507	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,433,817		2,433,817	0	2,433,817	63.00
64.00	06400 INTRAVENOUS THERAPY	4,830,266		4,830,266	0	4,830,266	64.00
65.00	06500 RESPIRATORY THERAPY	8,766,497	0	8,766,497	0	8,766,497	65.00
66.00	06600 PHYSICAL THERAPY	8,358,729	0	8,358,729	0	8,358,729	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,346,914	0	2,346,914	0	2,346,914	67.00
68.00	06800 SPEECH PATHOLOGY	989,182	0	989,182	0	989,182	68.00
69.00	06900 ELECTROCARDIOLOGY	3,371,100		3,371,100	0	3,371,100	69.00
69.02	06902 CARDIAC REHAB	2,078,021		2,078,021	0	2,078,021	69.02
69.03	06903 DIABETIC EDUCATION	0		0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	2,254,572		2,254,572	0	2,254,572	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,451,973		11,451,973	0	11,451,973	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	40,166,125		40,166,125	0	40,166,125	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	96,529,987		96,529,987	0	96,529,987	73.00
74.00	07400 RENAL DIALYSIS	1,708,768		1,708,768	0	1,708,768	74.00
76.00	03951 ECT	223,707		223,707	0	223,707	76.00
76.01	03950 MOBILE OUTREACH CLINIC	530,041		530,041	0	530,041	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,236,468		2,236,468	0	2,236,468	90.00
90.01	09001 COVID-19 VACCINE CLINIC	420,015		420,015	0	420,015	90.01
90.02	09002 PEDS CLINIC	0		0	0	0	90.02
90.04	09004 BARIATRICS	0		0	0	0	90.04
91.00	09100 EMERGENCY	25,114,599		25,114,599	0	25,114,599	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	4,772,556		4,772,556	0	4,772,556	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,726,110		8,726,110	0	8,726,110	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	6,256,009		6,256,009	0	6,256,009	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	2,628,724		2,628,724	0	2,628,724	97.00
98.00	09850 HOME OFFICE	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
200.00	Subtotal (see instructions)	515,550,611	0	515,550,611	128,555	515,679,166	200.00
201.00	Less Observation Beds	8,726,110		8,726,110		8,726,110	201.00
202.00	Total (see instructions)	506,824,501	0	506,824,501	128,555	506,953,056	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 11/29/2022 1:57 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	47,143,864		47,143,864				30.00
31.00	03100	INTENSIVE CARE UNIT	43,567,573		43,567,573				31.00
31.02	03102	NICU	8,100,012		8,100,012				31.02
32.00	03200	CORONARY CARE UNIT	4,908,620		4,908,620				32.00
40.00	04000	SUBPROVIDER - I PF	6,825,634		6,825,634				40.00
41.00	04100	SUBPROVIDER - I RF	6,625,504		6,625,504				41.00
43.00	04300	NURSERY	2,645,032		2,645,032				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	141,221,300	419,039,854	560,261,154	0.133959	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,227,003	11,696,241	18,923,244	0.294057	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,204,228	499,305	28,703,533	0.292374	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	19,306,848	39,657,178	58,964,026	0.008090	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,839,349	75,801,467	96,640,816	0.151003	0.000000		54.00
54.01	05401	ONCOLOGY (OHA)	332,699	56,570,845	56,903,544	0.184242	0.000000		54.01
54.02	05402	ULTRASOUND	6,572,560	11,444,650	18,017,210	0.068558	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	4,634,524	27,203,920	31,838,444	0.148176	0.000000		54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	24,380,034	45,707,111	70,087,145	0.053428	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,983,023	16,493,232	21,476,255	0.118394	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	65,972,475	94,510,523	160,482,998	0.050622	0.000000		59.00
60.00	06000	LABORATORY	66,236,564	117,763,507	184,000,071	0.160090	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,651,736	2,705,535	13,357,271	0.182209	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	2,183,553	4,285,120	6,468,673	0.746717	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	28,199,275	5,425,642	33,624,917	0.260714	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,571,127	8,202,013	19,773,140	0.422731	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	10,512,069	513,552	11,025,621	0.212860	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,292,259	256,257	4,548,516	0.217474	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	25,273,738	45,729,037	71,002,775	0.047478	0.000000		69.00
69.02	06902	CARDIAC REHAB	4,458	1,887,221	1,891,679	1.098506	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,247,584	5,075,248	7,322,832	0.307883	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,678,756	76,337,872	133,016,628	0.086094	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,530,686	74,569,321	127,100,007	0.316020	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,175,170	278,581,350	369,756,520	0.261064	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,105,918	865,231	6,971,149	0.245120	0.000000		74.00
76.00	03951	ECT	278,568	2,327,811	2,606,379	0.085831	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	357,494	357,494	1.482657	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	66,322	8,394,743	8,461,065	0.264325	0.000000		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000		90.02
90.04	09004	BARITRICS	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	35,811,055	85,253,095	121,064,150	0.207449	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,299,432	20,968,482	28,267,914	0.168833	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,551,044	6,857,158	9,408,202	0.927500	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	6,314,127	6,314,127	0.990796	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,974,789	5,974,789	0.439969	0.000000		97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
106.00	10600	HEART ACQUISITION	0	0	0				106.00
200.00		Subtotal (see instructions)	857,159,596	1,557,268,931	2,414,428,527				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	857,159,596	1,557,268,931	2,414,428,527				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/29/2022 1:57 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133959		50.00
51.00	05100	RECOVERY ROOM	0.294057		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292374		52.00
53.00	05300	ANESTHESIOLOGY	0.008090		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152333		54.00
54.01	05401	ONCOLOGY (OHA)	0.184242		54.01
54.02	05402	ULTRASOUND	0.068558		54.02
54.03	05403	NUCLEAR MEDICINE	0.148176		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.053428		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118394		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050622		59.00
60.00	06000	LABORATORY	0.160090		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182209		63.00
64.00	06400	INTRAVENOUS THERAPY	0.746717		64.00
65.00	06500	RESPIRATORY THERAPY	0.260714		65.00
66.00	06600	PHYSICAL THERAPY	0.422731		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212860		67.00
68.00	06800	SPEECH PATHOLOGY	0.217474		68.00
69.00	06900	ELECTROCARDIOLOGY	0.047478		69.00
69.02	06902	CARDIAC REHAB	1.098506		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307883		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316020		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261064		73.00
74.00	07400	RENAL DIALYSIS	0.245120		74.00
76.00	03951	ECT	0.085831		76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.482657		76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.264325		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.207449		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.168833		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.927500		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.990796		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.439969		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION			106.00
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: 15-0100

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2022 1:57 pm

		Title XIX		Hospital		Cost	
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	58,825,327		58,825,327	0	58,825,327	30.00
31.00	03100 INTENSIVE CARE UNIT	34,384,030		34,384,030	0	34,384,030	31.00
31.02	03102 NICU	6,465,321		6,465,321	0	6,465,321	31.02
32.00	03200 CORONARY CARE UNIT	3,122,455		3,122,455	0	3,122,455	32.00
40.00	04000 SUBPROVIDER - IPF	3,439,902		3,439,902	0	3,439,902	40.00
41.00	04100 SUBPROVIDER - IRF	6,959,511		6,959,511	0	6,959,511	41.00
43.00	04300 NURSERY	1,776,600		1,776,600	0	1,776,600	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	75,051,886		75,051,886	0	75,051,886	50.00
51.00	05100 RECOVERY ROOM	5,564,519		5,564,519	0	5,564,519	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,392,165		8,392,165	0	8,392,165	52.00
53.00	05300 ANESTHESIOLOGY	477,025		477,025	0	477,025	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,593,036		14,593,036	128,555	14,721,591	54.00
54.01	05401 ONCOLOGY (OHA)	10,484,012		10,484,012	0	10,484,012	54.01
54.02	05402 ULTRASOUND	1,235,217		1,235,217	0	1,235,217	54.02
54.03	05403 NUCLEAR MEDICINE	4,717,685		4,717,685	0	4,717,685	54.03
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,744,603		3,744,603	0	3,744,603	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,542,662		2,542,662	0	2,542,662	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,123,968		8,123,968	0	8,123,968	59.00
60.00	06000 LABORATORY	29,456,507		29,456,507	0	29,456,507	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,433,817		2,433,817	0	2,433,817	63.00
64.00	06400 INTRAVENOUS THERAPY	4,830,266		4,830,266	0	4,830,266	64.00
65.00	06500 RESPIRATORY THERAPY	8,766,497	0	8,766,497	0	8,766,497	65.00
66.00	06600 PHYSICAL THERAPY	8,358,729	0	8,358,729	0	8,358,729	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,346,914	0	2,346,914	0	2,346,914	67.00
68.00	06800 SPEECH PATHOLOGY	989,182	0	989,182	0	989,182	68.00
69.00	06900 ELECTROCARDIOLOGY	3,371,100		3,371,100	0	3,371,100	69.00
69.02	06902 CARDIAC REHAB	2,078,021		2,078,021	0	2,078,021	69.02
69.03	06903 DIABETIC EDUCATION	0		0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	2,254,572		2,254,572	0	2,254,572	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,451,973		11,451,973	0	11,451,973	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	40,166,125		40,166,125	0	40,166,125	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	96,529,987		96,529,987	0	96,529,987	73.00
74.00	07400 RENAL DIALYSIS	1,708,768		1,708,768	0	1,708,768	74.00
76.00	03951 ECT	223,707		223,707	0	223,707	76.00
76.01	03950 MOBILE OUTREACH CLINIC	530,041		530,041	0	530,041	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,236,468		2,236,468	0	2,236,468	90.00
90.01	09001 COVID-19 VACCINE CLINIC	420,015		420,015	0	420,015	90.01
90.02	09002 PEDS CLINIC	0		0	0	0	90.02
90.04	09004 BARIATRICS	0		0	0	0	90.04
91.00	09100 EMERGENCY	25,114,599		25,114,599	0	25,114,599	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	4,772,556		4,772,556	0	4,772,556	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,726,110		8,726,110	0	8,726,110	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	6,256,009		6,256,009	0	6,256,009	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	2,628,724		2,628,724	0	2,628,724	97.00
98.00	09850 HOME OFFICE	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
200.00	Subtotal (see instructions)	515,550,611	0	515,550,611	128,555	515,679,166	200.00
201.00	Less Observation Beds	8,726,110		8,726,110		8,726,110	201.00
202.00	Total (see instructions)	506,824,501	0	506,824,501	128,555	506,953,056	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 11/29/2022 1:57 pm		
			Title XIX			Hospital		Cost	
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	47,143,864		47,143,864				30.00
31.00	03100	INTENSIVE CARE UNIT	43,567,573		43,567,573				31.00
31.02	03102	NICU	8,100,012		8,100,012				31.02
32.00	03200	CORONARY CARE UNIT	4,908,620		4,908,620				32.00
40.00	04000	SUBPROVIDER - I/PF	6,825,634		6,825,634				40.00
41.00	04100	SUBPROVIDER - I/RF	6,625,504		6,625,504				41.00
43.00	04300	NURSERY	2,645,032		2,645,032				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	141,221,300	419,039,854	560,261,154	0.133959	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,227,003	11,696,241	18,923,244	0.294057	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,204,228	499,305	28,703,533	0.292374	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	19,306,848	39,657,178	58,964,026	0.008090	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,839,349	75,801,467	96,640,816	0.151003	0.000000		54.00
54.01	05401	ONCOLOGY (OHA)	332,699	56,570,845	56,903,544	0.184242	0.000000		54.01
54.02	05402	ULTRASOUND	6,572,560	11,444,650	18,017,210	0.068558	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	4,634,524	27,203,920	31,838,444	0.148176	0.000000		54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	24,380,034	45,707,111	70,087,145	0.053428	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,983,023	16,493,232	21,476,255	0.118394	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	65,972,475	94,510,523	160,482,998	0.050622	0.000000		59.00
60.00	06000	LABORATORY	66,236,564	117,763,507	184,000,071	0.160090	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,651,736	2,705,535	13,357,271	0.182209	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	2,183,553	4,285,120	6,468,673	0.746717	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	28,199,275	5,425,642	33,624,917	0.260714	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,571,127	8,202,013	19,773,140	0.422731	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	10,512,069	513,552	11,025,621	0.212860	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,292,259	256,257	4,548,516	0.217474	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	25,273,738	45,729,037	71,002,775	0.047478	0.000000		69.00
69.02	06902	CARDIAC REHAB	4,458	1,887,221	1,891,679	1.098506	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,247,584	5,075,248	7,322,832	0.307883	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,678,756	76,337,872	133,016,628	0.086094	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,530,686	74,569,321	127,100,007	0.316020	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,175,170	278,581,350	369,756,520	0.261064	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,105,918	865,231	6,971,149	0.245120	0.000000		74.00
76.00	03951	ECT	278,568	2,327,811	2,606,379	0.085831	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	357,494	357,494	1.482657	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	66,322	8,394,743	8,461,065	0.264325	0.000000		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000		90.02
90.04	09004	BARITRICS	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	35,811,055	85,253,095	121,064,150	0.207449	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,299,432	20,968,482	28,267,914	0.168833	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,551,044	6,857,158	9,408,202	0.927500	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	6,314,127	6,314,127	0.990796	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,974,789	5,974,789	0.439969	0.000000		97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
106.00	10600	HEART ACQUISITION	0	0	0				106.00
200.00		Subtotal (see instructions)	857,159,596	1,557,268,931	2,414,428,527				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	857,159,596	1,557,268,931	2,414,428,527				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/29/2022 1:57 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ONCOLOGY (OHA)	0.000000		54.01
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05403 NUCLEAR MEDICINE	0.000000		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.02	06902 CARDIAC REHAB	0.000000		69.02
69.03	06903 DIABETIC EDUCATION	0.000000		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 ECT	0.000000		76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 HOME OFFICE	0.000000		98.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/29/2022 1:57 pm
--	--	-----------------------	---	--

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	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	6,425,183	0	6,425,183	48,308	133.00	30.00
31.00	INTENSIVE CARE UNIT	1,959,291		1,959,291	10,509	186.44	31.00
31.02	NICU	513,418		513,418	3,956	129.78	31.02
32.00	CORONARY CARE UNIT	234,696		234,696	1,566	149.87	32.00
40.00	SUBPROVIDER - IPF	378,085	0	378,085	3,231	117.02	40.00
41.00	SUBPROVIDER - IRF	1,013,247	0	1,013,247	5,206	194.63	41.00
43.00	NURSERY	37,731		37,731	2,189	17.24	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	10,561,651		10,561,651	74,965		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	12,163	1,617,679	30.00
31.00	INTENSIVE CARE UNIT	4,880	909,827	31.00
31.02	NICU	0	0	31.02
32.00	CORONARY CARE UNIT	411	61,597	32.00
40.00	SUBPROVIDER - IPF	533	62,372	40.00
41.00	SUBPROVIDER - IRF	2,339	455,240	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	20,326	3,106,715	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0100

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

Worksheet D
Part II
Date/Time Prepared:
11/29/2022 1:57 pm

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)	Hospital			
					Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,030,766	560,261,154	0.012549	75,825,166	951,530	50.00
51.00	05100	RECOVERY ROOM	669,799	18,923,244	0.035396	3,031,364	107,298	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	799,284	28,703,533	0.027846	64,606	1,799	52.00
53.00	05300	ANESTHESIOLOGY	50,164	58,964,026	0.000851	8,282,928	7,049	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,853,994	96,640,816	0.019184	4,050,000	77,695	54.00
54.01	05401	ONCOLOGY (OHA)	1,728,055	56,903,544	0.030368	140,444	4,265	54.01
54.02	05402	ULTRASOUND	139,048	18,017,210	0.007718	2,039,308	15,739	54.02
54.03	05403	NUCLEAR MEDICINE	628,951	31,838,444	0.019754	1,549,284	30,605	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	1,002,365	70,087,145	0.014302	7,677,579	109,805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	898,255	21,476,255	0.041825	1,432,745	59,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,058,548	160,482,998	0.006596	8,110,718	53,498	59.00
60.00	06000	LABORATORY	1,116,643	184,000,071	0.006069	20,996,975	127,431	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,105	13,357,271	0.004874	2,393,758	11,667	63.00
64.00	06400	INTRAVENOUS THERAPY	397,576	6,468,673	0.061462	3,800	234	64.00
65.00	06500	RESPIRATORY THERAPY	362,194	33,624,917	0.010772	6,809,272	73,349	65.00
66.00	06600	PHYSICAL THERAPY	394,410	19,773,140	0.019947	2,648,852	52,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,241	11,025,621	0.004557	2,170,275	9,890	67.00
68.00	06800	SPEECH PATHOLOGY	35,792	4,548,516	0.007869	904,561	7,118	68.00
69.00	06900	ELECTROCARDIOLOGY	485,598	71,002,775	0.006839	8,895,690	60,838	69.00
69.02	06902	CARDIAC REHAB	274,983	1,891,679	0.145365	1,998	290	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	399,934	7,322,832	0.054615	671,573	36,678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	874,522	133,016,628	0.006575	19,386,148	127,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	854,015	127,100,007	0.006719	26,210,098	176,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,625,262	369,756,520	0.007100	25,812,948	183,272	73.00
74.00	07400	RENAL DIALYSIS	92,288	6,971,149	0.013239	1,772,607	23,468	74.00
76.00	03951	ECT	4,868	2,606,379	0.001868	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	35,254	357,494	0.098614	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	88,895	8,461,065	0.010506	4,922	52	90.00
90.01	09001	COVID-19 VACCINE CLINIC	10,048	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,253,714	121,064,150	0.010356	10,235,707	106,001	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	710,137	28,267,914	0.025122	1,987,082	49,919	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	953,109	9,408,202	0.101306	1,640,298	166,172	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	76,555	5,974,789	0.012813	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	27,020,372	2,288,298,161		244,750,706	2,631,994	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/29/2022 1:57 pm
---	-----------------------	---	--

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.02	03102	NICU	0	0	0	0	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	48,308	0.00	12,163	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	10,509	0.00	4,880	31.00	
31.02	03102	NICU	0	0	3,956	0.00	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	1,566	0.00	411	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,231	0.00	533	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,206	0.00	2,339	41.00	
43.00	04300	NURSERY	0	0	2,189	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	74,965	0.00	20,326	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.02	03102	NICU	0						31.02
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	-----------------------	---	---

Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
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	228,777	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	228,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	-----------------------	---	---

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	560,261,154	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	18,923,244	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,703,533	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	58,964,026	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	96,640,816	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	56,903,544	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	18,017,210	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	31,838,444	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	70,087,145	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,476,255	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	160,482,998	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	184,000,071	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,357,271	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,468,673	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	33,624,917	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,773,140	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,025,621	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,548,516	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	71,002,775	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,891,679	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,322,832	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	133,016,628	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,100,007	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	228,777	228,777	369,756,520	0.000619	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	6,971,149	0.000000	74.00
76.00 03951 ECT	0	0	0	2,606,379	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	357,494	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	8,461,065	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	121,064,150	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,267,914	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,408,202	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,974,789	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	228,777	228,777	2,288,298,161		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	-----------------------	---------------------------------------	--

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	75,825,166	0	103,561,959	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,031,364	0	8,114,147	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	64,606	0	41,303	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	8,282,928	0	14,572,230	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,050,000	0	4,622,221	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	140,444	0	3,209,564	0	54.01
54.02	05402 ULTRASOUND	0.000000	2,039,308	0	2,973,753	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	1,549,284	0	9,091,588	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	7,677,579	0	15,891,481	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,432,745	0	4,262,160	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,110,718	0	19,157,204	0	59.00
60.00	06000 LABORATORY	0.000000	20,996,975	0	9,178,675	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,393,758	0	698,441	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	3,800	0	667,300	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,809,272	0	1,182,795	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,648,852	0	184,356	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,170,275	0	112,424	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	904,561	0	25,586	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,895,690	0	12,404,207	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	1,998	0	773,707	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	671,573	0	1,164,739	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	19,386,148	0	17,888,296	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	26,210,098	0	25,339,707	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000619	25,812,948	15,978	24,073,008	14,901	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,772,607	0	157,288	0	74.00
76.00	03951 ECT	0.000000	0	0	347,250	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	4,922	0	418,168	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	10,235,707	0	9,663,582	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	1,987,082	0	6,694,497	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,640,298	0	4,748,472	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		244,750,706	15,978	301,220,108	14,901	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.133959	103,561,959	0	0	13,873,056	50.00
51.00	05100	RECOVERY ROOM	0.294057	8,114,147	0	0	2,386,022	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292374	41,303	0	0	12,076	52.00
53.00	05300	ANESTHESIOLOGY	0.008090	14,572,230	0	0	117,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151003	4,622,221	0	0	697,969	54.00
54.01	05401	ONCOLOGY (OHA)	0.184242	3,209,564	0	0	591,336	54.01
54.02	05402	ULTRASOUND	0.068558	2,973,753	0	0	203,875	54.02
54.03	05403	NUCLEAR MEDICINE	0.148176	9,091,588	0	0	1,347,155	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.053428	15,891,481	0	0	849,050	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118394	4,262,160	0	0	504,614	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050622	19,157,204	0	0	969,776	59.00
60.00	06000	LABORATORY	0.160090	9,178,675	0	0	1,469,414	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182209	698,441	0	0	127,262	63.00
64.00	06400	INTRAVENOUS THERAPY	0.1746717	667,300	0	0	498,284	64.00
65.00	06500	RESPIRATORY THERAPY	0.260714	1,182,795	0	0	308,371	65.00
66.00	06600	PHYSICAL THERAPY	0.422731	184,356	0	0	77,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212860	112,424	0	0	23,931	67.00
68.00	06800	SPEECH PATHOLOGY	0.217474	25,586	0	0	5,564	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047478	12,404,207	0	0	588,927	69.00
69.02	06902	CARDIAC REHAB	1.098506	773,707	0	0	849,922	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307883	1,164,739	0	0	358,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	17,888,296	0	0	1,540,075	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316020	25,339,707	0	0	8,007,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261064	24,073,008	0	24,725	6,284,596	73.00
74.00	07400	RENAL DIALYSIS	0.245120	157,288	0	0	38,554	74.00
76.00	03951	ECT	0.085831	347,250	0	0	29,805	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.482657	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.264325	418,168	0	267	110,532	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.207449	9,663,582	0	0	2,004,700	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.168833	6,694,497	0	0	1,130,252	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.927500	4,748,472	0	0	4,404,208	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.990796		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.439969	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		301,220,108	0	24,992	49,411,605	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		301,220,108	0	24,992	49,411,605	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ONCOLOGY (OHA)	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
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
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
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	6,455		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	ECT	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	71		90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	HOME OFFICE	0	0		98.00
200.00		Subtotal (see instructions)	0	6,526		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	6,526		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part II Date/Time Prepared: 11/29/2022 1:57 pm	
			Title XVIII		Subprovider - IPF		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	7,030,766	560,261,154	0.012549	0	0	50.00
51.00	05100	RECOVERY ROOM	669,799	18,923,244	0.035396	21,911	776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	799,284	28,703,533	0.027846	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,164	58,964,026	0.000851	81,885	70	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,853,994	96,640,816	0.019184	3,550	68	54.00
54.01	05401	ONCOLOGY (OHA)	1,728,055	56,903,544	0.030368	0	0	54.01
54.02	05402	ULTRASOUND	139,048	18,017,210	0.007718	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	628,951	31,838,444	0.019754	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	1,002,365	70,087,145	0.014302	6,200	89	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	898,255	21,476,255	0.041825	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,058,548	160,482,998	0.006596	0	0	59.00
60.00	06000	LABORATORY	1,116,643	184,000,071	0.006069	113,413	688	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,105	13,357,271	0.004874	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	397,576	6,468,673	0.061462	1,658	102	64.00
65.00	06500	RESPIRATORY THERAPY	362,194	33,624,917	0.010772	3,956	43	65.00
66.00	06600	PHYSICAL THERAPY	394,410	19,773,140	0.019947	4,011	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,241	11,025,621	0.004557	5,208	24	67.00
68.00	06800	SPEECH PATHOLOGY	35,792	4,548,516	0.007869	3,086	24	68.00
69.00	06900	ELECTROCARDIOLOGY	485,598	71,002,775	0.006839	4,808	33	69.00
69.02	06902	CARDIAC REHAB	274,983	1,891,679	0.145365	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	399,934	7,322,832	0.054615	1,303	71	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	874,522	133,016,628	0.006575	1,056	7	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	854,015	127,100,007	0.006719	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,625,262	369,756,520	0.007100	148,880	1,057	73.00
74.00	07400	RENAL DIALYSIS	92,288	6,971,149	0.013239	0	0	74.00
76.00	03951	ECT	4,868	2,606,379	0.001868	60,975	114	76.00
76.01	03950	MOBILE OUTREACH CLINIC	35,254	357,494	0.098614	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	88,895	8,461,065	0.010506	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	10,048	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,253,714	121,064,150	0.010356	88,978	921	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	710,137	28,267,914	0.025122	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,408,202	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	76,555	5,974,789	0.012813	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	26,067,263	2,288,298,161		550,878	4,167	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
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	228,777	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	228,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	560,261,154	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	18,923,244	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,703,533	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	58,964,026	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	96,640,816	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	56,903,544	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	18,017,210	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	31,838,444	0.000000	54.03
56.00 05600 RADIO SOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	70,087,145	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,476,255	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	160,482,998	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	184,000,071	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,357,271	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,468,673	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	33,624,917	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,773,140	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,025,621	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,548,516	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	71,002,775	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,891,679	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,322,832	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	133,016,628	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,100,007	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	228,777	228,777	369,756,520	0.000619	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	6,971,149	0.000000	74.00
76.00 03951 ECT	0	0	0	2,606,379	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	357,494	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	8,461,065	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	121,064,150	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,267,914	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,408,202	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	5,974,789	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	228,777	228,777	2,288,298,161		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm	
				Title XVIII		Subprovider - IPF	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	21,911	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	81,885	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,550	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	6,200	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	113,413	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	1,658	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,956	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,011	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	5,208	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	3,086	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,808	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,303	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,056	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	0.000619	148,880	92	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03951	ECT	0.000000	60,975	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	452	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	90.02
90.04	09004	BARITRICS	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	88,978	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	98.00
200.00		Total (lines 50 through 199)		550,878	92	452	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.133959	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.294057	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.292374	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.008090	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.151003	0	0	0	0	54.00
54.01 05401 ONCOLOGY (OHA)	0.184242	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.068558	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0.148176	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.053428	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118394	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.050622	0	0	0	0	59.00
60.00 06000 LABORATORY	0.160090	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.182209	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.746717	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.260714	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.422731	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.212860	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.217474	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.047478	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	1.098506	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0.307883	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.316020	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.261064	0	0	327	0	73.00
74.00 07400 RENAL DIALYSIS	0.245120	0	0	0	0	74.00
76.00 03951 ECT	0.085831	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	1.482657	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 09000 CLINIC	0.264325	452	0	0	119	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.207449	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.168833	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.927500	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.990796		0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.439969	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		452	0	327	119 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		452	0	327	119 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 pm	
			Title XVIII	Subprovider - IPF	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	54.03
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
69.02	06902	CARDIAC REHAB	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
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	85	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	ECT	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARIATRICS	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	HOME OFFICE	0	0	98.00
200.00		Subtotal (see instructions)	0	85	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	85	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part II Date/Time Prepared: 11/29/2022 1:57 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	7,030,766	560,261,154	0.012549	380,322	4,773	50.00
51.00	05100	RECOVERY ROOM	669,799	18,923,244	0.035396	24,925	882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	799,284	28,703,533	0.027846	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,164	58,964,026	0.000851	52,706	45	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,853,994	96,640,816	0.019184	68,148	1,307	54.00
54.01	05401	ONCOLOGY (OHA)	1,728,055	56,903,544	0.030368	0	0	54.01
54.02	05402	ULTRASOUND	139,048	18,017,210	0.007718	17,744	137	54.02
54.03	05403	NUCLEAR MEDICINE	628,951	31,838,444	0.019754	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	1,002,365	70,087,145	0.014302	62,950	900	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	898,255	21,476,255	0.041825	8,550	358	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,058,548	160,482,998	0.006596	0	0	59.00
60.00	06000	LABORATORY	1,116,643	184,000,071	0.006069	615,895	3,738	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,105	13,357,271	0.004874	34,495	168	63.00
64.00	06400	INTRAVENOUS THERAPY	397,576	6,468,673	0.061462	20,312	1,248	64.00
65.00	06500	RESPIRATORY THERAPY	362,194	33,624,917	0.010772	41,462	447	65.00
66.00	06600	PHYSICAL THERAPY	394,410	19,773,140	0.019947	1,835,090	36,605	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,241	11,025,621	0.004557	1,915,034	8,727	67.00
68.00	06800	SPEECH PATHOLOGY	35,792	4,548,516	0.007869	717,073	5,643	68.00
69.00	06900	ELECTROCARDIOLOGY	485,598	71,002,775	0.006839	4,277	29	69.00
69.02	06902	CARDIAC REHAB	274,983	1,891,679	0.145365	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	399,934	7,322,832	0.054615	2,186	119	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	874,522	133,016,628	0.006575	187,854	1,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	854,015	127,100,007	0.006719	101,442	682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,625,262	369,756,520	0.007100	537,779	3,818	73.00
74.00	07400	RENAL DIALYSIS	92,288	6,971,149	0.013239	84,212	1,115	74.00
76.00	03951	ECT	4,868	2,606,379	0.001868	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	35,254	357,494	0.098614	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	88,895	8,461,065	0.010506	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	10,048	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,253,714	121,064,150	0.010356	54,786	567	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	710,137	28,267,914	0.025122	4,075	102	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,408,202	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	76,555	5,974,789	0.012813	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	26,067,263	2,288,298,161		6,771,317	72,645	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
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	228,777	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	228,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	560,261,154	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	18,923,244	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,703,533	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	58,964,026	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	96,640,816	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	56,903,544	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	18,017,210	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	31,838,444	0.000000	54.03
56.00 05600 RADIO SOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	70,087,145	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,476,255	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	160,482,998	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	184,000,071	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,357,271	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,468,673	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	33,624,917	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,773,140	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,025,621	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,548,516	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	71,002,775	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,891,679	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,322,832	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	133,016,628	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,100,007	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	228,777	228,777	369,756,520	0.000619	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	6,971,149	0.000000	74.00
76.00 03951 ECT	0	0	0	2,606,379	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	357,494	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	8,461,065	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	121,064,150	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,267,914	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,408,202	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,974,789	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	228,777	228,777	2,288,298,161		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	380,322	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	24,925	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	52,706	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	68,148	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	17,744	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	62,950	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	8,550	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	615,895	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	34,495	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	20,312	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	41,462	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,835,090	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,915,034	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	717,073	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,277	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,186	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	187,854	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	101,442	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000619	537,779	333	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	84,212	0	0	74.00
76.00	03951	ECT	0.000000	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	226	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	90.02
90.04	09004	BARITRICS	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	54,786	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	4,075	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	98.00
200.00		Total (lines 50 through 199)		6,771,317	333	226	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 pm	
		Component CCN: 15-T100		PPS	
		Title XVIII	Subprovider - IRF		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed 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	0.133959	0	0	0
51.00	05100 RECOVERY ROOM	0.294057	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292374	0	0	0
53.00	05300 ANESTHESIOLOGY	0.008090	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151003	0	0	0
54.01	05401 ONCOLOGY (OHA)	0.184242	0	0	0
54.02	05402 ULTRASOUND	0.068558	0	0	0
54.03	05403 NUCLEAR MEDICINE	0.148176	0	0	0
56.00	05600 RADIOISOTOPE	0.000000	0	0	0
57.00	05700 CT SCAN	0.053428	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118394	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.050622	0	0	0
60.00	06000 LABORATORY	0.160090	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.182209	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.746717	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.260714	0	0	0
66.00	06600 PHYSICAL THERAPY	0.422731	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.212860	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.217474	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.047478	0	0	0
69.02	06902 CARDIAC REHAB	1.098506	0	0	0
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.307883	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316020	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261064	0	81	0
74.00	07400 RENAL DIALYSIS	0.245120	0	0	0
76.00	03951 ECT	0.085831	0	0	0
76.01	03950 MOBILE OUTREACH CLINIC	1.482657	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.264325	226	0	60
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0
90.02	09002 PEDS CLINIC	0.000000	0	0	0
90.04	09004 BARIATRICS	0.000000	0	0	0
91.00	09100 EMERGENCY	0.207449	0	0	0
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.168833	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.927500	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.990796		0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.439969	0	0	0
98.00	09850 HOME OFFICE	0.000000	0	0	0
200.00	Subtotal (see instructions)		226	0	81
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)		226	0	81

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 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
54.01 05401 ONCOLOGY (OHA)	0	0	54.01
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
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
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
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	21	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	21	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	21	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/29/2022 1:57 pm
---	-----------------------	---	--

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.02	03102	NICU	0	0	0	0	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	48,308	0.00	1,081	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	10,509	0.00	400	31.00	
31.02	03102	NICU	0	0	3,956	0.00	253	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	1,566	0.00	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,231	0.00	183	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,206	0.00	43	41.00	
43.00	04300	NURSERY	0	0	2,189	0.00	1,415	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	74,965	0.00	3,375	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.02	03102	NICU	0						31.02
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	-----------------------	---------------------------------------	--

Cost Center Description	Title XIX				Hospital Cost	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
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	228,777	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	228,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		Title XIX			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	560,261,154	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,923,244	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,703,533	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	58,964,026	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	96,640,816	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	56,903,544	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	18,017,210	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	31,838,444	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	70,087,145	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,476,255	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	160,482,998	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	184,000,071	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,357,271	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,468,673	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	33,624,917	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,773,140	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,025,621	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,548,516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	71,002,775	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,891,679	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,322,832	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	133,016,628	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,100,007	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	228,777	228,777	369,756,520	0.000619	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,971,149	0.000000	74.00
76.00	03951	ECT	0	0	0	2,606,379	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	357,494	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	8,461,065	0.000000	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	121,064,150	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	28,267,914	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,408,202	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,974,789	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	228,777	228,777	2,288,298,161		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	-----------------------	---------------------------------------	--

Cost Center Description		Title XIX			Hospital		Cost
		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	6,103,705	0	4,737,337	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	132,229	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,219,011	0	5,645	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	834,458	0	448,333	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	900,694	0	856,952	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	14,380	0	639,546	0	54.01
54.02	05402 ULTRASOUND	0.000000	284,072	0	129,384	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	200,308	0	307,546	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,053,726	0	516,729	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	215,371	0	186,460	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,851,387	0	1,068,462	0	59.00
60.00	06000 LABORATORY	0.000000	2,862,801	0	1,331,342	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	460,377	0	30,587	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	94,375	0	48,444	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,218,797	0	61,338	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	500,114	0	92,726	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	454,341	0	5,806	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	185,515	0	2,897	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,092,352	0	516,977	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	193	0	21,335	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	97,142	0	57,377	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,449,704	0	863,016	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,270,421	0	843,022	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000619	3,940,669	2,439	3,149,423	1,949	73.00
74.00	07400 RENAL DIALYSIS	0.000000	263,903	0	9,782	0	74.00
76.00	03951 ECT	0.000000	12,040	0	26,316	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	4,042	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	2,866	0	94,904	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	1,547,784	0	963,805	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	315,488	0	237,053	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	110,258	0	77,522	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	67,546	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		31,556,252	2,439	17,533,883	1,949	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 pm			
			Title XIX	Hospital	Cost			
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	0.133959	4,737,337	0	0	634,609	50.00
51.00	05100	RECOVERY ROOM	0.294057	132,229	0	0	38,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292374	5,645	0	0	1,650	52.00
53.00	05300	ANESTHESIOLOGY	0.008090	448,333	0	0	3,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151003	856,952	0	0	129,402	54.00
54.01	05401	ONCOLOGY (OHA)	0.184242	639,546	0	0	117,831	54.01
54.02	05402	ULTRASOUND	0.068558	129,384	0	0	8,870	54.02
54.03	05403	NUCLEAR MEDICINE	0.148176	307,546	0	0	45,571	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.053428	516,729	0	0	27,608	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118394	186,460	0	0	22,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050622	1,068,462	0	0	54,088	59.00
60.00	06000	LABORATORY	0.160090	1,331,342	0	0	213,135	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182209	30,587	0	0	5,573	63.00
64.00	06400	INTRAVENOUS THERAPY	0.746717	48,444	0	0	36,174	64.00
65.00	06500	RESPIRATORY THERAPY	0.260714	61,338	0	0	15,992	65.00
66.00	06600	PHYSICAL THERAPY	0.422731	92,726	0	0	39,198	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212860	5,806	0	0	1,236	67.00
68.00	06800	SPEECH PATHOLOGY	0.217474	2,897	0	0	630	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047478	516,977	0	0	24,545	69.00
69.02	06902	CARDIAC REHAB	1.098506	21,335	0	0	23,437	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307883	57,377	0	0	17,665	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	863,016	0	0	74,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316020	843,022	0	0	266,412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261064	3,149,423	0	0	822,201	73.00
74.00	07400	RENAL DIALYSIS	0.245120	9,782	0	0	2,398	74.00
76.00	03951	ECT	0.085831	26,316	0	0	2,259	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.482657	4,042	0	0	5,993	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.264325	94,904	0	0	25,085	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.207449	963,805	0	0	199,940	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.168833	237,053	0	0	40,022	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.927500	77,522	0	0	71,902	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.990796	71,383	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.439969	67,546	0	0	29,718	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		17,533,883	0	0	3,072,756	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		17,533,883	0	0	3,072,756	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 1:57 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ONCOLOGY (OHA)	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
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
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
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/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	---	---	---

	Title XIX	Subprovider - IPF	Cost
--	-----------	-------------------	------

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
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	228,777	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	228,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	---	---	---

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	560,261,154	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	18,923,244	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,703,533	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	58,964,026	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	96,640,816	0.000000	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	56,903,544	0.000000	54.01
54.02	05402 ULTRASOUND	0	0	0	18,017,210	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	31,838,444	0.000000	54.03
56.00	05600 RADIO SOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	70,087,145	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,476,255	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	160,482,998	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	184,000,071	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,357,271	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	6,468,673	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	33,624,917	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	19,773,140	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	11,025,621	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	4,548,516	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	71,002,775	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,891,679	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,322,832	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	133,016,628	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,100,007	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	228,777	228,777	369,756,520	0.000619	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,971,149	0.000000	74.00
76.00	03951 ECT	0	0	0	2,606,379	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	357,494	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	8,461,065	0.000000	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	121,064,150	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,267,914	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,408,202	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,974,789	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	228,777	228,777	2,288,298,161		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
	Title XIX	Subprovider - IPF	Cost

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	18,856	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	817	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,428	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	26,116	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	382	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	911	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	924	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,199	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	711	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,107	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	300	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	243	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000619	34,283	21	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 ECT	0.000000	14,041	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	20,489	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		121,807	21	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	---	---	---

	Title XIX	Subprovider - IRF	Cost
--	-----------	-------------------	------

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
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	228,777	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	228,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
--	---	---	---

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. s. 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	560,261,154	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	18,923,244	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,703,533	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	58,964,026	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	96,640,816	0.000000	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	56,903,544	0.000000	54.01
54.02	05402 ULTRASOUND	0	0	0	18,017,210	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	31,838,444	0.000000	54.03
56.00	05600 RADIO SOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	70,087,145	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,476,255	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	160,482,998	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	184,000,071	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,357,271	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	6,468,673	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	33,624,917	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	19,773,140	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	11,025,621	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	4,548,516	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	71,002,775	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,891,679	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,322,832	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	133,016,628	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,100,007	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	228,777	228,777	369,756,520	0.000619	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,971,149	0.000000	74.00
76.00	03951 ECT	0	0	0	2,606,379	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	357,494	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	8,461,065	0.000000	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	121,064,150	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,267,914	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,408,202	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,974,789	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	228,777	228,777	2,288,298,161		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 1:57 pm
	Title XIX	Subprovider - IRF	Cost

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	5,087	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	705	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	911	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	237	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	842	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	114	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	8,237	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	461	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	272	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	555	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	24,543	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	25,613	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	9,590	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	57	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	29	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,512	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,357	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000619	7,192	4	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,126	0	0	0	74.00
76.00	03951 ECT	0.000000	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	733	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		90,173	4	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 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)		48,308	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,308	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)		41,142	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)		12,163	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)		58,825,327	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)		58,825,327	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)		58,825,327	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)		1,217.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,811,007	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)		14,811,007	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	34,384,030	10,509	3,271.87	4,880	15,966,726	43.00
43.02 NICU	6,465,321	3,956	1,634.31	0	0	43.02
44.00 CORONARY CARE UNIT	3,122,455	1,566	1,993.90	411	819,493	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)					42,229,619	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,826,845	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)					2,589,103	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,647,972	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,237,075	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,589,770	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					7,166	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,217.71	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,726,110	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 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	6,425,183	58,825,327	0.109225	8,726,110	953,109	90.00
91.00	Nursing Program cost	0	58,825,327	0.000000	8,726,110	0	91.00
92.00	Allied health cost	0	58,825,327	0.000000	8,726,110	0	92.00
93.00	All other Medical Education	0	58,825,327	0.000000	8,726,110	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,231	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,231	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,231	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)		533	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)		3,439,902	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)		3,439,902	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)		3,439,902	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)		1,064.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		567,464	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)		567,464	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1	
				Component CCN: 15-S100	Date/Time Prepared: 11/29/2022 1:57 pm		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					95,157	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					662,621	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)					62,372	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,259	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					66,631	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					595,990	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	378,085	3,439,902	0.109912	0	0	90.00
91.00	Nursing Program cost	0	3,439,902	0.000000	0	0	91.00
92.00	Allied health cost	0	3,439,902	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,439,902	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 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)		5,206	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,206	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)		5,206	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,339	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)		6,959,511	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)		6,959,511	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)		6,959,511	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)		1,336.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,126,845	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)		3,126,845	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1	
				Component CCN: 15-T100	Date/Time Prepared: 11/29/2022 1:57 pm		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,767,061		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,893,906		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)					455,240		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					72,978		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					528,218		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,365,688		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,013,247	6,959,511	0.145592	0	0	90.00
91.00	Nursing Program cost	0	6,959,511	0.000000	0	0	91.00
92.00	Allied health cost	0	6,959,511	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,959,511	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,308	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,308	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)		41,142	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,081	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)		2,189	15.00
16.00	Nursery days (title V or XIX only)		1,415	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)		58,825,327	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)		58,825,327	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)		58,825,327	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)		1,217.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,316,345	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,316,345	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/29/2022 1:57 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)	1,776,600	2,189	811.60	1,415	1,148,414	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	34,384,030	10,509	3,271.87	400	1,308,748	43.00
43.02	NICU	6,465,321	3,956	1,634.31	253	413,480	43.02
44.00	CORONARY CARE UNIT	3,122,455	1,566	1,993.90	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,455,892	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,642,879	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,166	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,217.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,726,110	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,425,183	58,825,327	0.109225	8,726,110	953,109	90.00
91.00	Nursing Program cost	0	58,825,327	0.000000	8,726,110	0	91.00
92.00	Allied health cost	0	58,825,327	0.000000	8,726,110	0	92.00
93.00	All other Medical Education	0	58,825,327	0.000000	8,726,110	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,231 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,231 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,231 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)			183 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)			2,189 15.00
16.00	Nursery days (title V or XIX only)			1,415 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)			3,439,902 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)			3,439,902 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)			3,439,902 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)			1,064.66 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			194,833 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)			194,833 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1	
				Component CCN: 15-S100	Date/Time Prepared: 11/29/2022 1:57 pm		
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,428		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					215,261		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XIX		Subprovider - IPF		Cost	
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	378,085	3,439,902	0.109912	0	0	90.00
91.00	Nursing Program cost	0	3,439,902	0.000000	0	0	91.00
92.00	Allied health cost	0	3,439,902	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,439,902	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm
		Title XIX	Subprovider - IRF	Cost
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)		5,206	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,206	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)		5,206	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)		43	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)		2,189	15.00
16.00	Nursery days (title V or XIX only)		1,415	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)		6,959,511	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)		6,959,511	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)		6,959,511	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)		1,336.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		57,484	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)		57,484	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1	
				Component CCN: 15-T100	Date/Time Prepared: 11/29/2022 1:57 pm		
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,526	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					81,010	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,013,247	6,959,511	0.145592	0	0	90.00
91.00	Nursing Program cost	0	6,959,511	0.000000	0	0	91.00
92.00	Allied health cost	0	6,959,511	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,959,511	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 1: 57 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		14,488,729		30.00
31.00	03100 INTENSIVE CARE UNIT		13,947,739		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		1,419,218		32.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.133959	75,825,166	10,157,463	50.00
51.00	05100 RECOVERY ROOM	0.294057	3,031,364	891,394	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292374	64,606	18,889	52.00
53.00	05300 ANESTHESIOLOGY	0.008090	8,282,928	67,009	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152333	4,050,000	616,949	54.00
54.01	05401 ONCOLOGY (OHA)	0.184242	140,444	25,876	54.01
54.02	05402 ULTRASOUND	0.068558	2,039,308	139,811	54.02
54.03	05403 NUCLEAR MEDICINE	0.148176	1,549,284	229,567	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.053428	7,677,579	410,198	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118394	1,432,745	169,628	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050622	8,110,718	410,581	59.00
60.00	06000 LABORATORY	0.160090	20,996,975	3,361,406	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.182209	2,393,758	436,164	63.00
64.00	06400 INTRAVENOUS THERAPY	0.746717	3,800	2,838	64.00
65.00	06500 RESPIRATORY THERAPY	0.260714	6,809,272	1,775,273	65.00
66.00	06600 PHYSICAL THERAPY	0.422731	2,648,852	1,119,752	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212860	2,170,275	461,965	67.00
68.00	06800 SPEECH PATHOLOGY	0.217474	904,561	196,718	68.00
69.00	06900 ELECTROCARDIOLOGY	0.047478	8,895,690	422,350	69.00
69.02	06902 CARDIAC REHAB	1.098506	1,998	2,195	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.307883	671,573	206,766	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	19,386,148	1,669,031	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316020	26,210,098	8,282,915	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261064	25,812,948	6,738,831	73.00
74.00	07400 RENAL DIALYSIS	0.245120	1,772,607	434,501	74.00
76.00	03951 ECT	0.085831	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.482657	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.264325	4,922	1,301	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.207449	10,235,707	2,123,387	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.168833	1,987,082	335,485	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.927500	1,640,298	1,521,376	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.439969	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		244,750,706	42,229,619	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)		244,750,706		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF		1,118,003	40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.133959	0	50.00
51.00	05100 RECOVERY ROOM	0.294057	21,911	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292374	0	52.00
53.00	05300 ANESTHESIOLOGY	0.008090	81,885	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152333	3,550	54.00
54.01	05401 ONCOLOGY (OHA)	0.184242	0	54.01
54.02	05402 ULTRASOUND	0.068558	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.148176	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.053428	6,200	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118394	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050622	0	59.00
60.00	06000 LABORATORY	0.160090	113,413	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.182209	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.746717	1,658	64.00
65.00	06500 RESPIRATORY THERAPY	0.260714	3,956	65.00
66.00	06600 PHYSICAL THERAPY	0.422731	4,011	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212860	5,208	67.00
68.00	06800 SPEECH PATHOLOGY	0.217474	3,086	68.00
69.00	06900 ELECTROCARDIOLOGY	0.047478	4,808	69.00
69.02	06902 CARDIAC REHAB	1.098506	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.307883	1,303	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	1,056	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316020	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261064	148,880	73.00
74.00	07400 RENAL DIALYSIS	0.245120	0	74.00
76.00	03951 ECT	0.085831	60,975	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.482657	0	76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.264325	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	90.02
90.04	09004 BARIATRICS	0.000000	0	90.04
91.00	09100 EMERGENCY	0.207449	88,978	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.168833	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.927500	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.439969	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		550,878	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)		550,878	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		2,986,768	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.133959	380,322	50,948
51.00	05100 RECOVERY ROOM	0.294057	24,925	7,329
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292374	0	0
53.00	05300 ANESTHESIOLOGY	0.008090	52,706	426
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152333	68,148	10,381
54.01	05401 ONCOLOGY (OHA)	0.184242	0	0
54.02	05402 ULTRASOUND	0.068558	17,744	1,216
54.03	05403 NUCLEAR MEDICINE	0.148176	0	0
56.00	05600 RADIOISOTOPE	0.000000	0	0
57.00	05700 CT SCAN	0.053428	62,950	3,363
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118394	8,550	1,012
59.00	05900 CARDIAC CATHETERIZATION	0.050622	0	0
60.00	06000 LABORATORY	0.160090	615,895	98,599
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.182209	34,495	6,285
64.00	06400 INTRAVENOUS THERAPY	0.746717	20,312	15,167
65.00	06500 RESPIRATORY THERAPY	0.260714	41,462	10,810
66.00	06600 PHYSICAL THERAPY	0.422731	1,835,090	775,749
67.00	06700 OCCUPATIONAL THERAPY	0.212860	1,915,034	407,634
68.00	06800 SPEECH PATHOLOGY	0.217474	717,073	155,945
69.00	06900 ELECTROCARDIOLOGY	0.047478	4,277	203
69.02	06902 CARDIAC REHAB	1.098506	0	0
69.03	06903 DIABETIC EDUCATION	0.000000	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.307883	2,186	673
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	187,854	16,173
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316020	101,442	32,058
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261064	537,779	140,395
74.00	07400 RENAL DIALYSIS	0.245120	84,212	20,642
76.00	03951 ECT	0.085831	0	0
76.01	03950 MOBILE OUTREACH CLINIC	1.482657	0	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0
90.00	09000 CLINIC	0.264325	0	0
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0
90.02	09002 PEDS CLINIC	0.000000	0	0
90.04	09004 BARIATRICS	0.000000	0	0
91.00	09100 EMERGENCY	0.207449	54,786	11,365
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.168833	4,075	688
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.927500	0	0
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.439969	0	0
98.00	09850 HOME OFFICE	0.000000	0	0
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,771,317	1,767,061
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	
202.00	Net charges (line 200 minus line 201)		6,771,317	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 1:57 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		882,469	30.00
31.00	03100	INTENSIVE CARE UNIT		2,195,385	31.00
31.02	03102	NICU		350,089	31.02
32.00	03200	CORONARY CARE UNIT		212,155	32.00
40.00	04000	SUBPROVIDER - I/PF		295,010	40.00
41.00	04100	SUBPROVIDER - I/RF		286,360	41.00
43.00	04300	NURSERY		1,269,449	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133959	6,103,705	50.00
51.00	05100	RECOVERY ROOM	0.294057	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292374	1,219,011	52.00
53.00	05300	ANESTHESIOLOGY	0.008090	834,458	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151003	900,694	54.00
54.01	05401	ONCOLOGY (OHA)	0.184242	14,380	54.01
54.02	05402	ULTRASOUND	0.068558	284,072	54.02
54.03	05403	NUCLEAR MEDICINE	0.148176	200,308	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.053428	1,053,726	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118394	215,371	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050622	2,851,387	59.00
60.00	06000	LABORATORY	0.160090	2,862,801	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182209	460,377	63.00
64.00	06400	INTRAVENOUS THERAPY	0.746717	94,375	64.00
65.00	06500	RESPIRATORY THERAPY	0.260714	1,218,797	65.00
66.00	06600	PHYSICAL THERAPY	0.422731	500,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212860	454,341	67.00
68.00	06800	SPEECH PATHOLOGY	0.217474	185,515	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047478	1,092,352	69.00
69.02	06902	CARDIAC REHAB	1.098506	193	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307883	97,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	2,449,704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316020	2,270,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261064	3,940,669	73.00
74.00	07400	RENAL DIALYSIS	0.245120	263,903	74.00
76.00	03951	ECT	0.085831	12,040	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.482657	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.264325	2,866	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.207449	1,547,784	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.168833	315,488	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.927500	110,258	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.439969	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		31,556,252	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)		31,556,252	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF		262,493	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133959	0	50.00
51.00	05100	RECOVERY ROOM	0.294057	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292374	0	52.00
53.00	05300	ANESTHESIOLOGY	0.008090	18,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151003	817	54.00
54.01	05401	ONCOLOGY (OHA)	0.184242	0	54.01
54.02	05402	ULTRASOUND	0.068558	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.148176	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.053428	1,428	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118394	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050622	0	59.00
60.00	06000	LABORATORY	0.160090	26,116	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182209	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.746717	382	64.00
65.00	06500	RESPIRATORY THERAPY	0.260714	911	65.00
66.00	06600	PHYSICAL THERAPY	0.422731	924	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212860	1,199	67.00
68.00	06800	SPEECH PATHOLOGY	0.217474	711	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047478	1,107	69.00
69.02	06902	CARDIAC REHAB	1.098506	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307883	300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316020	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261064	34,283	73.00
74.00	07400	RENAL DIALYSIS	0.245120	0	74.00
76.00	03951	ECT	0.085831	14,041	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.482657	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.264325	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.207449	20,489	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.168833	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.927500	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.439969	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		121,807	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)		121,807	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3	
		Component CCN: 15-T100		Date/Time Prepared: 11/29/2022 1: 57 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		40,334	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133959	5,087	681 50.00
51.00	05100	RECOVERY ROOM	0.294057	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292374	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.008090	705	6 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151003	911	138 54.00
54.01	05401	ONCOLOGY (OHA)	0.184242	0	0 54.01
54.02	05402	ULTRASOUND	0.068558	237	16 54.02
54.03	05403	NUCLEAR MEDICINE	0.148176	0	0 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.053428	842	45 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118394	114	13 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050622	0	0 59.00
60.00	06000	LABORATORY	0.160090	8,237	1,319 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182209	461	84 63.00
64.00	06400	INTRAVENOUS THERAPY	0.746717	272	203 64.00
65.00	06500	RESPIRATORY THERAPY	0.260714	555	145 65.00
66.00	06600	PHYSICAL THERAPY	0.422731	24,543	10,375 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212860	25,613	5,452 67.00
68.00	06800	SPEECH PATHOLOGY	0.217474	9,590	2,086 68.00
69.00	06900	ELECTROCARDIOLOGY	0.047478	57	3 69.00
69.02	06902	CARDIAC REHAB	1.098506	0	0 69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307883	29	9 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.086094	2,512	216 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316020	1,357	429 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261064	7,192	1,878 73.00
74.00	07400	RENAL DIALYSIS	0.245120	1,126	276 74.00
76.00	03951	ECT	0.085831	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.482657	0	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.264325	0	0 90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARITRICS	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.207449	733	152 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.168833	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.927500	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.439969	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		90,173	23,526 200.00
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)		90,173	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/29/2022 1: 57 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)		11,887,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		33,300,424	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)		636,316	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,332,866	2.04
3.00	Managed Care Simulated Payments		25,603,204	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		317.79	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)		16.42	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		5.20	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.		6.56	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		4.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		25.70	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		10.66	12.00
13.00	Total allowable FTE count for the prior year.		10.66	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.		6.60	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.31	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		9.31	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.029296	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.031858	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.029296	21.00
22.00	IME payment adjustment (see instructions)		717,581	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		406,579	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)		21.04	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)		717,581	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		406,579	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.59	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.93	31.00
32.00	Sum of lines 30 and 31		31.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.22	33.00
34.00	Disproportionate share adjustment (see instructions)		1,719,392	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/29/2022 1: 57 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000581141	0.000625477	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,817,664	4,498,438	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,214,316	3,364,584	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,578,900		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)	54,172,765		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)		54,579,344	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,933,249	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).		484,842	52.00
53.00	Nursing and Allied Health Managed Care payment		19,581	53.00
54.00	Special add-on payments for new technologies		398,128	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		15,978	58.00
59.00	Total (sum of amounts on lines 49 through 58)		59,431,122	59.00
60.00	Primary payer payments		16,796	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		59,414,326	61.00
62.00	Deductibles billed to program beneficiaries		4,189,080	62.00
63.00	Coinsurance billed to program beneficiaries		113,607	63.00
64.00	Allowable bad debts (see instructions)		481,366	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		312,888	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,995	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,424,527	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		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-33,968	70.93
70.94	HRR adjustment amount (see instructions)		-90,716	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 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)		55,299,843	71.00
71.01	Sequestration adjustment (see instructions)		138,250	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		52,884,410	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		2,277,183	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		952,208	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0 104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2022 1:57 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,887,286	0	11,887,286		11,887,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	33,300,424	0		33,300,424	33,300,424	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	636,316	0	636,316		636,316	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,332,866	0		1,332,866	1,332,866	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	25,603,204	0	5,977,361	19,625,843	25,603,204	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.029296	0.029296	0.029296	0.029296		5.00
6.00	IME payment adjustment (see instructions)	22.00	717,581	0	188,770	528,811	717,581	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	406,579	0	94,920	311,659	406,579	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	717,581	0	188,770	528,811	717,581	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	406,579	0	94,920	311,659	406,579	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1522	0.1522	0.1522	0.1522		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,719,392	0	452,311	1,267,081	1,719,392	11.00
11.01	Uncompensated care payments	36.00	4,578,900	0	788,412	2,055,705	2,844,117	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	54,172,765	0	13,953,095	40,219,670	54,172,765	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	54,579,344	0	14,048,015	40,531,329	54,579,344	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,933,249	0	1,052,777	2,880,472	3,933,249	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2022 1:57 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	398,128	0	78,120	320,008	398,128	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	15,178,912	43,731,809	58,910,721	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,437,639	0	911,215	2,526,424	3,437,639	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	213,724	0	66,842	146,882	213,724	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0161	0.0161	0.0161	0.0161		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	55,346	0	14,671	40,675	55,346	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0659	0.0659	0.0659	0.0659		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	226,540	0	60,049	166,491	226,540	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,933,249	0	1,052,777	2,880,472	3,933,249	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,887,286	11,887,286		11,887,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	33,300,424		33,300,424	33,300,424	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	636,316	636,316		636,316	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,332,866		1,332,866	1,332,866	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	25,603,204	5,977,361	19,625,843	25,603,204	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.029296	0.029296	0.029296		5.00
6.00	IME payment adjustment (see instructions)	22.00	717,581	188,770	528,811	717,581	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	406,579	94,920	311,659	406,579	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	717,581	188,770	528,811	717,581	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	406,579	94,920	311,659	406,579	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1522	0.1522	0.1522		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,719,392	452,311	1,267,081	1,719,392	11.00
11.01	Uncompensated care payments	36.00	4,578,900	1,211,396	3,507,000	4,718,396	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	54,172,765	14,376,079	39,796,686	54,172,765	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	54,579,344	14,470,999	40,108,345	54,579,344	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,933,249	1,052,777	2,880,472	3,933,249	16.00
17.00	Special add-on payments for new technologies	54.00	398,128	78,120	320,008	398,128	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			15,601,896	43,308,825	58,910,721	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0100

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2022 1:57 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,437,639	911,215	2,526,424	3,437,639	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	213,724	66,842	146,882	213,724	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0161	0.0161	0.0161		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	55,346	14,671	40,675	55,346	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0659	0.0659	0.0659		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	226,540	60,049	166,491	226,540	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,933,249	1,052,777	2,880,472	3,933,249	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-33,968	-33,968	0	-33,968	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-90,716	-16,751	-73,965	-90,716	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,526	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		49,396,704	2.00
3.00	OPPS payments		39,465,538	3.00
4.00	Outlier payment (see instructions)		887,493	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		14,901	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,526	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		24,992	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)		24,992	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)		24,992	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,466	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)		6,526	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)		40,367,932	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)		6,681,297	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)		33,693,161	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		301,879	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		33,995,040	30.00
31.00	Primary payer payments		2,124	31.00
32.00	Subtotal (line 30 minus line 31)		33,992,916	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)		500,847	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		325,551	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		194,378	36.00
37.00	Subtotal (see instructions)		34,318,467	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
39.97	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)		34,318,467	40.00
40.01	Sequestration adjustment (see instructions)		85,796	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		34,312,522	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)		-79,851	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		27,965	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: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 1:57 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: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		85	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		119	2.00
3.00	OPPS payments		155	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)		85	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		327	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)		327	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)		327	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		242	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)		85	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)		155	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)		0	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)		240	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		240	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		240	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)		240	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)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		240	40.00
40.01	Sequestration adjustment (see instructions)		1	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		245	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)		-6	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 1:57 pm
	Title XVIII	Subprovider - IPF	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS			
200.00 Part B Combined Billed Days			200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		60	2.00
3.00	OPPS payments		76	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)		21	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		81	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)		81	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)		81	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60	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)		21	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)		76	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)		0	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)		97	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		97	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		97	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)		97	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)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		97	40.00
40.01	Sequestration adjustment (see instructions)		0	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		99	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)		-2	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: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 1:57 pm
	Title XVIII	Subprovider - IRF	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS			
200.00 Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet E-1 Part I Date/Time Prepared: 11/29/2022 1:57 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		52,884,410		34,312,522	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)		52,884,410		34,312,522	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		2,277,183		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		79,851	6.02	
7.00	Total Medicare program liability (see instructions)		55,161,593		34,232,671	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: 15-0100
Component CCN: 15-S100

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2022 1:57 pm
PPS

Title XVIII

Subprovider -
IPF

		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		354,569		245	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)		354,569		245	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		14,886		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		6	6.02
7.00	Total Medicare program liability (see instructions)		369,455		239	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: 15-0100
Component CCN: 15-T100

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2022 1:57 pm
PPS

Title XVIII

Subprovider -
IRF

		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					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		4,184,020		99	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,184,020		99	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		52,457		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		2	6.02
7.00	Total Medicare program liability (see instructions)		4,236,477		97	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: 15-0100

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

Worksheet E-1
Part II
Date/Time Prepared:
11/29/2022 1:57 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6, line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part II Date/Time Prepared: 11/29/2022 1: 57 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		439,943	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		15,085	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	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	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	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	6.00
7.00	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	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.852055	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		455,028	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		455,028	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		455,028	18.00
19.00	Deductibles		36,192	19.00
20.00	Subtotal (line 18 minus line 19)		418,836	20.00
21.00	Coinsurance		63,812	21.00
22.00	Subtotal (line 20 minus line 21)		355,024	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23,484	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		15,265	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		7,715	25.00
26.00	Subtotal (sum of lines 22 and 24)		370,289	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		92	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.98	Recovery of accelerated depreciation.		0	30.98
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		370,381	31.00
31.01	Sequestration adjustment (see instructions)		926	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		354,569	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		14,886	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part III Date/Time Prepared: 11/29/2022 1: 57 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,824,777 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0269 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			217,630 3.00
4.00	Outlier Payments			260,487 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)			14.263014 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,302,894 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,302,894 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,302,894 19.00
20.00	Deductibles			42,416 20.00
21.00	Subtotal (line 19 minus line 20)			4,260,478 21.00
22.00	Coinsurance			27,144 22.00
23.00	Subtotal (line 21 minus line 22)			4,233,334 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			20,658 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			13,428 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,332 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,246,762 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)			333 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,247,095 32.00
32.01	Sequestration adjustment (see instructions)			10,618 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,184,020 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			52,457 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			59,284 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			260,487 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2022 1: 57 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		9,642,879		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		9,642,879	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		9,642,879	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		5,490,917		8.00
9.00	Ancillary service charges		31,556,252	17,533,883	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		37,047,169	17,533,883	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		37,047,169	17,533,883	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		27,404,290	17,533,883	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		9,642,879	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		9,642,879	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		9,642,879	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		9,642,879	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		9,642,879	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		9,642,879	0	40.00
41.00	Interim payments		9,642,879	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		215,261		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		215,261	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		215,261	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		262,493		8.00
9.00	Ancillary service charges		121,807	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		384,300	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		384,300	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		169,039	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		215,261	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		215,261	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		215,261	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		215,261	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		215,261	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		215,261	0	40.00
41.00	Interim payments		215,261	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		81,010		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		81,010	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		81,010	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		40,334		8.00
9.00	Ancillary service charges		90,173	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		130,507	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		130,507	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		49,497	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		81,010	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		81,010	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		81,010		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		81,010	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		81,010	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		81,010	0	40.00
41.00	Interim payments		81,010	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100		Period: From 07/01/2021 To 06/30/2022		Worksheet E-4 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					7.29	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					25.70	6.00
7.00	Enter the lesser of line 5 or line 6					10.71	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	23.96	1.32	25.28		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	9.98	0.55	10.53		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00	6.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		6.00	6.00		10.01	
11.00	Total weighted FTE count	9.98	6.55	16.53		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.23	6.48	16.71		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.00	6.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.74	6.34	13.08		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	6.74	6.34	13.08		17.00	
18.00	Per resident amount	125,637.48	118,967.62	244,605.10		18.00	
19.00	Approved amount for resident costs	846,797	754,255	1,601,052		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			14.99		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			1,601,052		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	20,326	6,334	6,892			26.00
27.00	Total Inpatient Days (see instructions)	67,404	67,404	67,404			27.00
28.00	Ratio of inpatient days to total inpatient days	0.301555	0.093971	0.102249			28.00
29.00	Program direct GME amount	482,805	150,452	163,706	796,963	29.00	
29.01	Percent reduction for MA DGME		3.26	3.26			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		4,905	5,337	10,242	30.00	
31.00	Net Program direct GME amount				786,721	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet E-4 Date/Time Prepared: 11/29/2022 1:57 pm	
		Title XVIII	Hospital	PPS	
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			6,971,149	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			79,383,372	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			16,796	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			79,366,576	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			49,418,416	42.00
43.00	Primary payer payments (see instructions)			2,124	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			49,416,292	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			128,782,868	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.616282	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.383718	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			786,721	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			484,842	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			301,879	50.00
		Y/N	Primary Care	Other	Total
		0	1.00	2.00	3.00
E-4 Calculation - In accordance with the FY 2023 IPPS Final Rule.					
109.00	Enter in column 0, "Y" or "N" to calculate line 9 in accordance the Federal Fiscal Year 2023 Final Rule for cost reporting periods beginning prior to 10/1/2021. (see instructions)	N	0.00	0.00	0.00
If line 109 column 0 is Y, you MUST open up the PY and Penultimate cost reports and answer line 109 column 0 "Y" and calculate, then input amounts from line 11 columns 1 & 2 to the CY lines 12 & 13 columns 1 & 2 respectively.					
122.00	Override of line 22 for cost reporting periods beginning prior to 10/1/2021. (see instructions)		0.00		122.00

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

Provider CCN: 15-0100

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

Worksheet G
Date/Time Prepared:
11/29/2022 1:57 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	2,649,007	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	227,299,855	0	0	0	4.00
5.00	Other receivable	26,429,478	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-128,519,055	0	0	0	6.00
7.00	Inventory	14,061,867	0	0	0	7.00
8.00	Prepaid expenses	387,778	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	875,158	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	143,184,088	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	10,869,547	0	0	0	13.00
14.00	Accumulated depreciation	-7,902,138	0	0	0	14.00
15.00	Buildings	177,339,015	0	0	0	15.00
16.00	Accumulated depreciation	-174,613,713	0	0	0	16.00
17.00	Leasehold improvements	12,225,545	0	0	0	17.00
18.00	Accumulated depreciation	-10,002,082	0	0	0	18.00
19.00	Fixed equipment	71,071,156	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	3,356,255	0	0	0	21.00
22.00	Accumulated depreciation	-2,816,044	0	0	0	22.00
23.00	Major movable equipment	200,592,785	0	0	0	23.00
24.00	Accumulated depreciation	-158,211,797	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)	129,645,321	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	107,226,220	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	107,226,220	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	380,055,629	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,210,615	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,438,249	0	0	0	38.00
39.00	Payroll taxes payable	1,565,376	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,912,799	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	69,934,923	0	0	0	43.00
44.00	Other current liabilities	33,599,104	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	143,661,066	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	118,261,252	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	70,593,858	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	188,855,110	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	332,516,176	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	47,539,453				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)	47,539,453	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	380,055,629	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0100

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

Worksheet G-1

Date/Time Prepared:
11/29/2022 1:57 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		4,451,217		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		90,301,874			2.00
3.00	Total (sum of line 1 and line 2)		94,753,091		0	3.00
4.00	Transfer rstrr contrib	7,089		0		4.00
5.00		0		0		5.00
6.00	Contributions/Donations/Grant Revenue	241,034		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)		248,123		0	10.00
11.00	Subtotal (line 3 plus line 10)		95,001,214		0	11.00
12.00	Transfer to/from affiliates	47,461,761		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00	Rounding	0		0		17.00
18.00	Total deductions (sum of lines 12-17)		47,461,761		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		47,539,453		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	Transfer rstrr contrib		0			4.00
5.00			0			5.00
6.00	Contributions/Donations/Grant Revenue		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	Transfer to/from affiliates		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00	Rounding		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: 15-0100

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2022 1:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	64,031,734		64,031,734	1.00
2.00	SUBPROVIDER - IPF	6,825,634		6,825,634	2.00
3.00	SUBPROVIDER - IRF	6,687,444		6,687,444	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	77,544,812		77,544,812	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	48,452,974		48,452,974	11.00
11.02	NICU	8,828,016		8,828,016	11.02
12.00	CORONARY CARE UNIT	5,688,802		5,688,802	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)	62,969,792		62,969,792	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	140,514,604		140,514,604	17.00
18.00	Ancillary services	682,436,757	1,424,091,141	2,106,527,898	18.00
19.00	Outpatient services	43,112,147	115,785,275	158,897,422	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	6,314,127	6,314,127	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	-2,302	937,147	934,845	27.00
27.01	Other Patient Service Revenue - Private Physician Offices	215,708	3,712,492	3,928,200	27.01
27.02	DME	0	5,974,789	5,974,789	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	866,276,914	1,556,814,971	2,423,091,885	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		593,290,512		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)		593,290,512		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0100

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

Worksheet G-3

Date/Time Prepared:
11/29/2022 1:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,423,091,885	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,764,131,163	2.00
3.00	Net patient revenues (line 1 minus line 2)	658,960,722	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	593,290,512	4.00
5.00	Net income from service to patients (line 3 minus line 4)	65,670,210	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-945	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	302,001	13.00
14.00	Revenue from meals sold to employees and guests	1,365,378	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	10,308,161	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	6,610	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	1,840	21.00
22.00	Rental of hospital space	288,019	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Operating Income	3,562,917	24.00
24.05	Grant Income	1,642,630	24.05
24.50	COVID-19 PHE Funding	7,629,495	24.50
25.00	Total other income (sum of lines 6-24)	25,106,106	25.00
26.00	Total (line 5 plus line 25)	90,776,316	26.00
27.00	Non-oper expense	474,442	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	474,442	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	90,301,874	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet I-5 Date/Time Prepared: 11/29/2022 1:57 pm
--	-----------------------	---	--

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0100	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 11/29/2022 1:57 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,437,639	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		213,724	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)		163.94	3.00
4.00	Number of interns & residents (see instructions)		9.31	4.00
5.00	Indirect medical education percentage (see instructions)		1.61	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)		55,346	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.59	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.93	8.00
9.00	Sum of lines 7 and 8		31.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.59	10.00
11.00	Disproportionate share adjustment (see instructions)		226,540	11.00
12.00	Total prospective capital payments (see instructions)		3,933,249	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