

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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 11/30/2022 9:15 am
--	-----------------------	---	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 11/30/2022 Time: 9:15 am	
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MARION GENERAL HOSPITAL (15-0011) 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	Tony Roberts	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Tony Roberts		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	225,933	-71,071	0	-341,301	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	67,631	0		-33,566	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	293,564	-71,071	0	-374,867	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: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 441 WABASH AVENUE		PO Box:							1.00	
2.00	City: MARION		State: IN		Zip Code: 46952-		County: GRANT			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		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		MARION GENERAL HOSPITAL	150011	99915	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		MARION GENERAL HOSPITAL REHAB	15T011	99915	5	07/01/2005	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)					2				21.00	
						1.00		2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00	
22.01	Did this hospital receive interim 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)				N	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	716	156	0	12	3,847	0		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.	25	0	0	0	332			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.					2			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.					2			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.					1			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.					07/01/2021	06/30/2022		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	N	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.					N			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.								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: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am			
			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	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am	
		1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
		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. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model 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
<u>Miscellaneous Cost Reporting Information</u>							
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.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,365,515		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.	N					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
<u>Transplant Center Information</u>							
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am	
		1.00	2.00				
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	
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)	N				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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
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.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:15 am
			Beginning 1.00	Ending 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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/30/2022 9:15 am		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	N			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
			Y/N			
			1.00			
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/28/2022	Y	09/28/2022	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/30/2022 9:15 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TINA		SEVERS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7946		TSEVERS@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0011

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

Worksheet S-2
Part II
Date/Time Prepared:
11/30/2022 9:15 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 15-0011

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	89	32,485	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)		89	32,485	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,935	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)	43.00	108	39,420	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		126				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: 15-0011

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,425	716	12,586			1.00
2.00 HMO and other (see instructions)	4,873	4,015				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	248	332				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)	4,425	716	12,586			7.00
8.00 INTENSIVE CARE UNIT	783	0	4,197			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	1,509			13.00
14.00 Total (see instructions)	5,208	716	18,292	0.00	697.91	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,479	25	2,719	0.00	14.99	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			72			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	712.90	27.00
28.00 Observation Bed Days		1,088	4,374			28.00
29.00 Ambulance Trips	1,256					29.00
30.00 Employee discount days (see instruction)			92			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 15-0011

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2022 9:15 am

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	1,246	145	4,026	1.00
2.00 HMO and other (see instructions)				890	945		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					25		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,246	145	4,026	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		152	3	313	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0011

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2022 9:15 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	60,848,323	22,977,748	83,826,071	1,832,430.00	45.75 1.00
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		653,693	0	653,693	2,868.81	227.86 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non-Physician-Part B		6,054,441	0	6,054,441	75,812.00	79.86 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		10,556,081	15,837,168	26,393,249	459,978.00	57.38 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,168,916	0	5,168,916	44,266.00	116.77 11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract Labor: Physician-Part A - Administrative		134,175	0	134,175	751.00	178.66 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,154,696	0	13,154,696		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,135,756	0	5,135,756		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist Part B		0	0	0		
22.00	Physician Part A - Administrative		72,060	0	72,060		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		570,807	0	570,807		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
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: 15-0011

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2022 9:15 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,208,932	47,966	1,256,898	31,881.00	39.42	26.00
27.00	Administrative & General	11,184,561	2,337,525	13,522,086	342,298.00	39.50	27.00
28.00	Administrative & General under contract (see inst.)	1,650,579	0	1,650,579	14,515.00	113.72	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	890,852	15,679	906,531	37,242.00	24.34	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	1,479,829	0	1,479,829	105,473.00	14.03	33.00
34.00	Dietary	20,364	0	20,364	313.00	65.06	34.00
35.00	Dietary under contract (see instructions)	428,077	0	428,077	24,949.98	17.16	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	1,504,360	-373,000	1,131,360	19,792.00	57.16	38.00
39.00	Central Services and Supply	155,304	22,533	177,837	8,374.00	21.24	39.00
40.00	Pharmacy	2,666,130	7,231	2,673,361	58,045.00	46.06	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0011

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

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2022 9:15 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n 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)	58,352,367	22,977,748	81,330,115	1,901,555.98	42.77	1.00
2.00	Excluded area salaries (see instructions)	10,556,081	15,837,168	26,393,249	459,978.00	57.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	47,796,286	7,140,580	54,936,866	1,441,577.98	38.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,303,091	0	5,303,091	45,017.00	117.80	4.00
5.00	Subtotal wage-related costs (see inst.)	13,226,756	0	13,226,756	0.00	24.08	5.00
6.00	Total (sum of lines 3 thru 5)	66,326,133	7,140,580	73,466,713	1,486,594.98	49.42	6.00
7.00	Total overhead cost (see instructions)	21,188,988	2,057,934	23,246,922	642,882.98	36.16	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2022 9:15 am
-----------------------------	-----------------------	---	---

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,456,126	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,000,000	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	2,073,555	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,965,448	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	38,380	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)	334,489	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	437,574	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	5,458,792	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	3,820	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	165,140	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,933,324	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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 11/30/2022 9:15 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,168,916	18,933,324	1.00
2.00	Hospital	5,168,916	18,933,324	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 11/30/2022 9:15 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.253372	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			11,554,772	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			104,899,597	6.00
7.00	Medicaid cost (line 1 times line 6)			26,578,621	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)			15,023,849	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)			15,023,849	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)	9,336,147	4,274,121	13,610,268	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,365,518	4,274,121	6,639,639	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	174	174	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,365,518	4,273,947	6,639,465	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)			8,704,083	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			362,740	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			558,061	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,146,022	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,259,295	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,898,760	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,922,609	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

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

Worksheet A
Date/Time Prepared: 11/30/2022 9:15 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,201,800		12,201,800	-1,268,269	10,933,531	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,208,932	17,500,624	18,709,556	47,966	18,757,522	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	11,184,561	24,300,924	35,485,485	-217,831	35,267,654	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
6.01	00601	CAFETERIA	0	0	0	1,652,935	1,652,935	6.01	
6.02	00602	CAFETERIA	0	0	0	0	0	6.02	
7.00	00700	OPERATION OF PLANT	890,852	5,040,501	5,931,353	392,733	6,324,086	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	377,850	377,850	8.00	
9.00	00900	HOUSEKEEPING	0	3,080,819	3,080,819	-368,844	2,711,975	9.00	
10.00	01000	DIETARY	20,364	2,365,528	2,385,892	-1,700,472	685,420	10.00	
13.00	01300	NURSING ADMINISTRATION	1,504,360	84,902	1,589,262	-373,000	1,216,262	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	155,304	392,276	547,580	22,533	570,113	14.00	
15.00	01500	PHARMACY	2,666,130	13,073,339	15,739,469	-11,884,117	3,855,352	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,369,025	2,652,924	12,021,949	-1,441,710	10,580,239	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,711,734	1,862,648	4,574,382	-43,835	4,530,547	31.00	
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I/RF	1,222,933	901,015	2,123,948	9,985	2,133,933	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	1,732,409	1,732,409	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,261,892	8,685,606	11,947,498	307,937	12,255,435	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,416,873	2,270,212	5,687,085	-938,040	4,749,045	54.00	
57.00	05700	CT SCAN	0	0	0	910,074	910,074	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	494,875	494,875	58.00	
59.00	05900	CARDIAC CATHETERIZATION	806,592	1,692,457	2,499,049	39,365	2,538,414	59.00	
60.00	06000	LABORATORY	2,355,388	6,592,759	8,948,147	17,085	8,965,232	60.00	
60.01	06001	ONCOLOGY	1,007,860	603,177	1,611,037	5,719	1,616,756	60.01	
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	1,678,774	1,208,922	2,887,696	80,267	2,967,963	65.00	
66.00	06600	PHYSICAL THERAPY	1,932,477	277,676	2,210,153	74,820	2,284,973	66.00	
69.00	06900	ELECTROCARDIOLOGY	941,366	155,780	1,097,146	89,857	1,187,003	69.00	
69.01	06901	CARDIAC REHAB	150,200	46,072	196,272	32,383	228,655	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	11,891,348	11,891,348	73.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	260,768	621,629	882,397	58,095	940,492	90.00	
91.00	09100	EMERGENCY	4,768,790	7,764,208	12,532,998	-21,113	12,511,885	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1,227,328	350,910	1,578,238	43,714	1,621,952	95.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,742,503	113,726,708	166,469,211	24,719	166,493,930	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,050	10,050	22,541	32,591	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01	19201	PACT REV PHYSICIANS	162,774	838,508	1,001,282	-229,637	771,645	192.01	
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02	
192.03	19203	GREAT BEGINNINGS/MATERNAL	16,047	505	16,552	0	16,552	192.03	
192.04	19204	LIFELINE	0	0	0	0	0	192.04	
192.05	19205	OWNED PROPERTIES	0	1,720,878	1,720,878	-1,177,355	543,523	192.05	
192.06	19206	UROLOGY	371,911	1,076,093	1,448,004	44,075	1,492,079	192.06	
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
192.08	19211	PARI SH NURSING	54,397	7,067	61,464	8,298	69,762	192.08	
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09	
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10	
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11	
192.12	19209	LUNG CENTER	128,910	673,434	802,344	30,106	832,450	192.12	
192.13	19213	MGH EXPRESS	612,415	978,696	1,591,111	46,923	1,638,034	192.13	
192.14	19210	MGH PHYS PRACT MGMT	1,487,873	1,365,126	2,852,999	86,833	2,939,832	192.14	
192.15	19215	MGH MARION SURGEONS	484,753	1,664,239	2,148,992	77,916	2,226,908	192.15	
192.16	19216	MGH MGH MED ONC	8,857	1,462,592	1,471,449	0	1,471,449	192.16	
192.17	19217	MGH FMC SOUTH	617,238	1,306,078	1,923,316	351,101	2,274,417	192.17	
192.18	19218	MGH FAIRM MED ASSOC	128,382	225,581	353,963	22,271	376,234	192.18	
192.19	19219	MGH FMC MARION	468,739	1,011,443	1,480,182	66,382	1,546,564	192.19	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

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

Worksheet A
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.01	19301	MGH FMC NORTHWOOD	390,447	851,196	1,241,643	26,070	1,267,713	193.01
193.02	19302	MGH FMC GAS CITY	309,090	708,801	1,017,891	77,261	1,095,152	193.02
193.03	19303	MGH HOSPITALISTS	63,467	3,470,803	3,534,270	44,157	3,578,427	193.03
193.04	19304	MGH MAR FAM PRACT	1,186,685	2,503,356	3,690,041	98,200	3,788,241	193.04
193.05	19305	MGH FMC SWAYZEE	84,123	161,016	245,139	26,366	271,505	193.05
193.06	19306	MGH PEDIATRIC CTR	236,230	656,308	892,538	62,790	955,328	193.06
193.07	19307	MGH SPECIALTY PHYS	66,180	256,898	323,078	14,871	337,949	193.07
193.08	19308	MGH FMC CONVERSE	123,498	256,073	379,571	307	379,878	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	503,161	2,090,182	2,593,343	183,596	2,776,939	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	888,000	888,000	0	888,000	193.16
193.18	19318	MGH WOUND CARE	0	26,634	26,634	0	26,634	193.18
194.00	07963	HEART FAILURE CLINIC	0	55,287	55,287	0	55,287	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	145,569	145,569	194.03
194.04	07953	MGH WORK SOLUTIONS	288,886	427,113	715,999	4,486	720,485	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	42,652	391,864	434,516	7,204	441,720	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	34,708	26,080	60,788	4,557	65,345	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	1,924	26,015	27,939	0	27,939	194.18
194.19	07968	RURAL QI GRANT	25,334	49,806	75,140	0	75,140	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	8,779	8,779	0	8,779	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	207,139	1,216,549	1,423,688	-69,607	1,354,081	194.25
200.00		TOTAL (SUM OF LINES 118 through 199)	60,848,323	140,137,758	200,986,081	0	200,986,081	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

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

Worksheet A
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-67,360	10,866,171	1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-2,185,927	16,571,595	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-11,490,264	23,777,390	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601 CAFETERIA	-5,038	1,647,897	6.01
6.02	00602 CAFETERIA	0	0	6.02
7.00	00700 OPERATION OF PLANT	-174,685	6,149,401	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-3,478	374,372	8.00
9.00	00900 HOUSEKEEPING	-61	2,711,914	9.00
10.00	01000 DIETARY	-1,079	684,341	10.00
13.00	01300 NURSING ADMINISTRATION	-14	1,216,248	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-762	569,351	14.00
15.00	01500 PHARMACY	-31,526	3,823,826	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-13,003	10,567,236	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,724	4,528,823	31.00
40.00	04000 SUBPROVIDER - I PF	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	-76,319	2,057,614	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	1,732,409	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-3,715,038	8,540,397	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-155,502	4,593,543	54.00
57.00	05700 CT SCAN	0	910,074	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	494,875	58.00
59.00	05900 CARDIAC CATHETERIZATION	-197,295	2,341,119	59.00
60.00	06000 LABORATORY	-95,465	8,869,767	60.00
60.01	06001 ONCOLOGY	-1,305	1,615,451	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	-3,069	2,964,894	65.00
66.00	06600 PHYSICAL THERAPY	-146	2,284,827	66.00
69.00	06900 ELECTROCARDIOLOGY	-53,720	1,133,283	69.00
69.01	06901 CARDIAC REHAB	-55	228,600	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,891,348	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-1,003	939,489	90.00
91.00	09100 EMERGENCY	-4,863,278	7,648,607	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-56,178	1,565,774	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-23,193,294	143,300,636	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,591	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PACT REV PHYSICIANS	-13,209	758,436	192.01
192.02	19202 VISITOR MEALS	0	0	192.02
192.03	19203 GREAT BEGINNINGS/MATERNAL	0	16,552	192.03
192.04	19204 LIFELINE	0	0	192.04
192.05	19205 OWNED PROPERTIES	0	543,523	192.05
192.06	19206 UROLOGY	-63,237	1,428,842	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	192.07
192.08	19211 PARI SH NURSING	0	69,762	192.08
192.09	19212 BIOTERRORISM GRANT	0	0	192.09
192.10	19214 BREAST PUMPS	0	0	192.10
192.11	19208 MGH EMERGENCY PHYSICIANS	0	0	192.11
192.12	19209 LUNG CENTER	-51,844	780,606	192.12
192.13	19213 MGH EXPRESS	0	1,638,034	192.13
192.14	19210 MGH PHYS PRACT MGMT	-68,347	2,871,485	192.14
192.15	19215 MGH MARION SURGEONS	-121,020	2,105,888	192.15
192.16	19216 MGH MGH MED ONC	0	1,471,449	192.16
192.17	19217 MGH FMC SOUTH	-359,568	1,914,849	192.17
192.18	19218 MGH FAIRM MED ASSOC	-29,094	347,140	192.18
192.19	19219 MGH FMC MARION	-108,697	1,437,867	192.19
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 MGH FMC NORTHWOOD	-52,003	1,215,710	193.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0011

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

Worksheet A
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.02	19302	MGH FMC GAS CITY	-155,446	939,706	193.02
193.03	19303	MGH HOSPITALISTS	0	3,578,427	193.03
193.04	19304	MGH MAR FAM PRACT	-199,994	3,588,247	193.04
193.05	19305	MGH FMC SWAYZEE	-26,352	245,153	193.05
193.06	19306	MGH PEDIATRIC CTR	-70,866	884,462	193.06
193.07	19307	MGH SPECIALTY PHYS	-26,634	311,315	193.07
193.08	19308	MGH FMC CONVERSE	0	379,878	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	193.11
193.12	19312	OB/GYN	-198,349	2,578,590	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	888,000	193.16
193.18	19318	MGH WOUND CARE	0	26,634	193.18
194.00	07963	HEART FAILURE CLINIC	0	55,287	194.00
194.01	07950	MOW	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	194.02
194.03	07952	ADVERTISING	0	145,569	194.03
194.04	07953	MGH WORK SOLUTIONS	0	720,485	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	441,720	194.06
194.07	07956	ASTHMA GRANT	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	194.11
194.12	07961	GAS CITY	0	0	194.12
194.13	07969	LYONS	0	0	194.13
194.14	07964	WABASH	0	0	194.14
194.15	07965	TOBACCO GRANT	0	65,345	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	194.17
194.18	07962	ECHO GRANT	0	27,939	194.18
194.19	07968	RURAL QI GRANT	0	75,140	194.19
194.20	07970	MGH DIABETES GRANT	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	194.22
194.23	07973	DIABETES GRANT	0	8,779	194.23
194.24	07974	HEALTH SYS GRANT	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	1,354,081	194.25
200.00		TOTAL (SUM OF LINES 118 through 199)	-24,737,954	176,248,127	200.00

RECLASSIFICATIONS

Provider CCN: 15-0011

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

Worksheet A-6
Date/Time Prepared:
11/30/2022 9:15 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - SATELLITE OFFICE RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	64,143	10,911	1.00	
2.00	ELECTROCARDIOLOGY	69.00	4,187	632	2.00	
	TOTALS		68,330	11,543		
B - CAFETERIA RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	76,453	1.00	
2.00	CAFETERIA	6.01	0	1,652,935	2.00	
	TOTALS		0	1,729,388		
C - ADMIN DIRECTOR RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	17,831	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	262,024	0	2.00	
3.00	OPERATING ROOM	50.00	116,006	0	3.00	
4.00	CARDIAC CATHETERIZATION	59.00	34,004	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	59,728	0	5.00	
6.00	ELECTROCARDIOLOGY	69.00	68,007	0	6.00	
7.00	CARDIAC REHAB	69.01	17,002	0	7.00	
8.00	AMBULANCE SERVICES	95.00	33,469	0	8.00	
9.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	22,541	0	9.00	
10.00	PARI SH NURSING	192.08	4,239	0	10.00	
11.00	MGH EXPRESS	192.13	41,837	0	11.00	
12.00	OB/GYN	193.12	61,484	0	12.00	
	TOTALS		738,172	0		
D - ADVERTISING RECLASS						
1.00	ADVERTISING	194.03	132,574	12,995	1.00	
	TOTALS		132,574	12,995		
E - LEASED PROPERTY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00		119,182	1.00	
2.00	OPERATION OF PLANT	7.00		375,444	2.00	
3.00	HOUSEKEEPING	9.00		8,653	3.00	
4.00	DIETARY	10.00		28,319	4.00	
5.00	OPERATING ROOM	50.00		180,267	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00		284,094	6.00	
7.00	CT SCAN	57.00		20,127	7.00	
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		22,698	8.00	
9.00	LABORATORY	60.00		91,550	9.00	
10.00	RESPIRATORY THERAPY	65.00		20,539	10.00	
11.00	PHYSICAL THERAPY	66.00		55,896	11.00	
12.00	ELECTROCARDIOLOGY	69.00		17,031	12.00	
13.00	CARDIAC REHAB	69.01		15,381	13.00	
14.00	CLINIC	90.00		58,095	14.00	
15.00	PACT REV PHYSICIANS	192.01		9,222	15.00	
16.00	UROLOGY	192.06		44,075	16.00	
17.00	PARI SH NURSING	192.08		4,059	17.00	
18.00	LUNG CENTER	192.12		30,106	18.00	
19.00	MGH EXPRESS	192.13		5,086	19.00	
20.00	MGH PHYS PRACT MGMT	192.14		47,278	20.00	
21.00	MGH MARION SURGEONS	192.15		77,916	21.00	
22.00	MGH FMC SOUTH	192.17		326,244	22.00	
23.00	MGH FAIRM MED ASSOC	192.18		22,271	23.00	
24.00	MGH FMC MARION	192.19		66,382	24.00	
25.00	MGH FMC NORTHWOOD	193.01		26,070	25.00	
26.00	MGH FMC GAS CITY	193.02		77,261	26.00	
27.00	MGH MAR FAM PRACT	193.04		98,200	27.00	
28.00	MGH FMC SWAYZEE	193.05		26,366	28.00	
29.00	MGH PEDIATRIC CTR	193.06		62,790	29.00	
30.00	MGH SPECIALTY PHYS	193.07		14,871	30.00	
31.00	MGH FMC CONVERSE	193.08		307	31.00	
32.00	OB/GYN	193.12		122,112	32.00	
33.00	MGH WORK SOLUTIONS	194.04		4,486	33.00	
34.00	OPIOID IMPL GRANT	194.06		7,204	34.00	
35.00	TOBACCO GRANT	194.15		4,557	35.00	
	TOTALS		0	2,374,139		
F - PHARMACY RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00		11,891,348	1.00	
	TOTALS		0	11,891,348		
G - CT/MRI RECLASS						
1.00	CT SCAN	57.00	533,758	354,636	1.00	
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	282,638	187,788	2.00	
	TOTALS		816,396	542,424		

RECLASSIFICATIONS

Provider CCN: 15-0011

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

Worksheet A-6
Date/Time Prepared:
11/30/2022 9:15 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - SHORT TERM DISABILITY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00		5,968	1.00
2.00	ADULTS & PEDIATRICS	30.00		10,945	2.00
3.00	ONCOLOGY	60.01		11,466	3.00
4.00	ELECTROCARDIOLOGY	69.00		171	4.00
5.00	MGH PHYS PRACT MGMT	192.14		2,776	5.00
	TOTALS		0	31,326	
I - NURSERY RECLASS					
1.00	NURSERY	43.00	1,457,910	274,499	1.00
	TOTALS		1,457,910	274,499	
J - SMMP HOUSEKEEPING RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00		15,690	1.00
2.00	OPERATION OF PLANT	7.00		1,610	2.00
3.00	HOUSEKEEPING	9.00		353	3.00
4.00	DIETARY	10.00		597	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00		22,265	5.00
6.00	CT SCAN	57.00		1,553	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,751	7.00
8.00	LABORATORY	60.00		2,809	8.00
9.00	MGH FMC SOUTH	192.17		24,857	9.00
	TOTALS		0	71,485	
K - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	377,850	1.00
	TOTALS		0	377,850	
L - PHYSICIAN MEDICAL DIRECTOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	238,859	0	1.00
	TOTALS		238,859	0	
M - PHYSICIAN SALARY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	2,829,261	0	1.00
2.00	SUBPROVIDER - IRF	41.00	68,502	0	2.00
3.00	RESPIRATORY THERAPY	65.00	6,103	0	3.00
4.00	PHYSICAL THERAPY	66.00	4,255	0	4.00
5.00	CARDIAC REHAB	69.01	11,347	0	5.00
6.00	EMERGENCY	91.00	4,479,391	0	6.00
7.00	PACT REV PHYSICIANS	192.01	709,107	0	7.00
8.00	UROLOGY	192.06	616,036	0	8.00
9.00	LUNG CENTER	192.12	550,143	0	9.00
10.00	MGH EXPRESS	192.13	563,466	0	10.00
11.00	MGH MARION SURGEONS	192.15	1,349,628	0	11.00
12.00	MGH MGH MED ONC	192.16	1,312,754	0	12.00
13.00	MGH FMC SOUTH	192.17	703,345	0	13.00
14.00	MGH FAIRM MED ASSOC	192.18	123,318	0	14.00
15.00	MGH FAIRM MARION	192.19	677,996	0	15.00
16.00	MGH FMC NORTHWOOD	193.01	587,597	0	16.00
17.00	MGH FMC GAS CITY	193.02	323,924	0	17.00
18.00	MGH HOSPITALISTS	193.03	3,098,170	0	18.00
19.00	MGH MAR FAM PRACT	193.04	1,651,333	0	19.00
20.00	MGH FMC SWAYZEE	193.05	103,044	0	20.00
21.00	MGH PEDIATRIC CTR	193.06	419,856	0	21.00
22.00	MGH SPECIALTY PHYS	193.07	186,709	0	22.00
23.00	MGH FMC CONVERSE	193.08	124,360	0	23.00
24.00	OB/GYN	193.12	1,358,614	0	24.00
25.00	MGH WOUND CARE	193.18	23,985	0	25.00
26.00	HEART FAILURE CLINIC	194.00	36,279	0	26.00
27.00	MGH WORK SOLUTIONS	194.04	109,135	0	27.00
28.00	MGH MGH ORTHO	194.25	981,416	0	28.00
	TOTALS		23,009,074	0	
N - LIABILITY INSURANCE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00		69,607	1.00
	TOTALS		0	69,607	
O - MANAGEMENT BONUS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	47,966	0	1.00
2.00	OPERATION OF PLANT	7.00	15,679	0	2.00
3.00	NURSING ADMINISTRATION	13.00	203,358	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	4,702	0	4.00
5.00	PHARMACY	15.00	7,231	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	28,675	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	15,893	0	7.00
8.00	SUBPROVIDER - IRF	41.00	9,985	0	8.00
9.00	OPERATING ROOM	50.00	11,664	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	39,367	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	5,361	0	11.00
12.00	LABORATORY	60.00	2,599	0	12.00

Provider CCN: 15-0011

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

Worksheet A-6
Date/Time Prepared:
11/30/2022 9:15 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
13.00	ONCOLOGY	60.01	5,719	0		13.00
14.00	PHYSICAL THERAPY	66.00	18,924	0		14.00
15.00	EMERGENCY	91.00	54,193	0		15.00
16.00	AMBULANCE SERVICES	95.00	10,245	0		16.00
17.00	MGH PHYS PRACT MGMT	192.14	39,555	0		17.00
18.00	MGH HOSPITALISTS	193.03	44,157	0		18.00
	TOTALS		565,273	0		
500.00	Grand Total: Increases		27,026,588	17,386,604		500.00

RECLASSIFICATIONS

Provider CCN: 15-0011

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

Worksheet A-6
Date/Time Prepared:
11/30/2022 9:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - SATELLITE OFFICE RECLASS							
1.00	LABORATORY	60.00	68,330	11,543	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		68,330	11,543			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	0	1,729,388	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,729,388			
C - ADMIN DIRECTOR RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	26,780	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	576,358	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	59,728	0	0		3.00
4.00	EMERGENCY	91.00	75,306	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
	TOTALS		738,172	0			
D - ADVERTISING RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	132,574	12,995	0		1.00
	TOTALS		132,574	12,995			
E - LEASED PROPERTY RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,268,269	10		1.00
2.00	OWNED PROPERTIES	192.05	0	1,105,870	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
	TOTALS		0	2,374,139			
F - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	11,891,348	0		1.00
	TOTALS		0	11,891,348			
G - CT/MRI RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	816,396	542,424	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		816,396	542,424			
H - SHORT TERM DISABILITY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	5,968	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	10,945	0	0		2.00
3.00	ONCOLOGY	60.01	11,466	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 15-0011

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

Worksheet A-6
Date/Time Prepared:
11/30/2022 9:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	ELECTROCARDIOLOGY	69.00	171	0	0		4.00
5.00	MGH PHYS PRACT MGMT	192.14	2,776	0	0		5.00
	TOTALS		31,326	0			
I - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,457,910	274,499	0		1.00
	TOTALS		1,457,910	274,499			
J - SMMP HOUSEKEEPING RECLASS							
1.00	OWNED PROPERTIES	192.05	0	71,485	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		0	71,485			
K - LAUNDRY RECLASS							
1.00	HOUSEKEEPING	9.00	0	377,850	0		1.00
	TOTALS		0	377,850			
L - PHYSICIAN MEDICAL DIRECTOR RECLASS							
1.00	PACT REV PHYSICIANS	192.01	238,859	0	0		1.00
	TOTALS		238,859	0			
M - PHYSICIAN SALARY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,829,261	0		1.00
2.00	SUBPROVIDER - IRF	41.00	0	68,502	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	6,103	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	4,255	0		4.00
5.00	CARDIAC REHAB	69.01	0	11,347	0		5.00
6.00	EMERGENCY	91.00	0	4,479,391	0		6.00
7.00	PACT REV PHYSICIANS	192.01	0	709,107	0		7.00
8.00	UROLOGY	192.06	0	616,036	0		8.00
9.00	LUNG CENTER	192.12	0	550,143	0		9.00
10.00	MGH EXPRESS	192.13	0	563,466	0		10.00
11.00	MGH MARION SURGEONS	192.15	0	1,349,628	0		11.00
12.00	MGH MGH MED ONC	192.16	0	1,312,754	0		12.00
13.00	MGH FMC SOUTH	192.17	0	703,345	0		13.00
14.00	MGH FAIRM MED ASSOC	192.18	0	123,318	0		14.00
15.00	MGH FMC MARION	192.19	0	677,996	0		15.00
16.00	MGH FMC NORTHWOOD	193.01	0	587,597	0		16.00
17.00	MGH FMC GAS CITY	193.02	0	323,924	0		17.00
18.00	MGH HOSPITALISTS	193.03	0	3,098,170	0		18.00
19.00	MGH MAR FAM PRACT	193.04	0	1,651,333	0		19.00
20.00	MGH FMC SWAYZEE	193.05	0	103,044	0		20.00
21.00	MGH PEDIATRIC CTR	193.06	0	419,856	0		21.00
22.00	MGH SPECIALTY PHYS	193.07	0	186,709	0		22.00
23.00	MGH FMC CONVERSE	193.08	0	124,360	0		23.00
24.00	OB/GYN	193.12	0	1,358,614	0		24.00
25.00	MGH WOUND CARE	193.18	0	23,985	0		25.00
26.00	HEART FAILURE CLINIC	194.00	0	36,279	0		26.00
27.00	MGH WORK SOLUTIONS	194.04	0	109,135	0		27.00
28.00	MGH MGH ORTHO	194.25	0	981,416	0		28.00
	TOTALS		0	23,009,074			
N - LIABILITY INSURANCE RECLASS							
1.00	MGH MGH ORTHO	194.25	0	69,607	0		1.00
	TOTALS		0	69,607			
O - MANAGEMENT BONUS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	565,273	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00

Provider CCN: 15-0011

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

Worksheet A-6
Date/Time Prepared:
11/30/2022 9:15 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00		0.00	0	0	0		18.00
	TOTALS		565,273	0			
500.00	Grand Total: Decreases		4,048,840	40,364,352			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0011

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

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2022 9:15 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,044,644	3,725,000	0	3,725,000	0	1.00
2.00	Land Improvements	3,364,440	4,729	0	4,729	0	2.00
3.00	Buildings and Fixtures	150,475,907	3,808,763	0	3,808,763	0	3.00
4.00	Building Improvements	2,481,340	0	0	0	1,476,832	4.00
5.00	Fixed Equipment	3,509,530	0	0	0	0	5.00
6.00	Movable Equipment	79,288,571	27,154,498	0	27,154,498	4,391,945	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	248,164,432	34,692,990	0	34,692,990	5,868,777	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	248,164,432	34,692,990	0	34,692,990	5,868,777	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,769,644	0				1.00
2.00	Land Improvements	3,369,169	0				2.00
3.00	Buildings and Fixtures	154,284,670	0				3.00
4.00	Building Improvements	1,004,508	0				4.00
5.00	Fixed Equipment	3,509,530	0				5.00
6.00	Movable Equipment	102,051,124	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	276,988,645	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	276,988,645	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0011

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

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,201,800	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	12,201,800	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	12,201,800				1.00
3.00	Total (sum of lines 1-2)	0	12,201,800				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0011

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

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	276,988,645	0	276,988,645	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	276,988,645	0	276,988,645	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,201,800	-1,268,269	1.00
3.00	Total (sum of lines 1-2)	0	0	0	12,201,800	-1,268,269	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	NEW CAP REL COSTS-BLDG & FIXT	-67,360	0	0	0	10,866,171	1.00
3.00	Total (sum of lines 1-2)	-67,360	0	0	0	10,866,171	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0			0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0			0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0			0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0			0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0			0	7.00
8.00 Television and radio service (chapter 21)			0			0	8.00
9.00 Parking lot (chapter 21)			0			0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,867,551				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0			0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,400	0	CAFETERIA	6.01	0	14.00
15.00 Rental of quarters to employees and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0011

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

Worksheet A-8

Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00 FINANCE BANK SERVICE CHARGES	A	-205,889	ADMINISTRATIVE & GENERAL	5.00		0 33.00
33.01 FINANCE DISCOUNT PAYMENTS	A	19,522	ADMINISTRATIVE & GENERAL	5.00		0 33.01
33.02 GAIN ON DISPOSAL	A	-5,442	ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03 XIX ASSESSMENT FEE A/C	A	-7,169,089	ADMINISTRATIVE & GENERAL	5.00		0 33.03
33.04 SELF INSURANCE EXPENSE	A	-2,185,788	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.04
33.05 DEPOSITION-OTHER	B	-2,300	ADMINISTRATIVE & GENERAL	5.00		0 33.05
33.06 RETURNED CHECK FEE	B	-420	ADMINISTRATIVE & GENERAL	5.00		0 33.06
33.07 PHYSICIAN PRIV APPLICATION	B	-3,150	ADMINISTRATIVE & GENERAL	5.00		0 33.07
33.08 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-71,409	ADMINISTRATIVE & GENERAL	5.00		0 33.08
33.09 CHILD SEAT SAFETY INSPECTION	B	-250	ADMINISTRATIVE & GENERAL	5.00		0 33.09
33.10 HEALTH SCREENING FEES - LAB	B	-15,024	LABORATORY	60.00		0 33.10
33.11 HEALTH SCREENING FEES - RAD	B	-26,194	RADIOLOGY-DIAGNOSTIC	54.00		0 33.11
33.12 MED STAFF OTHER SCREENING - MED STAF	B	0	ADMINISTRATIVE & GENERAL	5.00		0 33.12
33.13 HEALTH SCREENS	B	-8,514	LABORATORY	60.00		0 33.13
33.14 HEALTH SCREENS	B	780	LABORATORY	60.00		0 33.14
33.15 REBATE	B	-6,094	ADMINISTRATIVE & GENERAL	5.00		0 33.15
33.16 REBATE	B	-77,858	ADMINISTRATIVE & GENERAL	5.00		0 33.16
33.17 RENTAL OF PROVIDER SPACE BY SUPPLIER	B	-3,392	ADMINISTRATIVE & GENERAL	5.00		0 33.17
33.18 RENT SPACE UPLAND	B	0	LABORATORY	60.00		0 33.18
33.19 PAGER RENTAL	B	-840	ADMINISTRATIVE & GENERAL	5.00		0 33.19
33.20 SALE OF SCRAP, WASTE, ETC.	B	-2,764	ADMINISTRATIVE & GENERAL	5.00		0 33.20
33.21 PCC MARKETING AG	B	-3,332	ADMINISTRATIVE & GENERAL	5.00		0 33.21
33.22 EDUCATIONAL WORKSHOP	B	-158	ADMINISTRATIVE & GENERAL	5.00		0 33.22
33.23 OPT HEALTH LINEN SEV	B	-3,478	LAUNDRY & LINEN SERVICE	8.00		0 33.23
33.24 AMBULANCE SVC - ASSISTS	B	-46,875	AMBULANCE SERVICES	95.00		0 33.24
33.25 AMBULANCE SVC - CORONER SVC	B	0	AMBULANCE SERVICES	95.00		0 33.25
33.26 AMBULANCE SVC - LINEN SERVICES	B	-4,608	AMBULANCE SERVICES	95.00		0 33.26
33.27 AMBULANCE SVC - COMMUNITY	B	-3,924	AMBULANCE SERVICES	95.00		0 33.27
33.28 CONTRACT ARU OTH ARU MEDICAL DIRECTO	B	-58,293	SUBPROVIDER - IRF	41.00		0 33.28
33.29 MGH UNCLAIMED OTH 125 MED/CHILD	B	-23,416	ADMINISTRATIVE & GENERAL	5.00		0 33.29
33.30 SCHOOL PHYS OTHER SCHOOL PHYS	B	-7,980	ADMINISTRATIVE & GENERAL	5.00		0 33.30
33.31 PHLEBOTOMY	B	-8,940	LABORATORY	60.00		0 33.31
33.32 CPR TRAIN OTH AHA COMMUNITY	B	-9,542	ADMINISTRATIVE & GENERAL	5.00		0 33.32
33.33 CLINICAL STUDY - OTHER	B	0	ONCOLOGY	60.01		0 33.33
33.34 SICK CHILD CARE PROGRAM	B	-1,450	ADULTS & PEDIATRICS	30.00		0 33.34
33.35 ONC. QUAL	B	-1,400	ADMINISTRATIVE & GENERAL	5.00		0 33.35
33.36 SETTLEMENTS	B	0	ADMINISTRATIVE & GENERAL	5.00		0 33.36
33.37 UNCLAIMED OTHER MONIES RECOVERED	B	0	ADMINISTRATIVE & GENERAL	5.00		0 33.37
33.38 VENDING MACHINES	B	-2,638	CAFETERIA	6.01		0 33.38
33.39 MISCELLANEOUS OTHER REVENUE	B	-83	ADMINISTRATIVE & GENERAL	5.00		0 33.39
33.40 COVID OTHER REVENUE	B	-627,746	ADMINISTRATIVE & GENERAL	5.00		0 33.40
33.41 DIABETES OTHER REVENUE	B	-8,558	LABORATORY	60.00		0 33.41
33.42 RENT BILLB OTHER REVENUE	B	-1,200	ADMINISTRATIVE & GENERAL	5.00		0 33.42
33.43 STAT RADIOLOGY OTHER REVENUE	B	-3,225	RADIOLOGY-DIAGNOSTIC	54.00		0 33.43
33.44 HEALTH SCREENINGS - FLU SHOT	B	-10	LABORATORY	60.00		0 33.44
33.45 MISC REV	B	-83	ADMINISTRATIVE & GENERAL	5.00		0 33.45
33.46 TELEVISION AND RADIO SERVICE	A	-55,292	OPERATION OF PLANT	7.00		0 33.46
33.47 TELEPHONE SERVICES	A	-119,212	OPERATION OF PLANT	7.00		0 33.47
33.48 OPERATING INTEREST INCOME	B	-67,360	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.48
33.49 LOBBYING COSTS	A	-20	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.49
33.50 LOBBYING COSTS	A	-22,867	ADMINISTRATIVE & GENERAL	5.00		0 33.50
33.51 LOBBYING COSTS	A	-383	PHARMACY	15.00		0 33.51
33.52 LOBBYING COSTS	A	-3	RADIOLOGY-DIAGNOSTIC	54.00		0 33.52
33.53 LOBBYING COSTS	A	-691	ONCOLOGY	60.01		0 33.53

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0011

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

Worksheet A-8

Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		
33.54 LOBBYING COSTS	A	-63	RESPIRATORY THERAPY	65.00		0	33.54
33.55 LOBBYING COSTS	A	-9	PHYSICAL THERAPY	66.00		0	33.55
33.56 ELIMINATING ENTRIES	A	-68,347	MGH PHYS PRACT MGMT	192.14		0	33.56
33.57 ELIMINATING ENTRIES	A		OMGH WORK SOLUTIONS	194.04		0	33.57
33.58 ELIMINATING ENTRIES	A	-51,844	LUNG CENTER	192.12		0	33.58
33.59 ELIMINATING ENTRIES	A	-121,020	MGH MARI ON SURGEONS	192.15		0	33.59
33.60 ELIMINATING ENTRIES	A	-359,568	MGH FMC SOUTH	192.17		0	33.60
33.61 ELIMINATING ENTRIES	A	-29,094	MGH FAI RM MED ASSOC	192.18		0	33.61
33.62 ELIMINATING ENTRIES	A	-108,697	MGH FMC MARI ON	192.19		0	33.62
33.63 ELIMINATING ENTRIES	A	-155,446	MGH FMC GAS CITY	193.02		0	33.63
33.64 ELIMINATING ENTRIES	A	-26,352	MGH FMC SWAYZEE	193.05		0	33.64
33.65 ELIMINATING ENTRIES	A	-70,866	MGH PEDI ATRIC CTR	193.06		0	33.65
33.66 ELIMINATING ENTRIES	A	-63,237	UROLOGY	192.06		0	33.66
33.67 ELIMINATING ENTRIES	A	-26,634	MGH SPECI ALTY PHYS	193.07		0	33.67
33.68 ELIMINATING ENTRIES	A	-52,003	MGH FMC NORTHWOOD	193.01		0	33.68
33.69 ELIMINATING ENTRIES	A	-199,994	MGH MAR FAM PRACT	193.04		0	33.69
33.70 ELIMINATING ENTRIES	A	-198,349	OB/GYN	193.12		0	33.70
33.71 PHYSICIAN RECRUITMENT	A	-1,074,905	ADMINI STRATI VE & GENERAL	5.00		0	33.71
33.72 ENTERTAINMENT EXP	A	-200,000	ADMINI STRATI VE & GENERAL	5.00		0	33.72
33.73 EMPLOYEE USE OF AUTO	A	-2,267	ADMINI STRATI VE & GENERAL	5.00		0	33.73
33.74 DONATIONS	A	-169,318	ADMINI STRATI VE & GENERAL	5.00		0	33.74
33.75 VHA OPPORTUNITY	A	-119	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.75
33.76 VHA OPPORTUNITY	A	-12,659	ADMINI STRATI VE & GENERAL	5.00		0	33.76
33.77 VHA OPPORTUNITY	A	-181	OPERATI ON OF PLANT	7.00		0	33.77
33.78 VHA OPPORTUNITY	A		ADMINI STRATI VE & GENERAL	5.00		0	33.78
33.79 VHA OPPORTUNITY	A	-61	HOUSEKEEPING	9.00		0	33.79
33.80 VHA OPPORTUNITY	A	-1,079	DI ETARY	10.00		0	33.80
33.81 VHA OPPORTUNITY	A	-14	NURSI NG ADMINI STRATI ON	13.00		0	33.81
33.82 VHA OPPORTUNITY	A	-762	CENTRAL SERVI CES & SUPPLY	14.00		0	33.82
33.83 VHA OPPORTUNITY	A	-31,143	PHARMACY	15.00		0	33.83
33.84 VHA OPPORTUNITY	A	-11,553	ADULTS & PEDI ATRICS	30.00		0	33.84
33.85 VHA OPPORTUNITY	A	-1,724	INTENSI VE CARE UNI T	31.00		0	33.85
33.86 VHA OPPORTUNITY	A	-251	SUBPROVI DER - IRF	41.00		0	33.86
33.87 VHA OPPORTUNITY	A	-31,846	OPERATI NG ROOM	50.00		0	33.87
33.88 VHA OPPORTUNITY	A	-5,074	RADI OLOGY-DI AGNOSTIC	54.00		0	33.88
33.89 VHA OPPORTUNITY	A	-76,217	CARDI AC CATHETERI ZATI ON	59.00		0	33.89
33.90 VHA OPPORTUNITY	A	-44,173	LABORATORY	60.00		0	33.90
33.91 VHA OPPORTUNITY	A	-614	ONCOLOGY	60.01		0	33.91
33.92 VHA OPPORTUNITY	A	-3,006	RESPI RATORY THERAPY	65.00		0	33.92
33.93 VHA OPPORTUNITY	A	-137	PHYSICAL THERAPY	66.00		0	33.93
33.94 VHA OPPORTUNITY	A	-65	ELECTROCARDI OLOGY	69.00		0	33.94
33.95 VHA OPPORTUNITY	A	-55	CARDI AC REHAB	69.01		0	33.95
33.96 VHA OPPORTUNITY	A	-1,003	CLINI C	90.00		0	33.96
33.97 VHA OPPORTUNITY	A	-3,459	EMERGENCY	91.00		0	33.97
33.98 VHA OPPORTUNITY	A	-771	AMBULANCE SERVI CES	95.00		0	33.98
33.99 ED ON CALL SVC A/C 7000.2512	A	-1,799,341	ADMINI STRATI VE & GENERAL	5.00		0	33.99
34.00 MISC REV	B		LABORATORY	60.00		0	34.00
34.01 RENT LAND OTHER-FARM LAND	B	-4,592	ADMINI STRATI VE & GENERAL	5.00		0	34.01
34.02 ELIMINATING ENTRIES	A	-13,209	PACT REV PHYSICI ANS	192.01		0	34.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,737,954					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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0011

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2022 9:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	41.00	SUBPROVIDER - IRF	17,775	17,775	0	0	0	1.00
2.00	50.00	OPERATING ROOM	3,683,192	3,683,192	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	121,006	121,006	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	121,078	121,078	0	0	0	4.00
5.00	60.00	LABORATORY	11,026	11,026	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	53,655	53,655	0	0	0	6.00
7.00	91.00	EMERGENCY	4,859,819	4,859,819	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,867,551	8,867,551	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	41.00	SUBPROVIDER - IRF	0	0	0	17,775		1.00
2.00	50.00	OPERATING ROOM	0	0	0	3,683,192		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	121,006		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	121,078		4.00
5.00	60.00	LABORATORY	0	0	0	11,026		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	53,655		6.00
7.00	91.00	EMERGENCY	0	0	0	4,859,819		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	8,867,551		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADM INI STRATI V E & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	10,866,171	10,866,171			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,571,595	263,427	16,835,022		4.00
5.00 00500	ADM INI STRATI VE & GENERAL	23,777,390	3,356,380	2,757,011	29,890,781	29,890,781 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01 00601	CAFETERIA	1,647,897	118,097	0	1,765,994	360,672 6.01
6.02 00602	CAFETERIA	0	0	0	0	6.02
7.00 00700	OPERATI ON OF PLANT	6,149,401	2,181,385	184,833	8,515,619	1,739,162 7.00
8.00 00800	LAUNDRY & LI NEN SERVICE	374,372	51,377	0	425,749	86,952 8.00
9.00 00900	HOUSEKEEPING	2,711,914	79,266	0	2,791,180	570,048 9.00
10.00 01000	DI ETARY	684,341	162,715	4,152	851,208	173,844 10.00
13.00 01300	NURSI NG ADM INI STRATI ON	1,216,248	16,923	230,673	1,463,844	298,964 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	569,351	57,942	36,259	663,552	135,519 14.00
15.00 01500	PHARMACY	3,823,826	74,647	545,072	4,443,545	907,514 15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,567,236	1,028,373	1,670,036	13,265,645	2,709,197 30.00
31.00 03100	INTENSIVE CARE UNIT	4,528,823	265,616	543,958	5,338,397	1,090,271 31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I RF	2,057,614	233,058	265,347	2,556,019	522,021 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,732,409	0	297,253	2,029,662	414,522 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,540,397	837,720	691,098	10,069,215	2,056,456 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
54.00 05400	RADIOLOGY-DI AGNOSTIC	4,593,543	502,977	551,316	5,647,836	1,153,469 54.00
57.00 05700	CT SCAN	910,074	36,594	108,828	1,055,496	215,566 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	494,875	43,378	57,627	595,880	121,698 58.00
59.00 05900	CARDI AC CATHETERIZATI ON	2,341,119	122,547	172,482	2,636,148	538,386 59.00
60.00 06000	LABORATORY	8,869,767	354,316	466,838	9,690,921	1,979,196 60.00
60.01 06001	ONCOLOGY	1,615,451	0	204,321	1,819,772	371,656 60.01
60.02 06002	RADIATI ON ONCOLOGY	0	0	0	0	0 60.02
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPI RATORY THERAPY	2,964,894	162,958	355,708	3,483,560	711,454 65.00
66.00 06600	PHYSI CAL THERAPY	2,284,827	170,131	398,739	2,853,697	582,816 66.00
69.00 06900	ELECTROCARDIOLOGY	1,133,283	193,400	206,620	1,533,303	313,150 69.00
69.01 06901	CARDI AC REHAB	228,600	31,512	36,404	296,516	60,558 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	11,891,348	0	0	11,891,348	2,428,594 73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINI C	939,489	119,021	53,168	1,111,678	227,040 90.00
91.00 09100	EMERGENCY	7,648,607	269,190	1,881,307	9,799,104	2,001,291 91.00
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATI ON BEDS (DI STI NCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,565,774	100,907	259,153	1,925,834	393,317 95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	143,300,636	10,833,857	11,978,203	138,411,503	22,163,333 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	32,591	32,314	4,596	69,501	14,194 190.00
192.00 19200	PHYSI CI ANS' PRI VATE OFFI CES	0	0	0	0	0 192.00
192.01 19201	PACT REV PHYSI CI ANS	758,436	0	129,067	887,503	181,257 192.01
192.02 19202	VI SI TOR MEALS	0	0	0	0	0 192.02
192.03 19203	GREAT BEGI NNI NGS/MATERNAL	16,552	0	3,272	19,824	4,049 192.03
192.04 19204	LI FELI NE	0	0	0	0	0 192.04
192.05 19205	OWNED PROPRTI ES	543,523	0	0	543,523	111,005 192.05
192.06 19206	UROLOGY	1,428,842	0	201,433	1,630,275	332,954 192.06
192.07 19207	PHYSI CI ANS' PRI VATE OFFI CES	0	0	0	0	0 192.07
192.08 19211	PARI SH NURSI NG	69,762	0	11,955	81,717	16,689 192.08
192.09 19212	BI OTERRORI SM GRANT	0	0	0	0	0 192.09
192.10 19214	BREAST PUMPS	0	0	0	0	0 192.10
192.11 19208	MGH EMERGENCY PHYSI CI ANS	0	0	0	0	0 192.11
192.12 19209	LUNG CENTER	780,606	0	138,452	919,058	187,701 192.12
192.13 19213	MGH EXPRESS	1,638,034	0	248,281	1,886,315	385,246 192.13
192.14 19210	MGH PHYS PRACT MGMT	2,871,485	0	310,861	3,182,346	649,937 192.14
192.15 19215	MGH MARION SURGEONS	2,105,888	0	374,012	2,479,900	506,475 192.15
192.16 19216	MGH MGH MED ONC	1,471,449	0	269,463	1,740,912	355,550 192.16
192.17 19217	MGH FMC SOUTH	1,914,849	0	269,254	2,184,103	446,064 192.17

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
192.18 19218 MGH FAIRM MED ASSOC	347,140	0	0	51,319	398,459	81,378	192.18
192.19 19219 MGH FMC MARION	1,437,867	0	0	233,808	1,671,675	341,410	192.19
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	1,215,710	0	0	199,413	1,415,123	289,013	193.01
193.02 19302 MGH FMC GAS CITY	939,706	0	0	129,065	1,068,771	218,277	193.02
193.03 19303 MGH HOSPITALISTS	3,578,427	0	0	653,629	4,232,056	864,321	193.03
193.04 19304 MGH MAR FAM PRACT	3,588,247	0	0	578,643	4,166,890	851,012	193.04
193.05 19305 MGH FMC SWAYZEE	245,153	0	0	38,161	283,314	57,862	193.05
193.06 19306 MGH PEDIATRIC CTR	884,462	0	0	133,769	1,018,231	207,955	193.06
193.07 19307 MGH SPECIALTY PHYS	311,315	0	0	51,562	362,877	74,111	193.07
193.08 19308 MGH FMC CONVERSE	379,878	0	0	50,536	430,414	87,904	193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	0	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0	0	193.11
193.12 19312 OB/GYN	2,578,590	0	0	392,133	2,970,723	606,717	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	0	193.15
193.16 19316 MGH NEONATOLOGY	888,000	0	0	0	888,000	181,358	193.16
193.18 19318 MGH WOUND CARE	26,634	0	0	4,890	31,524	6,438	193.18
194.00 07963 HEART FAI LURE CLINIC	55,287	0	0	7,397	62,684	12,802	194.00
194.01 07950 MOW	0	0	0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0	0	0	0	0	194.02
194.03 07952 ADVERTISING	145,569	0	0	27,031	172,600	35,250	194.03
194.04 07953 MGH WORK SOLUTIONS	720,485	0	0	81,153	801,638	163,720	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	0	194.05
194.06 07955 OPIOID IMPL GRANT	441,720	0	0	8,696	450,416	91,989	194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	0	0	194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	0	194.10
194.11 07960 FAIRMOUNT	0	0	0	0	0	0	194.11
194.12 07961 GAS CITY	0	0	0	0	0	0	194.12
194.13 07969 LYONS	0	0	0	0	0	0	194.13
194.14 07964 WABASH	0	0	0	0	0	0	194.14
194.15 07965 TOBACCO GRANT	65,345	0	0	7,077	72,422	14,791	194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	0	0	194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0	0	0	194.17
194.18 07962 ECHO GRANT	27,939	0	0	392	28,331	5,786	194.18
194.19 07968 RURAL QI GRANT	75,140	0	0	5,165	80,305	16,401	194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	0	0	194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	0	0	194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0	0	0	194.22
194.23 07973 DIABETES GRANT	8,779	0	0	0	8,779	1,793	194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0	0	0	194.24
194.25 07975 MGH MGH ORTHO	1,354,081	0	0	242,334	1,596,415	326,039	194.25
200.00 Cross Foot Adjustments					0	0	200.00
201.00 Negative Cost Centers					0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	176,248,127	10,866,171		16,835,022	176,248,127	29,890,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	2,126,666			6.01
6.02	00602	CAFETERIA	0	2,104,543	2,104,543		6.02
7.00	00700	OPERATION OF PLANT	0	0	66,951	10,321,732	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	107,199	619,900
9.00	00900	HOUSEKEEPING	0	0	0	165,390	0
10.00	01000	DIETARY	0	0	563	339,507	73,434
13.00	01300	NURSING ADMINISTRATION	0	0	35,581	35,310	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	15,054	120,897	10
15.00	01500	PHARMACY	0	0	104,350	155,751	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	341,421	2,145,715	131,385
31.00	03100	INTENSIVE CARE UNIT	0	0	87,154	554,210	33,374
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	56,034	486,278	13,979
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	59,872	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	172,713	1,747,913	54,185
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	150,514	1,049,468	34,895
57.00	05700	CT SCAN	0	0	30,894	76,354	20,640
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	16,359	90,508	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	41,744	255,696	6,520
60.00	06000	LABORATORY	0	0	135,109	739,285	0
60.01	06001	ONCOLOGY	0	0	0	0	1,936
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	65,583	340,014	5,172
66.00	06600	PHYSICAL THERAPY	0	0	41,803	354,981	12,529
69.00	06900	ELECTROCARDIOLOGY	0	0	64,140	403,532	4,120
69.01	06901	CARDIAC REHAB	0	0	9,075	65,750	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	17,240	248,339	1,180
91.00	09100	EMERGENCY	0	0	208,619	561,668	207,176
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	88,559	210,543	17,760
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,104,543	1,809,332	10,254,308	618,295
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,309	67,424	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PACT REV PHYSICIANS	0	0	5,109	0	0
192.02	19202	VISITOR MEALS	0	22,123	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0
192.04	19204	LIFELINE	0	0	0	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.06	19206	UROLOGY	0	0	31,378	0	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.08	19211	PARI SH NURSING	0	0	3,270	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0
192.12	19209	LUNG CENTER	0	0	11,223	0	0
192.13	19213	MGH EXPRESS	0	0	0	0	712
192.14	19210	MGH PHYS PRACT MGMT	0	0	112,970	0	0
192.15	19215	MGH MARION SURGEONS	0	0	39,482	0	124
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	0	56
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	17
192.19	19219	MGH FMC MARION	0	0	44,275	0	63
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0
193.02	19302	MGH FMC GAS CITY	0	0	0	0	110

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	464	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	21,355	0	23	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	6,981	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	14	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	7,452	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	0	22	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	2,583	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	169	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	2,551	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	4,498	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	606	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,126,666	2,104,543	10,321,732	619,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part I Date/Time Prepared: 11/30/2022 9:15 am	
Cost Center Description			HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CAFETERIA						6.01
6.02	00602	CAFETERIA						6.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,526,618					9.00
10.00	01000	DIETARY	50,516	1,489,072				10.00
13.00	01300	NURSING ADMINISTRATION	15,786	0	1,849,485			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	78,931	0	21,152	1,035,115		14.00
15.00	01500	PHARMACY	44,201	0	0	0	5,655,361	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	934,539	807,908	479,711	112,735	0	30.00
31.00	03100	INTENSIVE CARE UNIT	176,804	150,640	122,455	51,243	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	151,547	127,395	78,730	10,249	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	84,122	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	467,269	0	242,668	215,220	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	200,484	0	0	10,249	0	54.00
57.00	05700	CT SCAN	11,050	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	63,144	0	58,651	61,492	0	59.00
60.00	06000	LABORATORY	176,804	0	0	61,492	0	60.00
60.01	06001	ONCOLOGY	0	0	0	10,249	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	132,603	0	98,502	20,497	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	58,735	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	85,245	0	90,119	30,746	0	69.00
69.01	06901	CARDIAC REHAB	94,717	0	12,751	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	5,655,361	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	63,144	0	24,223	0	0	90.00
91.00	09100	EMERGENCY	707,218	56,058	293,117	51,243	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	22,101	0	124,428	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,476,103	1,142,001	1,789,364	635,415	5,655,361	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,314	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	1,000	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	0	0	40,995	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	12,629	0	0	0	0	192.07
192.08	19211	PARI SH NURSING	6,314	0	0	0	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	0	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	59,121	20,497	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	25,258	0	0	0	0	192.14
192.15	19215	MGH MARION SURGEONS	0	0	0	30,746	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	30,746	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	0	30,746	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	10,249	0	193.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
193.02	19302	MGH FMC GAS CITY	0	0	0	10,249	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	61,492	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	10,249	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	10,249	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	10,249	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	102,487	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAULTURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	233,084	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	113,987	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	20,497	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	10,249	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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)	3,526,618	1,489,072	1,849,485	1,035,115	5,655,361	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	CAFETERIA			6.01
6.02	00602	CAFETERIA			6.02
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
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	20,928,256	0	20,928,256
31.00	03100	INTENSIVE CARE UNIT	7,604,548	0	7,604,548
40.00	04000	SUBPROVIDER - IPF	0	0	0
41.00	04100	SUBPROVIDER - IRF	4,002,252	0	4,002,252
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	2,588,178	0	2,588,178
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	15,025,639	0	15,025,639
51.00	05100	RECOVERY ROOM	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,246,915	0	8,246,915
57.00	05700	CT SCAN	1,410,000	0	1,410,000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	824,445	0	824,445
59.00	05900	CARDIAC CATHETERIZATION	3,661,781	0	3,661,781
60.00	06000	LABORATORY	12,782,807	0	12,782,807
60.01	06001	ONCOLOGY	2,203,613	0	2,203,613
60.02	06002	RADIATION ONCOLOGY	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,857,385	0	4,857,385
66.00	06600	PHYSICAL THERAPY	3,904,561	0	3,904,561
69.00	06900	ELECTROCARDIOLOGY	2,524,355	0	2,524,355
69.01	06901	CARDIAC REHAB	539,367	0	539,367
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	19,975,303	0	19,975,303
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,692,844	0	1,692,844
91.00	09100	EMERGENCY	13,885,494	0	13,885,494
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	2,782,542	0	2,782,542
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,440,285	0	129,440,285
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,742	0	158,742
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0
192.01	19201	PACT REV PHYSICIANS	1,073,869	0	1,073,869
192.02	19202	VISITOR MEALS	22,123	0	22,123
192.03	19203	GREAT BEGINNINGS/MATERNAL	24,873	0	24,873
192.04	19204	LIFELINE	0	0	0
192.05	19205	OWNED PROPERTIES	654,528	0	654,528
192.06	19206	UROLOGY	2,035,602	0	2,035,602
192.07	19207	PHYSICIANS' PRIVATE OFFICES	12,629	0	12,629
192.08	19211	PARI SH NURSING	107,990	0	107,990
192.09	19212	BIOTERRORISM GRANT	0	0	0
192.10	19214	BREAST PUMPS	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0
192.12	19209	LUNG CENTER	1,117,982	0	1,117,982
192.13	19213	MGH EXPRESS	2,351,891	0	2,351,891
192.14	19210	MGH PHYS PRACT MGMT	3,970,511	0	3,970,511
192.15	19215	MGH MARION SURGEONS	3,056,727	0	3,056,727
192.16	19216	MGH MGH MED ONC	2,096,462	0	2,096,462
192.17	19217	MGH FMC SOUTH	2,660,969	0	2,660,969
192.18	19218	MGH FAIRM MED ASSOC	479,854	0	479,854
192.19	19219	MGH FMC MARION	2,088,169	0	2,088,169

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	1,714,385	0	1,714,385	193.01
193.02	19302	MGH FMC GAS CITY	1,297,407	0	1,297,407	193.02
193.03	19303	MGH HOSPITALISTS	5,096,377	0	5,096,377	193.03
193.04	19304	MGH MAR FAM PRACT	5,079,858	0	5,079,858	193.04
193.05	19305	MGH FMC SWAYZEE	351,425	0	351,425	193.05
193.06	19306	MGH PEDIATRIC CTR	1,257,813	0	1,257,813	193.06
193.07	19307	MGH SPECIALTY PHYS	443,969	0	443,969	193.07
193.08	19308	MGH FMC CONVERSE	528,581	0	528,581	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	193.11
193.12	19312	OB/GYN	3,679,927	0	3,679,927	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	1,069,358	0	1,069,358	193.16
193.18	19318	MGH WOUND CARE	37,962	0	37,962	193.18
194.00	07963	HEART FAILURE CLINIC	75,486	0	75,486	194.00
194.01	07950	MOW	233,084	0	233,084	194.01
194.02	07951	MENTAL HEALTH	113,987	0	113,987	194.02
194.03	07952	ADVERTISING	215,302	0	215,302	194.03
194.04	07953	MGH WORK SOLUTIONS	985,877	0	985,877	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	542,405	0	542,405	194.06
194.07	07956	ASTHMA GRANT	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	194.11
194.12	07961	GAS CITY	10,249	0	10,249	194.12
194.13	07969	LYONS	0	0	0	194.13
194.14	07964	WABASH	0	0	0	194.14
194.15	07965	TOBACCO GRANT	89,796	0	89,796	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	194.17
194.18	07962	ECHO GRANT	34,286	0	34,286	194.18
194.19	07968	RURAL QI GRANT	99,257	0	99,257	194.19
194.20	07970	MGH DIABETES GRANT	4,498	0	4,498	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	194.22
194.23	07973	DIABETES GRANT	10,572	0	10,572	194.23
194.24	07974	HEALTH SYS GRANT	606	0	606	194.24
194.25	07975	MGH MGH ORTHO	1,922,454	0	1,922,454	194.25
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	176,248,127	0	176,248,127	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

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

Worksheet B Part II Date/Time Prepared: 11/30/2022 9:15 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
		0	1.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	263,427	263,427	263,427		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,356,380	3,356,380	43,161	3,399,541	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 00601	CAFETERIA	0	118,097	118,097	0	41,021	6.01
6.02 00602	CAFETERIA	0	0	0	0	0	6.02
7.00 00700	OPERATION OF PLANT	0	2,181,385	2,181,385	2,892	197,801	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	51,377	51,377	0	9,889	8.00
9.00 00900	HOUSEKEEPING	0	79,266	79,266	0	64,834	9.00
10.00 01000	DIETARY	0	162,715	162,715	65	19,772	10.00
13.00 01300	NURSING ADMINISTRATION	0	16,923	16,923	3,609	34,002	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	57,942	57,942	567	15,413	14.00
15.00 01500	PHARMACY	0	74,647	74,647	8,528	103,215	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,028,373	1,028,373	26,129	308,089	30.00
31.00 03100	INTENSIVE CARE UNIT	0	265,616	265,616	8,511	124,000	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RP	0	233,058	233,058	4,152	59,371	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	4,651	47,145	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	837,720	837,720	10,813	233,888	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	502,977	502,977	8,626	131,188	54.00
57.00 05700	CT SCAN	0	36,594	36,594	1,703	24,517	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	43,378	43,378	902	13,841	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	122,547	122,547	2,699	61,232	59.00
60.00 06000	LABORATORY	0	354,316	354,316	7,304	225,101	60.00
60.01 06001	ONCOLOGY	0	0	0	3,197	42,270	60.01
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	162,958	162,958	5,565	80,916	65.00
66.00 06600	PHYSICAL THERAPY	0	170,131	170,131	6,239	66,286	66.00
69.00 06900	ELECTROCARDIOLOGY	0	193,400	193,400	3,233	35,616	69.00
69.01 06901	CARDIAC REHAB	0	31,512	31,512	570	6,887	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	276,212	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	119,021	119,021	832	25,822	90.00
91.00 09100	EMERGENCY	0	269,190	269,190	29,434	227,614	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	100,907	100,907	4,055	44,733	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	10,833,857	10,833,857	187,437	2,520,675	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,314	32,314	72	1,614	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	PACT REV PHYSICIANS	0	0	0	2,019	20,615	192.01
192.02 19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03 19203	GREAT BEGINNINGS/MATERNAL	0	0	0	51	460	192.03
192.04 19204	LIFELINE	0	0	0	0	0	192.04
192.05 19205	OWNED PROPERTIES	0	0	0	0	12,625	192.05
192.06 19206	UROLOGY	0	0	0	3,152	37,868	192.06
192.07 19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08 19211	PARI SH NURSING	0	0	0	187	1,898	192.08
192.09 19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10 19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11 19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12 19209	LUNG CENTER	0	0	0	2,166	21,348	192.12
192.13 19213	MGH EXPRESS	0	0	0	3,885	43,815	192.13
192.14 19210	MGH PHYS PRACT MGMT	0	0	0	4,864	73,920	192.14
192.15 19215	MGH MARION SURGEONS	0	0	0	5,852	57,603	192.15
192.16 19216	MGH MGH MED ONC	0	0	0	4,216	40,438	192.16
192.17 19217	MGH FMC SOUTH	0	0	0	4,213	50,732	192.17
192.18 19218	MGH FAIRM MED ASSOC	0	0	0	803	9,255	192.18

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL		
		NEW BLDG & FIXT						
		0	1.00					2A
192.19	19219	MGH FMC MARION	0	0	0	3,658	38,830	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	3,120	32,870	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	2,019	24,825	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	10,226	98,302	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	9,053	96,789	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	597	6,581	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	2,093	23,651	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	807	8,429	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	791	9,998	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	6,135	69,004	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	20,626	193.16
193.18	19318	MGH WOUND CARE	0	0	0	77	732	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	116	1,456	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	423	4,009	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	1,270	18,620	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	136	10,462	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	0	111	1,682	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	6	658	194.18
194.19	07968	RURAL QI GRANT	0	0	0	81	1,865	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	204	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	3,791	37,082	194.25
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,866,171	10,866,171	263,427	3,399,541	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/30/2022 9:15 am
-------------------------------------	--	-----------------------	---	---

Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	159,118			6.01
6.02	00602	CAFETERIA	0	157,463	157,463		6.02
7.00	00700	OPERATION OF PLANT	0	0	5,009	2,387,087	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	24,792	86,058
9.00	00900	HOUSEKEEPING	0	0	0	38,250	0
10.00	01000	DIETARY	0	0	42	78,517	10,194
13.00	01300	NURSING ADMINISTRATION	0	0	2,662	8,166	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,126	27,960	1
15.00	01500	PHARMACY	0	0	7,808	36,020	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	25,544	496,235	18,240
31.00	03100	INTENSIVE CARE UNIT	0	0	6,521	128,171	4,633
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	4,192	112,461	1,941
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	4,480	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	12,922	404,236	7,522
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,262	242,708	4,844
57.00	05700	CT SCAN	0	0	2,312	17,658	2,865
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,224	20,932	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,123	59,134	905
60.00	06000	LABORATORY	0	0	10,109	170,973	0
60.01	06001	ONCOLOGY	0	0	0	0	269
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	4,907	78,634	718
66.00	06600	PHYSICAL THERAPY	0	0	3,128	82,096	1,739
69.00	06900	ELECTROCARDIOLOGY	0	0	4,799	93,324	572
69.01	06901	CARDIAC REHAB	0	0	679	15,206	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	1,290	57,433	164
91.00	09100	EMERGENCY	0	0	15,609	129,896	28,763
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	6,626	48,692	2,466
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	157,463	135,374	2,371,494	85,836
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	98	15,593	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PACT REV PHYSICIANS	0	0	382	0	0
192.02	19202	VISITOR MEALS	0	1,655	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0
192.04	19204	LIFELINE	0	0	0	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.06	19206	UROLOGY	0	0	2,348	0	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.08	19211	PARI SH NURSING	0	0	245	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0
192.12	19209	LUNG CENTER	0	0	840	0	0
192.13	19213	MGH EXPRESS	0	0	0	0	99
192.14	19210	MGH PHYS PRACT MGMT	0	0	8,452	0	0
192.15	19215	MGH MARION SURGEONS	0	0	2,954	0	17
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	0	8
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	2
192.19	19219	MGH FMC MARION	0	0	3,313	0	9
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0
193.02	19302	MGH FMC GAS CITY	0	0	0	0	15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	64	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	1,598	0	3	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	522	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	2	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	558	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	0	3	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	193	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	13	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	191	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	337	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	45	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	159,118	157,463	2,387,087	86,058	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/30/2022 9:15 am			
Cost Center Description		HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL				5.00	
6.00	00600	MAINTENANCE & REPAIRS				6.00	
6.01	00601	CAFETERIA				6.01	
6.02	00602	CAFETERIA				6.02	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING	182,350			9.00	
10.00	01000	DIETARY	2,612	273,917		10.00	
13.00	01300	NURSING ADMINISTRATION	816	0	66,178	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	4,081	0	757	14.00	
15.00	01500	PHARMACY	2,285	0	0	232,503	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,325	148,617	17,164	11,746	0
31.00	03100	INTENSIVE CARE UNIT	9,142	27,710	4,382	5,339	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	7,836	23,434	2,817	1,068	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	3,010	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,161	0	8,683	22,421	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,366	0	0	1,068	0
57.00	05700	CT SCAN	571	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,265	0	2,099	6,407	0
60.00	06000	LABORATORY	9,142	0	0	6,407	0
60.01	06001	ONCOLOGY	0	0	0	1,068	0
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,856	0	3,525	2,136	0
66.00	06600	PHYSICAL THERAPY	0	0	2,102	0	0
69.00	06900	ELECTROCARDIOLOGY	4,408	0	3,225	3,203	0
69.01	06901	CARDIAC REHAB	4,897	0	456	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	232,503
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,265	0	867	0	0
91.00	09100	EMERGENCY	36,568	10,312	10,488	5,339	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,143	0	4,452	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,739	210,073	64,027	66,202	232,503
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	326	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0
192.02	19202	VISITOR MEALS	0	0	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	36	0	0
192.04	19204	LIFELINE	0	0	0	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.06	19206	UROLOGY	0	0	0	4,271	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	653	0	0	0	0
192.08	19211	PARI SH NURSING	326	0	0	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0
192.12	19209	LUNG CENTER	0	0	0	0	0
192.13	19213	MGH EXPRESS	0	0	2,115	2,136	0
192.14	19210	MGH PHYS PRACT MGMT	1,306	0	0	0	0
192.15	19215	MGH MARION SURGEONS	0	0	0	3,203	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	3,203	0
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0
192.19	19219	MGH FMC MARION	0	0	0	3,203	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	MGH FMC NORTHWOOD	0	0	0	1,068	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center	Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		9.00	10.00	13.00	14.00	15.00		
193.02	19302	MGH FMC GAS CITY	0	0	0	1,068	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	6,407	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	1,068	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	1,068	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	1,068	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	10,678	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAULTURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	42,876	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	20,968	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	2,136	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	1,068	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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)	182,350	273,917	66,178	107,847	232,503	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
6.01	00601				6.01
6.02	00602				6.02
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,128,462	0	2,128,462	30.00
31.00	03100	584,025	0	584,025	31.00
40.00	04000	0	0	0	40.00
41.00	04100	450,330	0	450,330	41.00
42.00	04200	0	0	0	42.00
43.00	04300	59,286	0	59,286	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,562,366	0	1,562,366	50.00
51.00	05100	0	0	0	51.00
54.00	05400	913,039	0	913,039	54.00
57.00	05700	86,220	0	86,220	57.00
58.00	05800	80,277	0	80,277	58.00
59.00	05900	261,411	0	261,411	59.00
60.00	06000	783,352	0	783,352	60.00
60.01	06001	46,804	0	46,804	60.01
60.02	06002	0	0	0	60.02
64.00	06400	0	0	0	64.00
65.00	06500	346,215	0	346,215	65.00
66.00	06600	331,721	0	331,721	66.00
69.00	06900	341,780	0	341,780	69.00
69.01	06901	60,207	0	60,207	69.01
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	508,715	0	508,715	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	208,694	0	208,694	90.00
91.00	09100	763,213	0	763,213	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	213,074	0	213,074	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		9,729,191	0	9,729,191	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	50,017	0	50,017	190.00
192.00	19200	0	0	0	192.00
192.01	19201	23,016	0	23,016	192.01
192.02	19202	1,655	0	1,655	192.02
192.03	19203	547	0	547	192.03
192.04	19204	0	0	0	192.04
192.05	19205	12,625	0	12,625	192.05
192.06	19206	47,639	0	47,639	192.06
192.07	19207	653	0	653	192.07
192.08	19211	2,656	0	2,656	192.08
192.09	19212	0	0	0	192.09
192.10	19214	0	0	0	192.10
192.11	19208	0	0	0	192.11
192.12	19209	24,354	0	24,354	192.12
192.13	19213	52,050	0	52,050	192.13
192.14	19210	88,542	0	88,542	192.14
192.15	19215	69,629	0	69,629	192.15
192.16	19216	44,654	0	44,654	192.16
192.17	19217	58,156	0	58,156	192.17
192.18	19218	10,060	0	10,060	192.18
192.19	19219	49,013	0	49,013	192.19

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	37,058	0	37,058	193.01
193.02	19302	MGH FMC GAS CITY	27,927	0	27,927	193.02
193.03	19303	MGH HOSPITALISTS	108,528	0	108,528	193.03
193.04	19304	MGH MAR FAM PRACT	112,313	0	112,313	193.04
193.05	19305	MGH FMC SWAYZEE	8,246	0	8,246	193.05
193.06	19306	MGH PEDIATRIC CTR	28,413	0	28,413	193.06
193.07	19307	MGH SPECIALTY PHYS	9,758	0	9,758	193.07
193.08	19308	MGH FMC CONVERSE	11,859	0	11,859	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	193.11
193.12	19312	OB/GYN	85,817	0	85,817	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	20,626	0	20,626	193.16
193.18	19318	MGH WOUND CARE	809	0	809	193.18
194.00	07963	HEART FAILURE CLINIC	1,572	0	1,572	194.00
194.01	07950	MOW	42,876	0	42,876	194.01
194.02	07951	MENTAL HEALTH	20,968	0	20,968	194.02
194.03	07952	ADVERTISING	4,990	0	4,990	194.03
194.04	07953	MGH WORK SOLUTIONS	22,029	0	22,029	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	10,598	0	10,598	194.06
194.07	07956	ASTHMA GRANT	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	194.11
194.12	07961	GAS CITY	1,068	0	1,068	194.12
194.13	07969	LYONS	0	0	0	194.13
194.14	07964	WABASH	0	0	0	194.14
194.15	07965	TOBACCO GRANT	1,986	0	1,986	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	194.17
194.18	07962	ECHO GRANT	677	0	677	194.18
194.19	07968	RURAL QI GRANT	2,137	0	2,137	194.19
194.20	07970	MGH DIABETES GRANT	337	0	337	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	194.22
194.23	07973	DIABETES GRANT	204	0	204	194.23
194.24	07974	HEALTH SYS GRANT	45	0	45	194.24
194.25	07975	MGH MGH ORTHO	40,873	0	40,873	194.25
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,866,171	0	10,866,171	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

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

Worksheet B-1

Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	446,894				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,834	82,569,173			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	138,038	13,522,086	-29,890,781	146,357,346	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	298,022
6.01 00601	CAFETERIA	4,857	0	0	1,765,994	4,857
6.02 00602	CAFETERIA	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	89,714	906,531	0	8,515,619	89,714
8.00 00800	LAUNDRY & LINEN SERVICE	2,113	0	0	425,749	2,113
9.00 00900	HOUSEKEEPING	3,260	0	0	2,791,180	3,260
10.00 01000	DIETARY	6,692	20,364	0	851,208	6,692
13.00 01300	NURSING ADMINISTRATION	696	1,131,360	0	1,463,844	696
14.00 01400	CENTRAL SERVICES & SUPPLY	2,383	177,837	0	663,552	2,383
15.00 01500	PHARMACY	3,070	2,673,361	0	4,443,545	3,070
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	42,294	8,190,869	0	13,265,645	42,294
31.00 03100	INTENSIVE CARE UNIT	10,924	2,667,899	0	5,338,397	10,924
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RF	9,585	1,301,420	0	2,556,019	9,585
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	1,457,910	0	2,029,662	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,453	3,389,562	0	10,069,215	34,453
51.00 05100	RECOVERY ROOM	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,686	2,703,987	0	5,647,836	20,686
57.00 05700	CT SCAN	1,505	533,758	0	1,055,496	1,505
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,784	282,638	0	595,880	1,784
59.00 05900	CARDIAC CATHETERIZATION	5,040	845,957	0	2,636,148	5,040
60.00 06000	LABORATORY	14,572	2,289,657	0	9,690,921	14,572
60.01 06001	ONCOLOGY	0	1,002,113	0	1,819,772	0
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	6,702	1,744,605	0	3,483,560	6,702
66.00 06600	PHYSICAL THERAPY	6,997	1,955,656	0	2,853,697	6,997
69.00 06900	ELECTROCARDIOLOGY	7,954	1,013,389	0	1,533,303	7,954
69.01 06901	CARDIAC REHAB	1,296	178,549	0	296,516	1,296
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,891,348	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4,895	260,768	0	1,111,678	4,895
91.00 09100	EMERGENCY	11,071	9,227,068	0	9,799,104	11,071
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	4,150	1,271,042	0	1,925,834	4,150
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	445,565	58,748,386	-29,890,781	108,520,722	296,693
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,329	22,541	0	69,501	1,329
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	PACT REV PHYSICIANS	0	633,022	0	887,503	0
192.02 19202	VISITOR MEALS	0	0	0	0	0
192.03 19203	GREAT BEGINNINGS/MATERNAL	0	16,047	0	19,824	0
192.04 19204	LIFELINE	0	0	0	0	0
192.05 19205	OWNED PROPERTIES	0	0	0	543,523	0
192.06 19206	UROLOGY	0	987,947	0	1,630,275	0
192.07 19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.08 19211	PARISH NURSING	0	58,636	0	81,717	0
192.09 19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10 19214	BREAST PUMPS	0	0	0	0	0
192.11 19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0
192.12 19209	LUNG CENTER	0	679,053	0	919,058	0
192.13 19213	MGH EXPRESS	0	1,217,718	0	1,886,315	0
192.14 19210	MGH PHYS PRACT MGMT	0	1,524,652	0	3,182,346	0
192.15 19215	MGH MARION SURGEONS	0	1,834,381	0	2,479,900	0
192.16 19216	MGH MGH MED ONC	0	1,321,611	0	1,740,912	0
192.17 19217	MGH FMC SOUTH	0	1,320,583	0	2,184,103	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

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

Worksheet B-1

Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00		5A	5.00	6.00	
192.18 19218 MGH FARM MED ASSOC	0	0	251,700	0	398,459	0	192.18
192.19 19219 MGH FMC MARION	0	0	1,146,735	0	1,671,675	0	192.19
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	0	0	978,044	0	1,415,123	0	193.01
193.02 19302 MGH FMC GAS CITY	0	0	633,014	0	1,068,771	0	193.02
193.03 19303 MGH HOSPITALISTS	0	0	3,205,794	0	4,232,056	0	193.03
193.04 19304 MGH MAR FAM PRACT	0	0	2,838,018	0	4,166,890	0	193.04
193.05 19305 MGH FMC SWAYZEE	0	0	187,167	0	283,314	0	193.05
193.06 19306 MGH PEDIATRIC CTR	0	0	656,086	0	1,018,231	0	193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	252,889	0	362,877	0	193.07
193.08 19308 MGH FMC CONVERSE	0	0	247,858	0	430,414	0	193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	0	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0	0	193.11
193.12 19312 OB/GYN	0	0	1,923,259	0	2,970,723	0	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	0	193.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0	888,000	0	193.16
193.18 19318 MGH WOUND CARE	0	0	23,985	0	31,524	0	193.18
194.00 07963 HEART FAILURE CLINIC	0	0	36,279	0	62,684	0	194.00
194.01 07950 MOW	0	0	0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0	0	0	0	0	194.02
194.03 07952 ADVERTISING	0	0	132,574	0	172,600	0	194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	398,021	0	801,638	0	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	0	194.05
194.06 07955 OPIOID IMPL GRANT	0	0	42,652	0	450,416	0	194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	0	0	194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	0	194.10
194.11 07960 FAIRMOUNT	0	0	0	0	0	0	194.11
194.12 07961 GAS CITY	0	0	0	0	0	0	194.12
194.13 07969 LYONS	0	0	0	0	0	0	194.13
194.14 07964 WABASH	0	0	0	0	0	0	194.14
194.15 07965 TOBACCO GRANT	0	0	34,708	0	72,422	0	194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	0	0	194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0	0	0	194.17
194.18 07962 ECHO GRANT	0	0	1,924	0	28,331	0	194.18
194.19 07968 RURAL OI GRANT	0	0	25,334	0	80,305	0	194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	0	0	194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	0	0	194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0	0	0	194.22
194.23 07973 DIABETES GRANT	0	0	0	0	8,779	0	194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0	0	0	194.24
194.25 07975 MGH MGH ORTHO	0	0	1,188,555	0	1,596,415	0	194.25
200.00							200.00
201.00							201.00
202.00							202.00
202.00							202.00
202.00							202.00
203.00							203.00
203.00							203.00
204.00							204.00
204.00							204.00
204.00							204.00
205.00							205.00
205.00							205.00
205.00							205.00
206.00							206.00
206.00							206.00
207.00							207.00
207.00							207.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet B-1	
Date/Time Prepared: 11/30/2022 9:15 am							
Cost Center	Description	CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.01	6.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	CAFETERIA	236,289				6.01
6.02	00602	CAFETERIA	233,831	1,170,660			6.02
7.00	00700	OPERATION OF PLANT	0	37,242	203,451		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,113	731,052	8.00
9.00	00900	HOUSEKEEPING	0	0	3,260	0	58,084
10.00	01000	DIETARY	0	313	6,692	86,601	832
13.00	01300	NURSING ADMINISTRATION	0	19,792	696	0	260
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,374	2,383	12	1,300
15.00	01500	PHARMACY	0	58,045	3,070	0	728
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	189,917	42,294	154,943	15,392
31.00	03100	INTENSIVE CARE UNIT	0	48,480	10,924	39,358	2,912
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	31,169	9,585	16,485	2,496
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	33,304	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	96,072	34,453	63,901	7,696
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	83,724	20,686	41,152	3,302
57.00	05700	CT SCAN	0	17,185	1,505	24,341	182
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,100	1,784	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	23,220	5,040	7,689	1,040
60.00	06000	LABORATORY	0	75,155	14,572	0	2,912
60.01	06001	ONCOLOGY	0	0	0	2,283	0
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	36,481	6,702	6,099	2,184
66.00	06600	PHYSICAL THERAPY	0	23,253	6,997	14,776	0
69.00	06900	ELECTROCARDIOLOGY	0	35,678	7,954	4,859	1,404
69.01	06901	CARDIAC REHAB	0	5,048	1,296	0	1,560
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	9,590	4,895	1,391	1,040
91.00	09100	EMERGENCY	0	116,045	11,071	244,324	11,648
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	49,261	4,150	20,945	364
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	233,831	1,006,448	202,122	729,159	57,252
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	728	1,329	0	104
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PACT REV PHYSICIANS	0	2,842	0	0	0
192.02	19202	VISITOR MEALS	2,458	0	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0
192.04	19204	LIFELINE	0	0	0	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.06	19206	UROLOGY	0	17,454	0	0	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	208
192.08	19211	PARI SH NURSING	0	1,819	0	0	104
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	0	0	0
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0
192.12	19209	LUNG CENTER	0	6,243	0	0	0
192.13	19213	MGH EXPRESS	0	0	0	840	0
192.14	19210	MGH PHYS PRACT MGMT	0	62,840	0	0	416
192.15	19215	MGH MARION SURGEONS	0	21,962	0	146	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	66	0
192.18	19218	MGH FAIRMED ASSOC	0	0	0	20	0
192.19	19219	MGH FMC MARION	0	24,628	0	74	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

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

Worksheet B-1

Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.01	6.02	7.00	8.00	9.00	
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	130	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	547	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	11,879	0	27	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	3,883	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	17	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	4,145	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	26	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FARMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	1,437	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	94	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	1,419	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	2,502	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	HEALTH SYS GRANT	0	337	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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)	2,126,666	2,104,543	10,321,732	619,900	3,526,618	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.000275	1.797741	50.733258	0.847956	60.715825	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	159,118	157,463	2,387,087	86,058	182,350	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.673404	0.134508	11.732982	0.117718	3.139419	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: 15-0011

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

Worksheet B-1
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		DIETARY (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		10.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
13.00	01300	93,848	732,210				13.00
14.00	01400	0	8,374	101			14.00
15.00	01500	0	0	0	100		15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	50,918	189,917	11	0		30.00
31.00	03100	9,494	48,480	5	0		31.00
40.00	04000	0	0	0	0		40.00
41.00	04100	8,029	31,169	1	0		41.00
42.00	04200	0	0	0	0		42.00
43.00	04300	0	33,304	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	96,072	21	0		50.00
51.00	05100	0	0	0	0		51.00
54.00	05400	0	0	1	0		54.00
57.00	05700	0	0	0	0		57.00
58.00	05800	0	0	0	0		58.00
59.00	05900	0	23,220	6	0		59.00
60.00	06000	0	0	6	0		60.00
60.01	06001	0	0	1	0		60.01
60.02	06002	0	0	0	0		60.02
64.00	06400	0	0	0	0		64.00
65.00	06500	0	38,997	2	0		65.00
66.00	06600	0	23,253	0	0		66.00
69.00	06900	0	35,678	3	0		69.00
69.01	06901	0	5,048	0	0		69.01
71.00	07100	0	0	0	0		71.00
72.00	07200	0	0	0	0		72.00
73.00	07300	0	0	0	100		73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	9,590	0	0		90.00
91.00	09100	3,533	116,045	5	0		91.00
92.00	09200						92.00
92.01	09201	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	49,261	0	0		95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		71,974	708,408	62	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
192.00	19200	0	0	0	0		192.00
192.01	19201	0	0	0	0		192.01
192.02	19202	0	0	0	0		192.02
192.03	19203	0	396	0	0		192.03
192.04	19204	0	0	0	0		192.04
192.05	19205	0	0	0	0		192.05
192.06	19206	0	0	4	0		192.06
192.07	19207	0	0	0	0		192.07
192.08	19211	0	0	0	0		192.08
192.09	19212	0	0	0	0		192.09
192.10	19214	0	0	0	0		192.10
192.11	19208	0	0	0	0		192.11
192.12	19209	0	0	0	0		192.12
192.13	19213	0	23,406	2	0		192.13
192.14	19210	0	0	0	0		192.14
192.15	19215	0	0	3	0		192.15
192.16	19216	0	0	0	0		192.16
192.17	19217	0	0	3	0		192.17
192.18	19218	0	0	0	0		192.18
192.19	19219	0	0	3	0		192.19

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0011

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

Worksheet B-1

Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description			DIETARY (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
			10.00	13.00	14.00	15.00		
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	1	0		193.01
193.02	19302	MGH FMC GAS CITY	0	0	1	0		193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0		193.03
193.04	19304	MGH MAR FAM PRACT	0	0	6	0		193.04
193.05	19305	MGH FMC SWAYZEE	0	0	1	0		193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	1	0		193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0		193.07
193.08	19308	MGH FMC CONVERSE	0	0	1	0		193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0		193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0		193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0		193.11
193.12	19312	OB/GYN	0	0	10	0		193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0		193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0		193.16
193.18	19318	MGH WOUND CARE	0	0	0	0		193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0		194.00
194.01	07950	MOW	14,690	0	0	0		194.01
194.02	07951	MENTAL HEALTH	7,184	0	0	0		194.02
194.03	07952	ADVERTISING	0	0	0	0		194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	2	0		194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0		194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0		194.06
194.07	07956	ASTHMA GRANT	0	0	0	0		194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0		194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0		194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0		194.10
194.11	07960	FAIRMOUNT	0	0	0	0		194.11
194.12	07961	GAS CITY	0	0	1	0		194.12
194.13	07969	LYONS	0	0	0	0		194.13
194.14	07964	WABASH	0	0	0	0		194.14
194.15	07965	TOBACCO GRANT	0	0	0	0		194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0		194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0		194.17
194.18	07962	ECHO GRANT	0	0	0	0		194.18
194.19	07968	RURAL QI GRANT	0	0	0	0		194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0		194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0		194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0		194.22
194.23	07973	DIABETES GRANT	0	0	0	0		194.23
194.24	07974	HEALTH SYS GRANT	0	0	0	0		194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0		194.25
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,489,072	1,849,485	1,035,115	5,655,361		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.866849	2.525894	10,248.663366	56,553.610000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	273,917	66,178	107,847	232,503		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.918730	0.090381	1,067.792079	2,325.030000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0011

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2022 9:15 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	20,928,256	20,928,256	0	20,928,256	30.00
31.00	03100 INTENSIVE CARE UNIT	7,604,548	7,604,548	0	7,604,548	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,002,252	4,002,252	0	4,002,252	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	2,588,178	2,588,178	0	2,588,178	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	15,025,639	15,025,639	0	15,025,639	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,246,915	8,246,915	0	8,246,915	54.00
57.00	05700 CT SCAN	1,410,000	1,410,000	0	1,410,000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	824,445	824,445	0	824,445	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,661,781	3,661,781	0	3,661,781	59.00
60.00	06000 LABORATORY	12,782,807	12,782,807	0	12,782,807	60.00
60.01	06001 ONCOLOGY	2,203,613	2,203,613	0	2,203,613	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,857,385	4,857,385	0	4,857,385	65.00
66.00	06600 PHYSICAL THERAPY	3,904,561	3,904,561	0	3,904,561	66.00
69.00	06900 ELECTROCARDIOLOGY	2,524,355	2,524,355	0	2,524,355	69.00
69.01	06901 CARDIAC REHAB	539,367	539,367	0	539,367	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	19,975,303	19,975,303	0	19,975,303	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,692,844	1,692,844	0	1,692,844	90.00
91.00	09100 EMERGENCY	13,885,494	13,885,494	0	13,885,494	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,397,429	5,397,429	0	5,397,429	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	2,782,542	2,782,542	0	2,782,542	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	134,837,714	134,837,714	0	134,837,714	200.00
201.00	Less Observation Beds	5,397,429	5,397,429		5,397,429	201.00
202.00	Total (see instructions)	129,440,285	129,440,285	0	129,440,285	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0011

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2022 9:15 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,360,960		16,360,960		30.00
31.00	03100	INTENSIVE CARE UNIT	8,281,986		8,281,986		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	3,699,223		3,699,223		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,533,479		2,533,479		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,778,992	90,541,501	119,320,493	0.125927	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,137,673	29,703,237	31,840,910	0.259004	54.00
57.00	05700	CT SCAN	6,238,264	37,747,398	43,985,662	0.032056	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	249,758	3,546,290	3,796,048	0.217185	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,123,358	7,259,249	11,382,607	0.321700	59.00
60.00	06000	LABORATORY	4,017,647	17,218,837	21,236,484	0.601927	60.00
60.01	06001	ONCOLOGY	42,901	6,145,191	6,188,092	0.356105	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,404,503	6,994,803	9,399,306	0.516781	65.00
66.00	06600	PHYSICAL THERAPY	4,598,167	5,740,519	10,338,686	0.377665	66.00
69.00	06900	ELECTROCARDIOLOGY	4,067,556	10,145,757	14,213,313	0.177605	69.00
69.01	06901	CARDIAC REHAB	1,000	889,691	890,691	0.605560	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,266,287	82,570,761	95,837,048	0.208430	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,000	2,563,158	2,566,158	0.659680	90.00
91.00	09100	EMERGENCY	13,814,686	77,814,184	91,628,870	0.151541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,395,206	12,395,206	0.435445	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,974,530	4,974,530	0.559358	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	114,619,440	396,250,312	510,869,752		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	114,619,440	396,250,312	510,869,752		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/30/2022 9:15 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.125927		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.259004		54.00
57.00	05700 CT SCAN	0.032056		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.217185		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.321700		59.00
60.00	06000 LABORATORY	0.601927		60.00
60.01	06001 ONCOLOGY	0.356105		60.01
60.02	06002 RADIATION ONCOLOGY	0.000000		60.02
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.516781		65.00
66.00	06600 PHYSICAL THERAPY	0.377665		66.00
69.00	06900 ELECTROCARDIOLOGY	0.177605		69.00
69.01	06901 CARDIAC REHAB	0.605560		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208430		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.659680		90.00
91.00	09100 EMERGENCY	0.151541		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.435445		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.559358		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 15-0011

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2022 9:15 am

		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	20,928,256		20,928,256	30.00
31.00	03100	INTENSIVE CARE UNIT	7,604,548		7,604,548	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	4,002,252		4,002,252	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	2,588,178		2,588,178	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,025,639		15,025,639	50.00
51.00	05100	RECOVERY ROOM	0		0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,246,915		8,246,915	54.00
57.00	05700	CT SCAN	1,410,000		1,410,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	824,445		824,445	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,661,781		3,661,781	59.00
60.00	06000	LABORATORY	12,782,807		12,782,807	60.00
60.01	06001	ONCOLOGY	2,203,613		2,203,613	60.01
60.02	06002	RADIATION ONCOLOGY	0		0	60.02
64.00	06400	INTRAVENOUS THERAPY	0		0	64.00
65.00	06500	RESPIRATORY THERAPY	4,857,385	0	4,857,385	65.00
66.00	06600	PHYSICAL THERAPY	3,904,561	0	3,904,561	66.00
69.00	06900	ELECTROCARDIOLOGY	2,524,355		2,524,355	69.00
69.01	06901	CARDIAC REHAB	539,367		539,367	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,975,303		19,975,303	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,692,844		1,692,844	90.00
91.00	09100	EMERGENCY	13,885,494		13,885,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,397,429		5,397,429	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,782,542		2,782,542	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	134,837,714	0	134,837,714	200.00
201.00		Less Observation Beds	5,397,429		5,397,429	201.00
202.00		Total (see instructions)	129,440,285	0	129,440,285	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0011

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2022 9:15 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,360,960		16,360,960		30.00
31.00	03100	INTENSIVE CARE UNIT	8,281,986		8,281,986		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	3,699,223		3,699,223		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,533,479		2,533,479		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,778,992	90,541,501	119,320,493	0.125927	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,137,673	29,703,237	31,840,910	0.259004	54.00
57.00	05700	CT SCAN	6,238,264	37,747,398	43,985,662	0.032056	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	249,758	3,546,290	3,796,048	0.217185	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,123,358	7,259,249	11,382,607	0.321700	59.00
60.00	06000	LABORATORY	4,017,647	17,218,837	21,236,484	0.601927	60.00
60.01	06001	ONCOLOGY	42,901	6,145,191	6,188,092	0.356105	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,404,503	6,994,803	9,399,306	0.516781	65.00
66.00	06600	PHYSICAL THERAPY	4,598,167	5,740,519	10,338,686	0.377665	66.00
69.00	06900	ELECTROCARDIOLOGY	4,067,556	10,145,757	14,213,313	0.177605	69.00
69.01	06901	CARDIAC REHAB	1,000	889,691	890,691	0.605560	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,266,287	82,570,761	95,837,048	0.208430	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,000	2,563,158	2,566,158	0.659680	90.00
91.00	09100	EMERGENCY	13,814,686	77,814,184	91,628,870	0.151541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,395,206	12,395,206	0.435445	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,974,530	4,974,530	0.559358	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	114,619,440	396,250,312	510,869,752		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	114,619,440	396,250,312	510,869,752		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/30/2022 9:15 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
60.01	06001 ONCOLOGY	0.000000		60.01
60.02	06002 RADIATION ONCOLOGY	0.000000		60.02
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
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/30/2022 9:15 am
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,128,462	0	2,128,462	16,960	125.50	30.00	
31.00	INTENSIVE CARE UNIT	584,025		584,025	4,197	139.15	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	450,330	0	450,330	2,719	165.62	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	59,286		59,286	1,509	39.29	43.00	
200.00	Total (lines 30 through 199)	3,222,103		3,222,103	25,385		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	4,425	555,338					30.00
31.00	INTENSIVE CARE UNIT	783	108,954					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	1,479	244,952					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	6,687	909,244					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/30/2022 9:15 am
--	--	-----------------------	---	---

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,562,366	119,320,493	0.013094	6,269,202	82,089	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	913,039	31,840,910	0.028675	767,872	22,019	54.00
57.00	05700 CT SCAN	86,220	43,985,662	0.001960	2,811,948	5,511	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	80,277	3,796,048	0.021148	109,254	2,311	58.00
59.00	05900 CARDIAC CATHETERIZATION	261,411	11,382,607	0.022966	1,184,507	27,203	59.00
60.00	06000 LABORATORY	783,352	21,236,484	0.036887	1,378,511	50,849	60.00
60.01	06001 ONCOLOGY	46,804	6,188,092	0.007564	4,555	34	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	346,215	9,399,306	0.036834	645,079	23,761	65.00
66.00	06600 PHYSICAL THERAPY	331,721	10,338,686	0.032085	715,965	22,972	66.00
69.00	06900 ELECTROCARDIOLOGY	341,780	14,213,313	0.024046	1,700,476	40,890	69.00
69.01	06901 CARDIAC REHAB	60,207	890,691	0.067596	624	42	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	508,715	95,837,048	0.005308	3,814,914	20,250	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	208,694	2,566,158	0.081325	2,257	184	90.00
91.00	09100 EMERGENCY	763,213	91,628,870	0.008329	4,850,981	40,404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	548,935	12,395,206	0.044286	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	6,842,949	475,019,574		24,256,145	338,519	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/30/2022 9:15 am
---	-----------------------	---	--

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	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	16,960	0.00	4,425	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,197	0.00	783	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,719	0.00	1,479	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	1,509	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	25,385	0.00	6,687	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
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/30/2022 9:15 am
--	-----------------------	---	---

Cost Center Description	Title XVIII			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program					
	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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
60.01	06001	ONCOLOGY	0	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		Title XVIII			Hospital	PPS		
		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	119,320,493	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	31,840,910	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	43,985,662	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,796,048	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,382,607	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	21,236,484	0.000000	60.00
60.01	06001	ONCOLOGY	0	0	0	6,188,092	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,399,306	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,338,686	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,213,313	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	890,691	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	95,837,048	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,566,158	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	91,628,870	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,395,206	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	475,019,574		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/30/2022 9:15 am
--	-----------------------	---	---

Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	6,269,202	0	15,396,605	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	767,872	0	6,253,130	0	54.00
57.00	05700 CT SCAN	0.000000	2,811,948	0	7,432,840	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	109,254	0	892,774	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,184,507	0	2,468,899	0	59.00
60.00	06000 LABORATORY	0.000000	1,378,511	0	1,615,855	0	60.00
60.01	06001 ONCOLOGY	0.000000	4,555	0	2,076,871	0	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	645,079	0	1,593,088	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	715,965	0	38,185	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,700,476	0	2,240,345	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	624	0	266,712	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	3,814,914	0	29,137,304	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	2,257	0	811,778	0	90.00
91.00	09100 EMERGENCY	0.000000	4,850,981	0	11,270,699	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,535,334	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		24,256,145	0	83,030,419	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/30/2022 9:15 am
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.125927	15,396,605	0	0	1,938,848	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259004	6,253,130	0	0	1,619,586	54.00
57.00	05700	CT SCAN	0.032056	7,432,840	0	0	238,267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.217185	892,774	0	0	193,897	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.321700	2,468,899	0	0	794,245	59.00
60.00	06000	LABORATORY	0.601927	1,615,855	1,980	0	972,627	60.00
60.01	06001	ONCOLOGY	0.356105	2,076,871	0	0	739,584	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.516781	1,593,088	0	0	823,278	65.00
66.00	06600	PHYSICAL THERAPY	0.377665	38,185	0	0	14,421	66.00
69.00	06900	ELECTROCARDIOLOGY	0.177605	2,240,345	0	0	397,896	69.00
69.01	06901	CARDIAC REHAB	0.605560	266,712	0	0	161,510	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208430	29,137,304	0	10,493	6,073,088	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.659680	811,778	0	0	535,514	90.00
91.00	09100	EMERGENCY	0.151541	11,270,699	0	0	1,707,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.435445	1,535,334	0	0	668,554	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.559358		0			95.00
200.00		Subtotal (see instructions)		83,030,419	1,980	10,493	16,879,288	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		83,030,419	1,980	10,493	16,879,288	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/30/2022 9:15 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	1,192	0	60.00
60.01	06001	ONCOLOGY	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	60.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,187	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	1,192	2,187	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	1,192	2,187	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0011 Component CCN: 15-T011		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part II Date/Time Prepared: 11/30/2022 9:15 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,562,366	119,320,493	0.013094	10,135	133	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	913,039	31,840,910	0.028675	40,577	1,164	54.00
57.00	05700	CT SCAN	86,220	43,985,662	0.001960	62,923	123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	80,277	3,796,048	0.021148	6,690	141	58.00
59.00	05900	CARDIAC CATHETERIZATION	261,411	11,382,607	0.022966	5,212	120	59.00
60.00	06000	LABORATORY	783,352	21,236,484	0.036887	68,675	2,533	60.00
60.01	06001	ONCOLOGY	46,804	6,188,092	0.007564	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	346,215	9,399,306	0.036834	27,471	1,012	65.00
66.00	06600	PHYSICAL THERAPY	331,721	10,338,686	0.032085	1,670,436	53,596	66.00
69.00	06900	ELECTROCARDIOLOGY	341,780	14,213,313	0.024046	26,253	631	69.00
69.01	06901	CARDIAC REHAB	60,207	890,691	0.067596	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	508,715	95,837,048	0.005308	196,014	1,040	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	208,694	2,566,158	0.081325	93	8	90.00
91.00	09100	EMERGENCY	763,213	91,628,870	0.008329	49,654	414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,395,206	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,294,014	475,019,574		2,164,133	60,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/30/2022 9:15 am
	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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
60.01	06001 ONCOLOGY	0	0	0	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/30/2022 9:15 am
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	119,320,493	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	31,840,910	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	43,985,662	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,796,048	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	11,382,607	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	21,236,484	0.000000	60.00
60.01 06001 ONCOLOGY	0	0	0	6,188,092	0.000000	60.01
60.02 06002 RADIATION ONCOLOGY	0	0	0	0	0.000000	60.02
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,399,306	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,338,686	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,213,313	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	890,691	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	95,837,048	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,566,158	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	91,628,870	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,395,206	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	475,019,574		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0011 Component CCN: 15-T011		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part IV Date/Time Prepared: 11/30/2022 9:15 am	
				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	10,135	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	40,577	0	0	54.00
57.00	05700	CT SCAN	0.000000	62,923	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	6,690	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,212	0	0	59.00
60.00	06000	LABORATORY	0.000000	68,675	0	0	60.00
60.01	06001	ONCOLOGY	0.000000	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	27,471	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,670,436	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	26,253	0	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	196,014	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	93	0	0	90.00
91.00	09100	EMERGENCY	0.000000	49,654	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		2,164,133	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,960	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,960	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)		12,586	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)		4,425	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)		20,928,256	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)		20,928,256	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)		20,928,256	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)		1,233.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,460,362	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)		5,460,362	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,604,548	4,197	1,811.90	783	1,418,718	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,752,559	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,631,639	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)					664,292	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					338,519	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,002,811	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,628,828	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)					4,374	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.98	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,397,429	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,128,462	20,928,256	0.101703	5,397,429	548,935	90.00
91.00	Nursing Program cost	0	20,928,256	0.000000	5,397,429	0	91.00
92.00	Allied health cost	0	20,928,256	0.000000	5,397,429	0	92.00
93.00	All other Medical Education	0	20,928,256	0.000000	5,397,429	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am
		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)		2,719	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,719	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)		2,719	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)		1,479	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,002,252	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,002,252	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,002,252	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)		1,471.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,177,029	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,177,029	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am
				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
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					756,435	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,933,464	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)					244,952	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					60,915	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					305,867	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,627,597	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: 15-0011 Component CCN: 15-T011		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am	
		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	450,330	4,002,252	0.112519	0	0	90.00
91.00	Nursing Program cost	0	4,002,252	0.000000	0	0	91.00
92.00	Allied health cost	0	4,002,252	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,002,252	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am
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)			16,960 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,960 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)			12,586 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)			716 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,509 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)			20,928,256 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)			20,928,256 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)			20,928,256 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)			1,233.98 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			883,530 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)			883,530 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am	
Title XIX			Hospital		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)	
42.00 NURSERY (title V & XIX only)	2,588,178	1,509	1,715.16	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,604,548	4,197	1,811.90	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					411,204	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,294,734	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 anesthesiologist, 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)					4,374	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.98	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,397,429	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,128,462	20,928,256	0.101703	5,397,429	548,935	90.00
91.00	Nursing Program cost	0	20,928,256	0.000000	5,397,429	0	91.00
92.00	Allied health cost	0	20,928,256	0.000000	5,397,429	0	92.00
93.00	All other Medical Education	0	20,928,256	0.000000	5,397,429	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am
		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)			2,719 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,719 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)			2,719 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)			25 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,509 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,002,252 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,002,252 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,002,252 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)			1,471.96 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			36,799 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)			36,799 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1	
				Component CCN: 15-T011		Date/Time Prepared: 11/30/2022 9:15 am	
				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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,166		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,965		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 anesthesiologist, 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: 15-0011 Component CCN: 15-T011		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/30/2022 9:15 am	
		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	450,330	4,002,252	0.112519	0	0	90.00
91.00	Nursing Program cost	0	4,002,252	0.000000	0	0	91.00
92.00	Allied health cost	0	4,002,252	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,002,252	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/30/2022 9:15 am
--	--	-----------------------	---	--

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,578,579	30.00
31.00	03100	INTENSIVE CARE UNIT		1,806,480	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,710	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125927	6,269,202	789,462 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259004	767,872	198,882 54.00
57.00	05700	CT SCAN	0.032056	2,811,948	90,140 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.217185	109,254	23,728 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.321700	1,184,507	381,056 59.00
60.00	06000	LABORATORY	0.601927	1,378,511	829,763 60.00
60.01	06001	ONCOLOGY	0.356105	4,555	1,622 60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0 60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.516781	645,079	333,365 65.00
66.00	06600	PHYSICAL THERAPY	0.377665	715,965	270,395 66.00
69.00	06900	ELECTROCARDIOLOGY	0.177605	1,700,476	302,013 69.00
69.01	06901	CARDIAC REHAB	0.605560	624	378 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208430	3,814,914	795,143 73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.659680	2,257	1,489 90.00
91.00	09100	EMERGENCY	0.151541	4,850,981	735,123 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.435445	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		24,256,145	4,752,559 200.00
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)		24,256,145	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/30/2022 9:15 am	
		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
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		2,027,961	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125927	10,135	1,276
51.00	05100	RECOVERY ROOM	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259004	40,577	10,510
57.00	05700	CT SCAN	0.032056	62,923	2,017
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.217185	6,690	1,453
59.00	05900	CARDIAC CATHETERIZATION	0.321700	5,212	1,677
60.00	06000	LABORATORY	0.601927	68,675	41,337
60.01	06001	ONCOLOGY	0.356105	0	0
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.516781	27,471	14,196
66.00	06600	PHYSICAL THERAPY	0.377665	1,670,436	630,865
69.00	06900	ELECTROCARDIOLOGY	0.177605	26,253	4,663
69.01	06901	CARDIAC REHAB	0.605560	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208430	196,014	40,855
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.659680	93	61
91.00	09100	EMERGENCY	0.151541	49,654	7,525
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.435445	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,164,133	756,435
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net charges (line 200 minus line 201)		2,164,133	756,435

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/30/2022 9:15 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		765,896	30.00
31.00	03100	INTENSIVE CARE UNIT		276,165	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125927	1,004,913	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259004	60,783	54.00
57.00	05700	CT SCAN	0.032056	126,867	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.217185	1,611	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.321700	28,879	59.00
60.00	06000	LABORATORY	0.601927	110,980	60.00
60.01	06001	ONCOLOGY	0.356105	168	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.516781	79,646	65.00
66.00	06600	PHYSICAL THERAPY	0.377665	32,574	66.00
69.00	06900	ELECTROCARDIOLOGY	0.177605	67,787	69.00
69.01	06901	CARDIAC REHAB	0.605560	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208430	374,207	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.659680	0	90.00
91.00	09100	EMERGENCY	0.151541	295,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.435445	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,184,371	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)		2,184,371	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/30/2022 9:15 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		33,875	41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.125927	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.259004	269	54.00
57.00	05700 CT SCAN	0.032056	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.217185	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.321700	0	59.00
60.00	06000 LABORATORY	0.601927	809	60.00
60.01	06001 ONCOLOGY	0.356105	0	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.516781	121	65.00
66.00	06600 PHYSICAL THERAPY	0.377665	26,072	66.00
69.00	06900 ELECTROCARDIOLOGY	0.177605	0	69.00
69.01	06901 CARDIAC REHAB	0.605560	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208430	3,360	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.659680	0	90.00
91.00	09100 EMERGENCY	0.151541	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.435445	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		30,631	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)		30,631	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/30/2022 9:15 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		2,457,832	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,215,273	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)		20,087	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		49,450	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		95.82	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
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)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
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)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.29	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.73	31.00
32.00	Sum of lines 30 and 31		31.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.81	33.00
34.00	Disproportionate share adjustment (see instructions)		395,172	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/30/2022 9:15 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000197803	0.000282243	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,639,790	2,029,895	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	413,317	1,518,250	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,931,567		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)	13,069,381		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	11,793,400		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		13,069,381	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		810,687	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		53,853	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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,933,921	59.00
60.00	Primary payer payments		21,958	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,911,963	61.00
62.00	Deductibles billed to program beneficiaries		1,439,444	62.00
63.00	Coinurance billed to program beneficiaries		9,246	63.00
64.00	Allowable bad debts (see instructions)		84,844	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		55,149	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		21,271	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,518,422	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		12,019	70.93
70.94	HRR adjustment amount (see instructions)		-9,735	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/30/2022 9:15 am	
		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)			12,520,706	71.00
71.01	Sequestration adjustment (see instructions)			31,302	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			12,263,471	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)			225,933	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			360,147	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0011

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2022 9:15 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,457,832	0	2,457,832		2,457,832	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,215,273	0		8,215,273	8,215,273	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	20,087	0	20,087		20,087	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	49,450	0		49,450	49,450	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1481	0.1481	0.1481	0.1481		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	395,172	0	91,001	304,171	395,172	11.00
11.01	Uncompensated care payments	36.00	1,931,567	0	413,317	1,518,250	1,931,567	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	13,069,381	0	2,982,237	10,087,144	13,069,381	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	13,069,381	0	2,982,237	10,087,144	13,069,381	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0011

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2022 9:15 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	810,687	0	192,296	618,391	810,687	16.00
17.00	Special add-on payments for new technologies	54.00	53,853	0	15,389	38,464	53,853	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	3,189,922	10,743,999	13,933,921	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	793,795	0	186,800	606,995	793,795	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	16,892	0	5,496	11,396	16,892	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	810,687	0	192,296	618,391	810,687	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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2022 9:15 am
---	--	-----------------------	---	--

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 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	2,457,832	2,457,832		2,457,832	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,215,273		8,215,273	8,215,273	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	20,087	20,087		20,087	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	49,450		49,450	49,450	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1481	0.1481	0.1481		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	395,172	91,001	304,171	395,172	11.00
11.01	Uncompensated care payments	36.00	1,931,567	413,317	1,518,250	1,931,567	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	13,069,381	2,982,237	10,087,144	13,069,381	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	13,069,381	2,982,237	10,087,144	13,069,381	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	810,687	192,296	618,391	810,687	16.00
17.00	Special add-on payments for new technologies	54.00	53,853	15,389	38,464	53,853	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			3,189,922	10,743,999	13,933,921	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2022 9:15 am	
		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	793,795	186,800	606,995	793,795	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	16,892	5,496	11,396	16,892	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	810,687	192,296	618,391	810,687	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	12,019	12,019	0	12,019	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	-9,735	-3,957	-5,778	-9,735	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/30/2022 9:15 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,379	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		16,879,288	2.00
3.00	OPPS payments		14,514,573	3.00
4.00	Outlier payment (see instructions)		184,522	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,379	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,473	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)		12,473	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)		12,473	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,094	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		3,379	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)		14,699,095	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)		2,733,535	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)		11,968,939	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)		11,968,939	30.00
31.00	Primary payer payments		1,225	31.00
32.00	Subtotal (line 30 minus line 31)		11,967,714	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)		473,217	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		307,591	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		266,608	36.00
37.00	Subtotal (see instructions)		12,275,305	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)		12,275,305	40.00
40.01	Sequestration adjustment (see instructions)		30,688	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		12,315,688	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)		-71,071	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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/30/2022 9:15 am
		Title XVIII	Hospital	PPS
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS			0
	Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0011		Period: From 07/01/2021 To 06/30/2022		Worksheet E-1 Part I Date/Time Prepared: 11/30/2022 9:15 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,263,471		12,315,688	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)		12,263,471		12,315,688	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		225,933		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		71,071	6.02	
7.00	Total Medicare program liability (see instructions)		12,489,404		12,244,617	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: 15-0011
Component CCN: 15-T011

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2022 9:15 am
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				0	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		2,999,629		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)		2,999,629		0	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		67,631		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,067,260		0	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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 11/30/2022 9:15 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part III Date/Time Prepared: 11/30/2022 9:15 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,923,811 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0335 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			145,313 3.00
4.00	Outlier Payments			36,439 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)			7.449315 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)			3,105,563 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)			3,105,563 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,105,563 19.00
20.00	Deductibles			30,616 20.00
21.00	Subtotal (line 19 minus line 20)			3,074,947 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			3,074,947 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,074,947 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,074,947 32.00
32.01	Sequestration adjustment (see instructions)			7,687 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,999,629 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)			67,631 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			36,439 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: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2022 9:15 am	
		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		1,294,734		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)		1,294,734	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)		1,294,734	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,042,061		8.00
9.00	Ancillary service charges		2,184,371	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)		3,226,432	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		333	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)		3,226,432	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,931,698	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)		1,294,734	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)		1,294,734	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)		1,294,734	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)		1,294,734	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,294,734	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)		1,294,734	0	40.00
41.00	Interim payments		1,636,035	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-341,301	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: 15-0011 Component CCN: 15-T011	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2022 9:15 am	
		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		47,965		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)		47,965	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)		47,965	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		33,875		8.00
9.00	Ancillary service charges		30,631	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)		64,506	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)		64,506	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		16,541	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)		47,965	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)		47,965	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)		47,965	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)		47,965	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		47,965	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)		47,965	0	40.00
41.00	Interim payments		81,531	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-33,566	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

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

Provider CCN: 15-0011

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

Worksheet G

Date/Time Prepared:
11/30/2022 9:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	38,780,794	0	0	0	1.00
2.00	Temporary investments	38,772,552	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	59,514,711	0	0	0	4.00
5.00	Other receivable	3,314,647	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-35,769,189	0	0	0	6.00
7.00	Inventory	2,189,251	0	0	0	7.00
8.00	Prepaid expenses	3,476,154	0	0	0	8.00
9.00	Other current assets	694,703	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	110,973,623	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,769,643	0	0	0	12.00
13.00	Land improvements	3,369,169	0	0	0	13.00
14.00	Accumulated depreciation	-3,178,944	0	0	0	14.00
15.00	Buildings	154,284,671	0	0	0	15.00
16.00	Accumulated depreciation	-99,804,541	0	0	0	16.00
17.00	Leasehold improvements	1,004,506	0	0	0	17.00
18.00	Accumulated depreciation	-614,088	0	0	0	18.00
19.00	Fixed equipment	3,509,530	0	0	0	19.00
20.00	Accumulated depreciation	-1,468,034	0	0	0	20.00
21.00	Automobiles and trucks	1,014,586	0	0	0	21.00
22.00	Accumulated depreciation	-903,738	0	0	0	22.00
23.00	Major movable equipment	72,753,746	0	0	0	23.00
24.00	Accumulated depreciation	-59,649,659	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	28,282,792	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	111,369,639	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	306,760,592	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	12,694,588	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	319,455,180	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	541,798,442	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,701,783	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,490,524	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	13,436,716	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,629,023	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	152,638,027	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	152,638,027	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	190,267,050	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	351,531,392	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	351,531,392	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	541,798,442	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0011

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

Worksheet G-1

Date/Time Prepared:
11/30/2022 9:15 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		377,001,360		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-25,469,954				2.00
3.00	Total (sum of line 1 and line 2)		351,531,406		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		351,531,406		0		11.00
12.00	ROUNDING	14		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		14		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		351,531,392		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ROUNDING		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0011

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2022 9:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	18,163,195		18,163,195	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,699,223		3,699,223	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,862,418		21,862,418	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,302,686		8,302,686	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,302,686		8,302,686	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,165,104		30,165,104	17.00
18.00	Ancillary services	84,886,769		84,886,769	18.00
19.00	Outpatient services	0	394,945,465	394,945,465	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	4,992,854	4,992,854	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	43,399,391	43,399,391	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	115,051,873	443,337,710	558,389,583	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		200,986,081		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	ELIMINATIONS	1,548,711			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)		1,548,711		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		199,437,370		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0011

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

Worksheet G-3

Date/Time Prepared:
11/30/2022 9:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	558,389,583	1.00
2.00	Less contractual allowances and discounts on patients' accounts	363,331,298	2.00
3.00	Net patient revenues (line 1 minus line 2)	195,058,285	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	199,437,370	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,379,085	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-31,387,272	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	10,186,954	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	-21,200,318	25.00
26.00	Total (line 5 plus line 25)	-25,579,403	26.00
27.00	BAD DEBT EXPENSE	-109,449	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-109,449	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-25,469,954	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0011	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 11/30/2022 9:15 am
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		793,795	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		16,892	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)		46.23	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		810,687	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