

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: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 11/22/2022 9:24 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 11/22/2022 Time: 9:24 am

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. CATHERINE HOSPITAL (15-0008) for the cost reporting period beginning 07/01/2021 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	Daniel R. Obrien	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Daniel R. Obrien		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	658,609	-33,368	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-17,947	0	0	0	3.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	640,662	-33,368	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:24 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 4321 FIR STREET	PO Box:	3.00 State: IN	4.00 Zip Code: 46312	County: LAKE	1.00	2.00
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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
					V	XVIII	XIX								
Hospital and Hospital-Based Component Identification:															
3.00 Hospital	ST. CATHERINE HOSPITAL	150008	23844	1	07/01/1966	N	P	P	3.00	4.00	5.00	6.00	7.00	8.00	9.00
4.00 Subprovider - IPF															
5.00 Subprovider - IRF	ST. CATHERINE HOSPITAL - REHAB	15T008	23844	5	01/01/2002	N	P	P	5.00	6.00	7.00	8.00	9.00	10.00	11.00
6.00 Subprovider - (Other)									6.00	7.00	8.00	9.00	10.00	11.00	12.00
7.00 Swing Beds - SNF									7.00	8.00	9.00	10.00	11.00	12.00	13.00
8.00 Swing Beds - NF									8.00	9.00	10.00	11.00	12.00	13.00	14.00
9.00 Hospital-Based SNF									9.00	10.00	11.00	12.00	13.00	14.00	15.00
10.00 Hospital-Based NF									10.00	11.00	12.00	13.00	14.00	15.00	16.00
11.00 Hospital-Based OLTC									11.00	12.00	13.00	14.00	15.00	16.00	17.00
12.00 Hospital-Based HHA									12.00	13.00	14.00	15.00	16.00	17.00	18.00
13.00 Separately Certified ASC									13.00	14.00	15.00	16.00	17.00	18.00	19.00
14.00 Hospital-Based Hospice									14.00	15.00	16.00	17.00	18.00	19.00	
15.00 Hospital-Based Health Clinic - RHC									15.00	16.00	17.00	18.00	19.00		
16.00 Hospital-Based Health Clinic - FQHC									16.00	17.00	18.00	19.00			
17.00 Hospital-Based (CMHC) I									17.00	18.00	19.00				
18.00 Renal Dialysis									18.00	19.00					
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)											Y	Y													22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.											N	N														22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.											N	N		N													22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.											N	N		N														22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.													3	N														23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:24 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,105	233	946	244	9,359	86	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.	38	0	13	33	522		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					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: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:24 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)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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
				Unweighted FTEs Nonprovi- der 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

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

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						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	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)							107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.								109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:24 am
		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
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1	0	118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H054	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/22/2022 9:24 am			
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: COMMUNITY FOUNDATION OF NW IN, INC.	Contractor's Name: WPS		Contractor's Number: 08001		141.00			
142.00	Street: 10010 DONALD S POWERS DRIVE STE 201	PO Box:				142.00			
143.00	City: MUNSTER	State: IN	Zip Code: 46321	143.00					
144.00 Are provider based physicians' costs included in Worksheet A?						1.00	144.00		
						Y			
						1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y	145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00		
						1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00		
						Part A	Part B	Title V	Title XIX
						1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
						1.00			
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
						1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00		
						Beginni ng	Endi ng		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00		
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:24 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/27/2022	Y	09/27/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:24 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.	CATHERINE		WOERNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY FOUNDATION OF NW			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	IN, INC. 12197031267		CATHERINE. R. WOERNER@COMHS. OR G	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/22/2022 9:24 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.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0008

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2022 9:24 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	112	40,880	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)		112	40,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		119	43,435	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	12	4,380		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		131			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0008

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2022 9:24 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	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)	5,714	1,689	26,368			1.00
2.00	HMO and other (see instructions)	6,586	10,782				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	884	568				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,714	1,689	26,368			7.00
8.00	INTENSIVE CARE UNIT	600	315	2,160			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		101	787			13.00
14.00	Total (see instructions)	6,314	2,105	29,315	0.00	784.03	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	2,271	38	4,234	0.00	21.62	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			33			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	805.65	27.00
28.00	Observation Bed Days		0	4,491			28.00
29.00	Ambulance Trips	0		0			29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	86	92			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: 15-0008

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2022 9:24 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	1,022	354	5,174	1.00
2.00 HMO and other (see instructions)				955	2,068		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					48		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	0	1,022	354	5,174	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	188	3	343	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2022 9:24 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	60,760,665	0	60,760,665	1,675,755.09	36.26
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		720,287	0	720,287	5,864.00	122.83
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,634,372	0	1,634,372	9,709.41	168.33
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,041,665	0	2,041,665	56,922.40	35.87
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		750,874	0	750,874	5,854.39	128.26
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		196,460	0	196,460	1,264.99	155.31
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		7,295,491	0	7,295,491	191,397.00	38.12
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,936,358	0	13,936,358		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		496,903	0	496,903		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		77,693	0	77,693		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		151,599	0	151,599		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,827,519	0	1,827,519		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2022 9:24 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	401,260	0	401,260	11,020.94	36.41	26.00
27.00	Administrative & General	6,093,209	0	6,093,209	174,441.06	34.93	27.00
28.00	Administrative & General under contract (see inst.)	1,007,336	0	1,007,336	8,510.59	118.36	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,669,365	0	1,669,365	47,496.29	35.15	30.00
31.00	Laundry & Linen Service	74,272	0	74,272	4,274.98	17.37	31.00
32.00	Housekeeping	2,098,967	0	2,098,967	111,605.27	18.81	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,825,062	-607,215	1,217,847	59,046.52	20.63	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	607,215	607,215	29,440.00	20.63	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,458,326	0	1,458,326	53,729.44	27.14	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2022 9:24 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	59,413,342	0	59,413,342	1,668,692.27	35.60	1.00
2.00	Excluded area salaries (see instructions)	2,041,665	0	2,041,665	56,922.40	35.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,371,677	0	57,371,677	1,611,769.87	35.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,242,825	0	8,242,825	198,516.38	41.52	4.00
5.00	Subtotal wage-related costs (see inst.)	15,763,877	0	15,763,877	0.00	27.48	5.00
6.00	Total (sum of lines 3 thru 5)	81,378,379	0	81,378,379	1,810,286.25	44.95	6.00
7.00	Total overhead cost (see instructions)	14,627,797	0	14,627,797	499,565.09	29.28	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2022 9:24 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		1,850,145	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		7,543,109	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		410,328	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		39,790	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)		29,843	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		475,169	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		3,551,339	17.00
18.00	Medicare Taxes - Employers Portion Only		853,026	18.00
19.00	Unemployment Insurance		-90,195	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,662,554	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 11/22/2022 9:24 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		750,874	14,662,554
2.00	Hospital		750,874	14,662,554
3.00	SUBPROVIDER - IPF		0	0
4.00	SUBPROVIDER - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	SKILLED NURSING FACILITY			
9.00	NURSING FACILITY			
10.00	OTHER LONG TERM CARE I			
11.00	Hospital-Based HHA		0	0
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	RENAL DIALYSIS I		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 11/22/2022 9:24 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.230451	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		35,084,249	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		205,253,114	6.00	
7.00	Medicaid cost (line 1 times line 6)		47,300,785	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)		12,216,536	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)		12,139	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		184,836	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		42,596	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)		30,457	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)		12,246,993	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)	7,892,233	147,064	8,039,297	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,818,773	147,064	1,965,837	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,818,773	147,064	1,965,837	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,817,615	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		489,037	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		752,364	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		5,065,251	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,430,619	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,396,456	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,643,449	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0008

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

Worksheet A
Date/Time Prepared:
11/22/2022 9:24 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		2,559,265	2,559,265	113,600	2,672,865	1.00
2.00	00200		3,245,502	3,245,502	10,335	3,255,837	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	401,260	7,612,000	8,013,260	0	8,013,260	4.00
5.01	00560	328,722	132,886	461,608	0	461,608	5.01
5.02	00570	858,889	135,554	994,443	0	994,443	5.02
5.03	00580	0	198	198	0	198	5.03
5.04	00590	4,905,598	23,807,347	28,712,945	-123,935	28,589,010	5.04
6.00	00600	0	0	0	0	0	6.00
7.00	00700	1,669,365	5,101,556	6,770,921	0	6,770,921	7.00
8.00	00800	74,272	562,808	637,080	0	637,080	8.00
9.00	00900	2,098,967	674,234	2,773,201	0	2,773,201	9.00
10.00	01000	1,825,062	1,497,943	3,323,005	-1,105,595	2,217,410	10.00
11.00	01100	0	0	0	1,105,595	1,105,595	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,458,326	291,851	1,750,177	0	1,750,177	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,663,461	3,029,238	18,692,699	431,436	19,124,135	30.00
31.00	03100	2,693,621	591,168	3,284,789	0	3,284,789	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,552,459	701,878	2,254,337	0	2,254,337	41.00
43.00	04300	0	0	0	534,950	534,950	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,563,497	3,092,988	5,656,485	0	5,656,485	50.00
51.00	05100	952,008	194,213	1,146,221	0	1,146,221	51.00
52.00	05200	1,701,884	388,467	2,090,351	-966,386	1,123,965	52.00
53.00	05300	2,298,282	409,831	2,708,113	0	2,708,113	53.00
54.00	05400	1,832,832	1,038,018	2,870,850	0	2,870,850	54.00
55.00	05500	234,214	302,908	537,122	0	537,122	55.00
56.00	05600	290,868	401,548	692,416	0	692,416	56.00
57.00	05700	470,430	544,214	1,014,644	0	1,014,644	57.00
58.00	05800	287,372	175,171	462,543	0	462,543	58.00
59.00	05900	673,189	526,055	1,199,244	0	1,199,244	59.00
60.00	06000	2,761,479	3,367,225	6,128,704	0	6,128,704	60.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	137,685	601,039	738,724	0	738,724	63.00
64.00	06400	508,043	186,067	694,110	0	694,110	64.00
65.00	06500	1,187,031	343,159	1,530,190	0	1,530,190	65.00
66.00	06600	1,611,311	685,367	2,296,678	0	2,296,678	66.00
67.00	06700	777,562	511,314	1,288,876	0	1,288,876	67.00
68.00	06800	280,388	129,216	409,604	0	409,604	68.00
69.00	06900	590,633	212,760	803,393	0	803,393	69.00
70.00	07000	398,182	141,092	539,274	0	539,274	70.00
71.00	07100	0	2,968,218	2,968,218	0	2,968,218	71.00
72.00	07200	0	2,912,899	2,912,899	0	2,912,899	72.00
73.00	07300	2,056,684	10,549,611	12,606,295	0	12,606,295	73.00
74.00	07400	0	665,523	665,523	0	665,523	74.00
76.00	03550	111,294	14,891	126,185	0	126,185	76.00
76.97	07697	377,386	52,334	429,720	0	429,720	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,004,989	889,158	1,894,147	0	1,894,147	90.00
91.00	09100	3,634,214	1,086,079	4,720,293	0	4,720,293	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		60,271,459	82,332,793	142,604,252	0	142,604,252	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	25,729	10,719	36,448	0	36,448	191.00
192.00	19200	6,800	4,488	11,288	0	11,288	192.00
194.00	07950	0	121,335	121,335	0	121,335	194.00
194.01	07951	0	208,750	208,750	0	208,750	194.01
194.02	07952	456,677	6,940,955	7,397,632	0	7,397,632	194.02
200.00		60,760,665	89,619,040	150,379,705	0	150,379,705	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0008

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

Worksheet A
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	20,101	2,692,966	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	221,429	3,477,266	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,128,174	9,141,434	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	-7	461,601	5.01
5.02	00570	ADMITTING	0	994,443	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,635,383	1,635,581	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	-9,227,673	19,361,337	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,400	6,769,521	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-47,920	589,160	8.00
9.00	00900	HOUSEKEEPING	0	2,773,201	9.00
10.00	01000	DIETARY	-2,987	2,214,423	10.00
11.00	01100	CAFETERIA	-734,749	370,846	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	140,252	1,890,429	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,270,260	1,270,260	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-88	19,124,047	30.00
31.00	03100	INTENSIVE CARE UNIT	-8	3,284,781	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,254,337	41.00
43.00	04300	NURSERY	0	534,950	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-365,007	5,291,478	50.00
51.00	05100	RECOVERY ROOM	-9	1,146,212	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,135	1,121,830	52.00
53.00	05300	ANESTHESIOLOGY	-2,467,494	240,619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,958	2,868,892	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	537,122	55.00
56.00	05600	RADIOISOTOPE	0	692,416	56.00
57.00	05700	CT SCAN	0	1,014,644	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	462,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,199,244	59.00
60.00	06000	LABORATORY	-163,054	5,965,650	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	738,724	63.00
64.00	06400	INTRAVENOUS THERAPY	0	694,110	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,530,190	65.00
66.00	06600	PHYSICAL THERAPY	0	2,296,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,288,876	67.00
68.00	06800	SPEECH PATHOLOGY	0	409,604	68.00
69.00	06900	ELECTROCARDIOLOGY	0	803,393	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	539,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-16,783	2,951,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-136,804	2,776,095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,091,700	9,514,595	73.00
74.00	07400	RENAL DIALYSIS	0	665,523	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	126,185	76.00
76.97	07697	CARDIAC REHABILITATION	0	429,720	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-605,403	1,288,744	90.00
91.00	09100	EMERGENCY	-24	4,720,269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,449,604	130,154,648	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	36,448	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,288	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	121,335	194.00
194.01	07951	ADVERTISING	0	208,750	194.01
194.02	07952	RETAIL PHARMACY	0	7,397,632	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,449,604	137,930,101	200.00

RECLASSIFICATIONS

Provider CCN: 15-0008

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

Worksheet A-6

Date/Time Prepared:
11/22/2022 9:24 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	113,600	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,335	2.00
	0		0	123,935	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	607,215	498,380	1.00
	0		607,215	498,380	
C - NURSERY/LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	351,259	80,177	1.00
2.00	NURSERY	43.00	435,536	99,414	2.00
	0		786,795	179,591	
500.00	Grand Total: Increases		1,394,010	801,906	500.00

Provider CCN: 15-0008

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

Worksheet A-6
Date/Time Prepared:
11/22/2022 9:24 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - BUILDING INSURANCE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	123,935	12	1.00
2.00		0.00	0	0	12	2.00
			0	123,935		
B - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	607,215	498,380	0	1.00
			607,215	498,380		
C - NURSERY/LABOR & DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	786,795	179,591	0	1.00
2.00		0.00	0	0	0	2.00
			786,795	179,591		
500.00	Grand Total: Decreases		1,394,010	801,906		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2022 9:24 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	5,316	0	0	0	1.00
2.00	Land Improvements	2,386,857	0	0	24,686	2.00
3.00	Buildings and Fixtures	40,775,906	3,348	0	99,781	3.00
4.00	Building Improvements	48,264,021	4,888,244	0	-576,588	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	51,568,940	3,623,806	0	7,367,360	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	143,001,040	8,515,398	0	6,915,239	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	143,001,040	8,515,398	0	6,915,239	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,316	0			1.00
2.00	Land Improvements	2,362,171	0			2.00
3.00	Buildings and Fixtures	40,679,473	0			3.00
4.00	Building Improvements	53,728,853	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	47,825,386	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	144,601,199	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	144,601,199	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

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

Worksheet A-7
Part II
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,551,760	7,505	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,441,484	804,018	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,993,244	811,523	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,559,265				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,245,502				2.00
3.00	Total (sum of lines 1-2)	0	5,804,767				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

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

Worksheet A-7
Part III
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	96,775,812	0	96,775,812	0.669260	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	47,825,387	0	47,825,387	0.330740	0	2.00
3.00	Total (sum of lines 1-2)	144,601,199	0	144,601,199	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,571,861	7,505	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,080,413	386,518	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,652,274	394,023	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	113,600	0	0	2,692,966	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,335	0	0	3,477,266	2.00
3.00	Total (sum of lines 1-2)	0	123,935	0	0	6,170,232	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0008

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

Worksheet A-8

Date/Time Prepared:
11/22/2022 9:24 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 #			
			3.00	4.00			
1.00	2.00	3.00	4.00	5.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,475,097				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-4,121,398				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 ANESTHESIA - NON-SALARIES, NON-BENEF	A	-43,852	ANESTHESIOLOGY	53.00	0 33.00
33.01 COVID DRUG DONATIONS	B	-3,091,700	DRUGS CHARGED TO PATIENTS	73.00	0 33.01
33.02 OTHER REVENUE	B	-21,120	CAP REL COSTS-BLDG & FIXT	1.00	9 33.02
33.03 OTHER REVENUE	B	-417,500	CAP REL COSTS-MVBLE EQUIP	2.00	10 33.03
33.04 OTHER REVENUE	B	-690	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.04
33.05 OTHER REVENUE	B	-7	PURCHASING RECEIVING AND STORES	5.01	0 33.05
33.06 OTHER REVENUE	B	-85,782	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.06
33.07 OTHER REVENUE	B	-47,920	LAUNDRY & LINEN SERVICE	8.00	0 33.07
33.08 OTHER REVENUE	B	-2,987	DIETARY	10.00	0 33.08
33.09 OTHER REVENUE	B	-734,749	CAFETERIA	11.00	0 33.09
33.10 OTHER REVENUE	B	-8	NURSING ADMINISTRATION	13.00	0 33.10
33.11 OTHER REVENUE	B	-88	ADULTS & PEDIATRICS	30.00	0 33.11
33.12 OTHER REVENUE	B	-8	INTENSIVE CARE UNIT	31.00	0 33.12
33.13 OTHER REVENUE	B	-7	OPERATING ROOM	50.00	0 33.13
33.14 OTHER REVENUE	B	-9	RECOVERY ROOM	51.00	0 33.14
33.15 OTHER REVENUE	B	-2,135	DELIVERY ROOM & LABOR ROOM	52.00	0 33.15
33.16 OTHER REVENUE	B	-1,958	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.17 OTHER REVENUE	B	-2,110	LABORATORY	60.00	0 33.17
33.18 OTHER REVENUE	B	-16,783	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.18
33.19 OTHER REVENUE	B	-136,804	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.19
33.20 OTHER REVENUE	B	-4,284	CLINIC	90.00	0 33.20
33.21 OTHER REVENUE	B	-24	EMERGENCY	91.00	0 33.21
33.22 PRE-MERGER ASSETS DEPRECIATION	A	-19,599	CAP REL COSTS-BLDG & FIXT	1.00	9 33.22
33.23 TAXABLE LABS	A	-160,944	LABORATORY	60.00	0 33.23
33.24 PATIENT TELEPHONE SERVICE	A	-59,414	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.24
33.25 PATIENT TELEPHONE PURCHASES	A	-1,134	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.25
33.26 PATIENT TV DEPRECIATION	A	-93	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.26
33.27 PATIENT TV PURCHASES	A	-1,400	OPERATION OF PLANT	7.00	0 33.27
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,449,604			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0008

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2022 9:24 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	OTHER ADMINISTRATIVE & GENERAL	PHYSICIAN ALLOCATION PER GL	0	3,753,682 1.00
2.00	5.04	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION PER G	0	15,655,951 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOC-BLDG	60,820	0 3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOC-EQUIP	639,022	0 3.01
3.02	5.04	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOC-SALARIES	5,640,050	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOC-BENEFITS	1,214,200	0 3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOC-MEDICAL RE	1,270,260	0 3.04
3.05	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE ALLOC-PATIENT AC	1,635,383	0 3.05
3.06	5.04	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOC-OTHER NON	4,757,126	0 3.06
3.07	5.04	OTHER ADMINISTRATIVE & GENERAL	CANCER CARE ALLOCATION PER G	0	293,556 3.07
3.08	5.04	OTHER ADMINISTRATIVE & GENERAL	CANCER CARE ALLOC-ADMIN	65,235	0 3.08
3.09	13.00	NURSING ADMINISTRATION	CANCER CARE ALLOC-REGISTRY	140,260	0 3.09
3.10	5.04	OTHER ADMINISTRATIVE & GENERAL	CANCER CARE ALLOC-NAVIGATORS	159,435	0 3.10
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,581,791	19,703,189 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B		0.00	CFNI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0008

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2022 9:24 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,753,682	0		1.00
2.00	-15,655,951	0		2.00
3.00	60,820	9		3.00
3.01	639,022	9		3.01
3.02	5,640,050	0		3.02
3.03	1,214,200	0		3.03
3.04	1,270,260	0		3.04
3.05	1,635,383	0		3.05
3.06	4,757,126	0		3.06
3.07	-293,556	0		3.07
3.08	65,235	0		3.08
3.09	140,260	0		3.09
3.10	159,435	0		3.10
4.00	0	0		4.00
5.00	-4,121,398	0		5.00

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

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0008

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2022 9:24 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	53.00	ANESTHESIOLOGY	2,298,282	2,298,282	0	0	0	1.00
2.00	90.00	CLINIC	56,377	56,377	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	125,360	125,360	0	0	0	3.00
4.00	90.00	CLINIC	3,075	3,075	0	0	0	4.00
5.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	85,336	85,336	0	0	0	5.00
6.00	50.00	OPERATING ROOM	365,000	365,000	0	0	0	6.00
7.00	90.00	CLINIC	541,667	541,667	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,475,097	3,475,097	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	1.00
2.00	90.00	CLINIC	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	90.00	CLINIC	0	0	0	0	0	4.00
5.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	53.00	ANESTHESIOLOGY	0	0	0	2,298,282		1.00
2.00	90.00	CLINIC	0	0	0	56,377		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	125,360		3.00
4.00	90.00	CLINIC	0	0	0	3,075		4.00
5.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	85,336		5.00
6.00	50.00	OPERATING ROOM	0	0	0	365,000		6.00
7.00	90.00	CLINIC	0	0	0	541,667		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	3,475,097		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,692,966	2,692,966			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,477,266		3,477,266		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,141,434	13,329	194	9,154,957	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	461,601	47,110	1,259	49,859	559,829 5.01
5.02 00570	ADMINISTRATIVE & GENERAL	994,443	20,406	0	130,271	1,550 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,635,581	4,052	0	0	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	19,361,337	229,746	153,883	744,052	3,701 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	6,769,521	613,869	147,874	253,199	273 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	589,160	9,637	0	11,265	361 8.00
9.00 00900	HOUSEKEEPING	2,773,201	41,436	31,536	318,359	3,639 9.00
10.00 01000	DIETARY	2,214,423	61,052	55,031	184,716	8,609 10.00
11.00 01100	CAFETERIA	370,846	27,046	23,585	92,099	3,689 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,890,429	13,393	58,971	221,190	67 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,270,260	14,768	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,124,047	457,150	116,880	2,429,020	77,337 30.00
31.00 03100	INTENSIVE CARE UNIT	3,284,781	54,440	135,742	408,552	20,147 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	2,254,337	71,679	45,338	235,468	9,228 41.00
43.00 04300	NURSERY	534,950	2,843	19,332	66,059	3,648 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,291,478	126,291	976,003	388,816	92,253 50.00
51.00 05100	RECOVERY ROOM	1,146,212	41,489	5,146	144,395	5,240 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,121,830	47,493	40,627	138,795	7,666 52.00
53.00 05300	ANESTHESIOLOGY	240,619	1,887	79,668	348,590	10,283 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,868,892	43,253	177,446	277,993	11,909 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	537,122	24,746	7,963	35,524	7 55.00
56.00 05600	RADIOISOTOPE	692,416	9,094	101,857	44,117	559 56.00
57.00 05700	CT SCAN	1,014,644	7,154	36,228	71,352	7,066 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	462,543	11,082	1,690	43,587	904 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,199,244	36,447	573,561	102,105	10,177 59.00
60.00 06000	LABORATORY	5,965,650	58,286	119,452	418,845	168,432 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	738,724	4,341	7,207	20,883	9,098 63.00
64.00 06400	INTRAVENOUS THERAPY	694,110	37,273	8,746	77,057	6,631 64.00
65.00 06500	RESPIRATORY THERAPY	1,530,190	10,120	85,528	180,042	8,746 65.00
66.00 06600	PHYSICAL THERAPY	2,296,678	57,873	42,391	244,394	2,140 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,288,876	15,941	11,550	117,936	1,410 67.00
68.00 06800	SPEECH PATHOLOGY	409,604	3,332	5,972	42,528	336 68.00
69.00 06900	ELECTROCARDIOLOGY	803,393	12,473	169,110	89,584	3,978 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	539,274	17,758	21,325	60,394	5,908 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,951,435	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,776,095	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,514,595	23,514	88,362	311,945	6,614 73.00
74.00 07400	RENAL DIALYSIS	665,523	4,966	0	0	717 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	126,185	13,240	0	16,880	36 76.00
76.97 07697	CARDIAC REHABILITATION	429,720	32,732	12,987	57,240	223 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,288,744	12,072	7,403	152,431	14,845 90.00
91.00 09100	EMERGENCY	4,720,269	58,115	59,546	551,216	51,207 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	130,154,648	2,392,928	3,429,393	9,080,758	558,634 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,588	0	0	0 190.00
191.00 19100	RESEARCH	36,448	0	0	3,902	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	11,288	182,093	0	1,031	0 192.00
194.00 07950	OTHER NONREIMBURSEABLE	121,335	97,581	2,064	0	12 194.00
194.01 07951	ADVERTISING	208,750	7,460	0	0	7 194.01
194.02 07952	RETAIL PHARMACY	7,397,632	6,316	45,809	69,266	1,176 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	137,930,101	2,692,966	3,477,266	9,154,957	559,829	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part I Date/Time Prepared: 11/22/2022 9:24 am	
Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	1,146,670					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,639,633				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	20,492,719	20,492,719		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	7,784,736	1,358,429		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	610,423	106,518		8.00
9.00	00900	HOUSEKEEPING	0	0	3,168,171	552,843		9.00
10.00	01000	DIETARY	0	0	2,523,831	440,406		10.00
11.00	01100	CAFETERIA	0	0	517,265	90,262		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,184,050	381,115		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,285,028	224,236		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	195,433	279,686	22,679,553	3,957,573	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,915	19,894	3,937,471	687,085	0	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	13,885	19,850	2,649,785	462,385	0	41.00
43.00	04300	NURSERY	3,559	5,088	635,479	110,890	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,646	132,453	7,099,940	1,238,932	0	50.00
51.00	05100	RECOVERY ROOM	15,376	21,983	1,379,841	240,781	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,470	10,679	1,374,560	239,859	0	52.00
53.00	05300	ANESTHESIOLOGY	14,902	21,305	717,254	125,160	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,591	60,890	3,482,974	607,775	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	15,319	21,901	642,582	112,130	0	55.00
56.00	05600	RADIOISOTOPE	11,203	16,016	875,262	152,732	0	56.00
57.00	05700	CT SCAN	67,250	96,145	1,299,839	226,821	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,684	31,001	572,491	99,899	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,064	60,137	2,023,735	353,140	0	59.00
60.00	06000	LABORATORY	136,098	194,575	7,061,338	1,232,196	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,508	7,875	793,636	138,489	0	63.00
64.00	06400	INTRAVENOUS THERAPY	9,276	13,262	846,355	147,688	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,117	17,323	1,844,066	321,788	0	65.00
66.00	06600	PHYSICAL THERAPY	19,256	27,529	2,690,261	469,448	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,280	16,127	1,463,120	255,313	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,184	4,553	469,509	81,929	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,188	46,017	1,156,743	201,850	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,220	21,759	681,638	118,945	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,694	31,015	3,004,144	524,220	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,109	18,741	2,807,945	489,984	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	148,954	212,954	10,306,938	1,798,550	0	73.00
74.00	07400	RENAL DIALYSIS	7,318	10,462	688,986	120,227	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	678	970	157,989	27,569	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	2,102	536,474	93,614	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,622	12,326	1,496,443	261,128	0	90.00
91.00	09100	EMERGENCY	143,401	205,015	5,788,769	1,010,134	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,146,670	1,639,633	129,731,343	19,062,043	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,588	1,150	0	190.00
191.00	19100	RESEARCH	0	0	40,350	7,041	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	194,412	33,925	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	220,992	38,563	0	194.00
194.01	07951	ADVERTISING	0	0	216,217	37,730	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	7,520,199	1,312,267	0	194.02
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,146,670	1,639,633	137,930,101	20,492,719	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 11/22/2022 9:24 am		
Cost Center Description				OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
				7.00	8.00	9.00	10.00	11.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	9,143,165					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,936	766,877				8.00
9.00	00900	HOUSEKEEPING	214,718	0	3,935,732			9.00
10.00	01000	DIETARY	316,362	0	137,420	3,418,019		10.00
11.00	01100	CAFETERIA	140,150	0	44,915	0	792,592	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	69,403	0	15,774	0	34,634	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76,523	0	24,062	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,368,894	602,730	952,634	2,532,746	277,073	30.00
31.00	03100	INTENSIVE CARE UNIT	282,103	49,374	184,527	74,541	31,970	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	371,432	96,783	202,921	351,074	29,306	41.00
43.00	04300	NURSERY	14,730	17,990	7,486	0	6,660	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	654,421	0	486,850	0	42,627	50.00
51.00	05100	RECOVERY ROOM	214,993	0	18,715	2,213	14,653	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,103	0	170,304	86,504	14,653	52.00
53.00	05300	ANESTHESIOLOGY	9,779	0	0	0	9,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	224,130	0	172,443	0	37,298	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	128,232	0	53,738	0	2,664	55.00
56.00	05600	RADIOISOTOPE	47,124	0	10,694	0	3,996	56.00
57.00	05700	CT SCAN	37,070	0	0	0	7,993	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,423	0	7,486	0	3,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	188,864	0	105,604	0	9,325	59.00
60.00	06000	LABORATORY	302,029	0	118,838	0	58,612	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	22,492	0	0	0	2,664	63.00
64.00	06400	INTRAVENOUS THERAPY	193,142	0	0	0	10,657	64.00
65.00	06500	RESPIRATORY THERAPY	52,442	0	22,992	0	13,321	65.00
66.00	06600	PHYSICAL THERAPY	299,890	0	154,129	0	26,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,605	0	0	0	14,653	67.00
68.00	06800	SPEECH PATHOLOGY	17,267	0	0	0	3,996	68.00
69.00	06900	ELECTROCARDIOLOGY	64,635	0	9,357	0	10,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,017	0	13,368	0	7,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,844	0	13,234	0	26,642	73.00
74.00	07400	RENAL DIALYSIS	25,732	0	4,010	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	68,608	0	19,249	0	1,332	76.00
76.97	07697	CARDIAC REHABILITATION	169,610	0	12,031	0	6,660	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	62,557	0	17,378	0	17,317	90.00
91.00	09100	EMERGENCY	301,143	0	546,684	73,988	57,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,588,403	766,877	3,526,843	3,121,066	784,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,136	0	16,843	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	943,584	0	8,288	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	505,653	0	373,332	296,953	0	194.00
194.01	07951	ADVERTISING	38,659	0	4,010	0	0	194.01
194.02	07952	RETAIL PHARMACY	32,730	0	6,416	0	7,993	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,143,165	766,877	3,935,732	3,418,019	792,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
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11/22/2022 9:24 am

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	2,684,976				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,609,849	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,469,751	0	0	274,396	30.00
31.00	03100	INTENSIVE CARE UNIT	0	170,111	0	0	19,536	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	152,505	0	0	19,493	41.00
43.00	04300	NURSERY	0	36,084	0	0	4,996	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	224,303	0	0	130,067	50.00
51.00	05100	RECOVERY ROOM	0	77,367	0	0	21,587	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	75,817	0	0	10,487	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	20,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	59,794	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	21,506	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	15,728	56.00
57.00	05700	CT SCAN	0	0	0	0	94,413	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	30,443	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,270	0	0	59,054	59.00
60.00	06000	LABORATORY	0	0	0	0	191,070	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	7,733	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	13,023	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	17,011	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	27,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	15,836	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,471	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	45,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	21,367	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	30,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	209,118	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	10,274	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	952	76.00
76.97	07697	CARDIAC REHABILITATION	0	35,002	0	0	2,064	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	94,372	0	0	12,104	90.00
91.00	09100	EMERGENCY	0	301,394	0	0	201,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,684,976	0	0	1,609,849	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,684,976	0	0	1,609,849	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	35,115,350	0	35,115,350	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,436,718	0	5,436,718	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,335,684	0	4,335,684	41.00
43.00	04300	NURSERY	0	0	834,315	0	834,315	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	9,877,140	0	9,877,140	50.00
51.00	05100	RECOVERY ROOM	0	0	1,970,150	0	1,970,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,218,287	0	2,218,287	52.00
53.00	05300	ANESTHESIOLOGY	0	0	882,440	0	882,440	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,584,414	0	4,584,414	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	960,852	0	960,852	55.00
56.00	05600	RADIOISOTOPE	0	0	1,105,536	0	1,105,536	56.00
57.00	05700	CT SCAN	0	0	1,666,136	0	1,666,136	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	771,738	0	771,738	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,787,992	0	2,787,992	59.00
60.00	06000	LABORATORY	0	0	8,964,083	0	8,964,083	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	965,014	0	965,014	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,210,865	0	1,210,865	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,271,620	0	2,271,620	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,667,403	0	3,667,403	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,831,527	0	1,831,527	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	577,172	0	577,172	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,488,431	0	1,488,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	935,328	0	935,328	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,558,820	0	3,558,820	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,316,333	0	3,316,333	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,476,326	0	12,476,326	73.00
74.00	07400	RENAL DIALYSIS	0	0	849,229	0	849,229	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	275,699	0	275,699	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	855,455	0	855,455	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,961,299	0	1,961,299	90.00
91.00	09100	EMERGENCY	0	0	8,280,714	0	8,280,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	126,032,070	0	126,032,070	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,717	0	58,717	190.00
191.00	19100	RESEARCH	0	0	47,391	0	47,391	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,180,209	0	1,180,209	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	1,435,493	0	1,435,493	194.00
194.01	07951	ADVERTISING	0	0	296,616	0	296,616	194.01
194.02	07952	RETAIL PHARMACY	0	0	8,879,605	0	8,879,605	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part I Date/Time Prepared: 11/22/2022 9:24 am	
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118 through 201)	17.00	19.00	24.00	25.00	26.00	202.00
		0	0	137,930,101	0	137,930,101	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,329	194	13,523	13,523 4.00
5.01 00560	PURCHASING RECEIVING AND STORES	0	47,110	1,259	48,369	74 5.01
5.02 00570	ADMINISTRATIVE	0	20,406	0	20,406	192 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,052	0	4,052	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	0	229,746	153,883	383,629	1,099 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	613,869	147,874	761,743	374 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,637	0	9,637	17 8.00
9.00 00900	HOUSEKEEPING	0	41,436	31,536	72,972	470 9.00
10.00 01000	DIETARY	0	61,052	55,031	116,083	273 10.00
11.00 01100	CAFETERIA	0	27,046	23,585	50,631	136 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	13,393	58,971	72,364	327 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	14,768	0	14,768	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	457,150	116,880	574,030	3,588 30.00
31.00 03100	INTENSIVE CARE UNIT	0	54,440	135,742	190,182	603 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	71,679	45,338	117,017	348 41.00
43.00 04300	NURSERY	0	2,843	19,332	22,175	98 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	126,291	976,003	1,102,294	574 50.00
51.00 05100	RECOVERY ROOM	0	41,489	5,146	46,635	213 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	47,493	40,627	88,120	205 52.00
53.00 05300	ANESTHESIOLOGY	0	1,887	79,668	81,555	515 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	43,253	177,446	220,699	411 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	24,746	7,963	32,709	52 55.00
56.00 05600	RADIOISOTOPE	0	9,094	101,857	110,951	65 56.00
57.00 05700	CT SCAN	0	7,154	36,228	43,382	105 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,082	1,690	12,772	64 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	36,447	573,561	610,008	151 59.00
60.00 06000	LABORATORY	0	58,286	119,452	177,738	619 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,341	7,207	11,548	31 63.00
64.00 06400	INTRAVENOUS THERAPY	0	37,273	8,746	46,019	114 64.00
65.00 06500	RESPIRATORY THERAPY	0	10,120	85,528	95,648	266 65.00
66.00 06600	PHYSICAL THERAPY	0	57,873	42,391	100,264	361 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	15,941	11,550	27,491	174 67.00
68.00 06800	SPEECH PATHOLOGY	0	3,332	5,972	9,304	63 68.00
69.00 06900	ELECTROCARDIOLOGY	0	12,473	169,110	181,583	132 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	17,758	21,325	39,083	89 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	23,514	88,362	111,876	461 73.00
74.00 07400	RENAL DIALYSIS	0	4,966	0	4,966	0 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13,240	0	13,240	25 76.00
76.97 07697	CARDIAC REHABILITATION	0	32,732	12,987	45,719	85 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	12,072	7,403	19,475	225 90.00
91.00 09100	EMERGENCY	0	58,115	59,546	117,661	814 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,392,928	3,429,393	5,822,321	13,413 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,588	0	6,588	0 190.00
191.00 19100	RESEARCH	0	0	0	0	6 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	182,093	0	182,093	2 192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	97,581	2,064	99,645	0 194.00
194.01 07951	ADVERTISING	0	7,460	0	7,460	0 194.01
194.02 07952	RETAIL PHARMACY	0	6,316	45,809	52,125	102 194.02
200.00	Cross Foot Adjustments				0	0 200.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	2,692,966	3,477,266	6,170,232	13,523	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES	48,443				5.01
5.02	00570	ADMINITTING	134	20,732			5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	4,052		5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	320	0	0	385,048	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	24	0	0	25,526	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31	0	0	2,002	8.00
9.00	00900	HOUSEKEEPING	315	0	0	10,388	9.00
10.00	01000	DIETARY	745	0	0	8,276	10.00
11.00	01100	CAFETERIA	319	0	0	1,696	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6	0	0	7,161	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,214	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,692	3,493	881	74,337	0 30.00
31.00	03100	INTENSIVE CARE UNIT	1,743	252	46	12,911	0 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	799	252	46	8,689	0 41.00
43.00	04300	NURSERY	316	64	12	2,084	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,983	1,679	309	23,281	0 50.00
51.00	05100	RECOVERY ROOM	453	279	51	4,524	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	663	135	25	4,507	0 52.00
53.00	05300	ANESTHESIOLOGY	890	270	50	2,352	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,030	772	142	11,421	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1	278	51	2,107	0 55.00
56.00	05600	RADIOISOTOPE	48	203	37	2,870	0 56.00
57.00	05700	CT SCAN	611	1,219	224	4,262	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78	393	72	1,877	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	881	762	140	6,636	0 59.00
60.00	06000	LABORATORY	14,576	2,466	454	23,154	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	787	100	18	2,602	0 63.00
64.00	06400	INTRAVENOUS THERAPY	574	168	31	2,775	0 64.00
65.00	06500	RESPIRATORY THERAPY	757	220	40	6,047	0 65.00
66.00	06600	PHYSICAL THERAPY	185	349	64	8,821	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	122	204	38	4,798	0 67.00
68.00	06800	SPEECH PATHOLOGY	29	58	11	1,540	0 68.00
69.00	06900	ELECTROCARDIOLOGY	344	583	107	3,793	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511	276	51	2,235	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	393	72	9,851	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	238	44	9,207	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	572	2,699	497	33,796	0 73.00
74.00	07400	RENAL DIALYSIS	62	133	24	2,259	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3	12	2	518	0 76.00
76.97	07697	CARDIAC REHABILITATION	19	27	5	1,759	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,285	156	29	4,907	0 90.00
91.00	09100	EMERGENCY	4,431	2,599	479	18,981	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,339	20,732	4,052	358,164	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	22	0 190.00
191.00	19100	RESEARCH	0	0	0	132	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	637	0 192.00
194.00	07950	OTHER NONREIMBURSEABLE	1	0	0	725	0 194.00
194.01	07951	ADVERTISING	1	0	0	709	0 194.01
194.02	07952	RETAIL PHARMACY	102	0	0	24,659	0 194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	48,443	20,732	4,052	385,048	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:24 am			
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	787,667					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,302	15,989				8.00
9.00	00900	HOUSEKEEPING	18,498	0	102,643			9.00
10.00	01000	DIETARY	27,254	0	3,584	156,215		10.00
11.00	01100	CAFETERIA	12,074	0	1,171	0	66,027	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,979	0	411	0	2,885	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,592	0	628	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	204,077	12,567	24,847	115,754	23,079	30.00
31.00	03100	INTENSIVE CARE UNIT	24,303	1,029	4,812	3,407	2,663	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	31,998	2,018	5,292	16,045	2,441	41.00
43.00	04300	NURSERY	1,269	375	195	0	555	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,377	0	12,697	0	3,551	50.00
51.00	05100	RECOVERY ROOM	18,521	0	488	101	1,221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,201	0	4,441	3,954	1,221	52.00
53.00	05300	ANESTHESIOLOGY	842	0	0	0	777	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,308	0	4,497	0	3,107	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	11,047	0	1,401	0	222	55.00
56.00	05600	RADIOISOTOPE	4,060	0	279	0	333	56.00
57.00	05700	CT SCAN	3,193	0	0	0	666	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,947	0	195	0	333	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,270	0	2,754	0	777	59.00
60.00	06000	LABORATORY	26,019	0	3,099	0	4,883	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,938	0	0	0	222	63.00
64.00	06400	INTRAVENOUS THERAPY	16,639	0	0	0	888	64.00
65.00	06500	RESPIRATORY THERAPY	4,518	0	600	0	1,110	65.00
66.00	06600	PHYSICAL THERAPY	25,835	0	4,020	0	2,219	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,116	0	0	0	1,221	67.00
68.00	06800	SPEECH PATHOLOGY	1,487	0	0	0	333	68.00
69.00	06900	ELECTROCARDIOLOGY	5,568	0	244	0	888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,927	0	349	0	666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,497	0	345	0	2,219	73.00
74.00	07400	RENAL DIALYSIS	2,217	0	105	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,910	0	502	0	111	76.00
76.97	07697	CARDIAC REHABILITATION	14,612	0	314	0	555	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,389	0	453	0	1,443	90.00
91.00	09100	EMERGENCY	25,943	0	14,257	3,382	4,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	653,727	15,989	91,980	142,643	65,361	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,941	0	439	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	81,288	0	216	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	43,561	0	9,736	13,572	0	194.00
194.01	07951	ADVERTISING	3,330	0	105	0	0	194.01
194.02	07952	RETAIL PHARMACY	2,820	0	167	0	666	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	787,667	15,989	102,643	156,215	66,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:24 am			
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	89,133				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	26,202	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	48,792	0	0	4,428	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,647	0	0	319	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	5,063	0	0	318	41.00
43.00	04300	NURSERY	0	1,198	0	0	81	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,446	0	0	2,121	50.00
51.00	05100	RECOVERY ROOM	0	2,568	0	0	352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,517	0	0	171	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	975	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	351	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	256	56.00
57.00	05700	CT SCAN	0	0	0	0	1,539	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	496	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,602	0	0	963	59.00
60.00	06000	LABORATORY	0	0	0	0	3,115	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	126	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	212	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	277	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	441	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	258	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	73	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,410	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	168	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	16	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,162	0	0	34	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,133	0	0	197	90.00
91.00	09100	EMERGENCY	0	10,005	0	0	3,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	89,133	0	0	26,202	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	89,133	0	0	26,202	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/22/2022 9:24 am		
Cost Center	Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,096,565	0	1,096,565	30.00
31.00	03100	INTENSIVE CARE UNIT	0	247,917	0	247,917	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	190,326	0	190,326	41.00
43.00	04300	NURSERY	0	28,422	0	28,422	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,218,312	0	1,218,312	50.00
51.00	05100	RECOVERY ROOM	0	75,406	0	75,406	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	127,160	0	127,160	52.00
53.00	05300	ANESTHESIOLOGY	0	87,592	0	87,592	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	262,362	0	262,362	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	48,219	0	48,219	55.00
56.00	05600	RADIOISOTOPE	0	119,102	0	119,102	56.00
57.00	05700	CT SCAN	0	55,201	0	55,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,227	0	21,227	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	640,944	0	640,944	59.00
60.00	06000	LABORATORY	0	256,123	0	256,123	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	17,372	0	17,372	63.00
64.00	06400	INTRAVENOUS THERAPY	0	67,420	0	67,420	64.00
65.00	06500	RESPIRATORY THERAPY	0	109,483	0	109,483	65.00
66.00	06600	PHYSICAL THERAPY	0	142,559	0	142,559	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	41,422	0	41,422	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,898	0	12,898	68.00
69.00	06900	ELECTROCARDIOLOGY	0	193,979	0	193,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,535	0	51,535	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,813	0	10,813	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,789	0	9,789	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	166,372	0	166,372	73.00
74.00	07400	RENAL DIALYSIS	0	9,934	0	9,934	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20,339	0	20,339	76.00
76.97	07697	CARDIAC REHABILITATION	0	64,291	0	64,291	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	36,692	0	36,692	90.00
91.00	09100	EMERGENCY	0	206,606	0	206,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	5,636,382	0	5,636,382
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,990	0	9,990	190.00
191.00	19100	RESEARCH	0	138	0	138	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	264,236	0	264,236	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	167,240	0	167,240	194.00
194.01	07951	ADVERTISING	0	11,605	0	11,605	194.01
194.02	07952	RETAIL PHARMACY	0	80,641	0	80,641	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/22/2022 9:24 am	
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118 through 201)	17.00	19.00	24.00	25.00	26.00	
		0	0	6,170,232	0	6,170,232	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	456,623				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,701,592			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,260	598	60,359,405		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	7,988	3,874	328,722	541,878	5.01
5.02 00570	ADMITTING	3,460	0	858,889	1,500	546,892,764
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	687	0	0	0	0
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	38,956	473,589	4,905,598	3,582	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	104,089	455,094	1,669,365	264	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,634	0	74,272	349	0
9.00 00900	HOUSEKEEPING	7,026	97,056	2,098,967	3,522	0
10.00 01000	DIETARY	10,352	169,363	1,217,847	8,333	0
11.00 01100	CAFETERIA	4,586	72,584	607,215	3,571	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,271	181,489	1,458,326	65	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	2,504	0	0	0	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	77,515	359,708	16,014,720	74,857	93,274,878
31.00 03100	INTENSIVE CARE UNIT	9,231	417,757	2,693,621	19,501	6,635,753
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RF	12,154	139,533	1,552,459	8,932	6,621,150
43.00 04300	NURSERY	482	59,496	435,536	3,531	1,697,030
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,414	3,003,732	2,563,497	89,295	44,180,397
51.00 05100	RECOVERY ROOM	7,035	15,837	952,008	5,072	7,332,460
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,053	125,034	915,089	7,420	3,562,087
53.00 05300	ANESTHESIOLOGY	320	245,186	2,298,282	9,953	7,106,556
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,334	546,104	1,832,832	11,527	20,310,332
55.00 05500	RADIOLOGY - THERAPEUTIC	4,196	24,507	234,214	7	7,305,103
56.00 05600	RADIOISOTOPE	1,542	313,473	290,868	541	5,342,360
57.00 05700	CT SCAN	1,213	111,495	470,430	6,839	32,069,749
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,879	5,202	287,372	875	10,340,637
59.00 05900	CARDIAC CATHETERIZATION	6,180	1,765,184	673,189	9,851	20,059,193
60.00 06000	LABORATORY	9,883	367,625	2,761,479	163,033	64,901,472
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	736	22,181	137,685	8,806	2,626,612
64.00 06400	INTRAVENOUS THERAPY	6,320	26,916	508,043	6,418	4,423,458
65.00 06500	RESPIRATORY THERAPY	1,716	263,221	1,187,031	8,466	5,778,074
66.00 06600	PHYSICAL THERAPY	9,813	130,463	1,611,311	2,071	9,182,494
67.00 06700	OCCUPATIONAL THERAPY	2,703	35,547	777,562	1,365	5,379,111
68.00 06800	SPEECH PATHOLOGY	565	18,378	280,388	325	1,518,537
69.00 06900	ELECTROCARDIOLOGY	2,115	520,451	590,633	3,850	15,349,384
70.00 07000	ELECTROENCEPHALOGRAPHY	3,011	65,630	398,182	5,719	7,257,957
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,345,168
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,251,229
73.00 07300	DRUGS CHARGED TO PATIENTS	3,987	271,943	2,056,684	6,402	71,031,999
74.00 07400	RENAL DIALYSIS	842	0	0	694	3,489,699
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,245	0	111,294	35	323,413
76.97 07697	CARDIAC REHABILITATION	5,550	39,969	377,386	216	701,176
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,047	22,783	1,004,989	14,369	4,111,479
91.00 09100	EMERGENCY	9,854	183,257	3,634,214	49,565	68,383,817
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	405,748	10,554,259	59,870,199	540,721	546,892,764
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,117	0	0	0	0
191.00 19100	RESEARCH	0	0	25,729	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	30,876	0	6,800	0	0
194.00 07950	OTHER NONREIMBURSEABLE	16,546	6,351	0	12	0
194.01 07951	ADVERTISING	1,265	0	0	7	0
194.02 07952	RETAIL PHARMACY	1,071	140,982	456,677	1,138	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	2,692,966	3,477,266	9,154,957	559,829	1,146,670	202.00
203.00	5.897570	0.324930	0.151674	1.033127	0.002097	203.00
204.00			13,523	48,443	20,732	204.00
205.00			0.000224	0.089398	0.000038	205.00
206.00						206.00
207.00						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	546,892,764					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	-20,492,719	117,437,382			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	7,784,736	0	299,183	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	610,423	0	1,634	8.00
9.00	00900	HOUSEKEEPING	0	0	3,168,171	0	7,026	9.00
10.00	01000	DIETARY	0	0	2,523,831	0	10,352	10.00
11.00	01100	CAFETERIA	0	0	517,265	0	4,586	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,184,050	0	2,271	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,285,028	0	2,504	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,274,878	0	22,679,553	0	77,515	30.00
31.00	03100	INTENSIVE CARE UNIT	6,635,753	0	3,937,471	0	9,231	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,621,150	0	2,649,785	0	12,154	41.00
43.00	04300	NURSERY	1,697,030	0	635,479	0	482	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,180,397	0	7,099,940	0	21,414	50.00
51.00	05100	RECOVERY ROOM	7,332,460	0	1,379,841	0	7,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,562,087	0	1,374,560	0	8,053	52.00
53.00	05300	ANESTHESIOLOGY	7,106,556	0	717,254	0	320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,310,332	0	3,482,974	0	7,334	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	7,305,103	0	642,582	0	4,196	55.00
56.00	05600	RADIOISOTOPE	5,342,360	0	875,262	0	1,542	56.00
57.00	05700	CT SCAN	32,069,749	0	1,299,839	0	1,213	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,340,637	0	572,491	0	1,879	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,059,193	0	2,023,735	0	6,180	59.00
60.00	06000	LABORATORY	64,901,472	0	7,061,338	0	9,883	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,626,612	0	793,636	0	736	63.00
64.00	06400	INTRAVENOUS THERAPY	4,423,458	0	846,355	0	6,320	64.00
65.00	06500	RESPIRATORY THERAPY	5,778,074	0	1,844,066	0	1,716	65.00
66.00	06600	PHYSICAL THERAPY	9,182,494	0	2,690,261	0	9,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,379,111	0	1,463,120	0	2,703	67.00
68.00	06800	SPEECH PATHOLOGY	1,518,537	0	469,509	0	565	68.00
69.00	06900	ELECTROCARDIOLOGY	15,349,384	0	1,156,743	0	2,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,257,957	0	681,638	0	3,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,345,168	0	3,004,144	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,251,229	0	2,807,945	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,031,999	0	10,306,938	0	3,987	73.00
74.00	07400	RENAL DIALYSIS	3,489,699	0	688,986	0	842	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	323,413	0	157,989	0	2,245	76.00
76.97	07697	CARDIAC REHABILITATION	701,176	0	536,474	0	5,550	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,111,479	0	1,496,443	0	2,047	90.00
91.00	09100	EMERGENCY	68,383,817	0	5,788,769	0	9,854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	546,892,764	-20,492,719	109,238,624	0	248,308	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,588	0	1,117	190.00
191.00	19100	RESEARCH	0	0	40,350	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	194,412	0	30,876	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	220,992	0	16,546	194.00
194.01	07951	ADVERTISING	0	0	216,217	0	1,265	194.01
194.02	07952	RETAIL PHARMACY	0	0	7,520,199	0	1,071	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,639,633		20,492,719	0	9,143,165	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002998		0.174499	0.000000	30.560443	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,052		385,048	0	787,667	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000007		0.003279	0.000000	2.632726	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,549				8.00
9.00	00900	HOUSEKEEPING	0	294,422			9.00
10.00	01000	DIETARY	0	10,280	129,721		10.00
11.00	01100	CAFETERIA	0	3,360	0	595	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,180	0	26	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,800	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,368	71,264	96,123	208	30.00
31.00	03100	INTENSIVE CARE UNIT	2,160	13,804	2,829	24	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	4,234	15,180	13,324	22	41.00
43.00	04300	NURSERY	787	560	0	5	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	36,420	0	32	50.00
51.00	05100	RECOVERY ROOM	0	1,400	84	11	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,740	3,283	11	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,900	0	28	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	4,020	0	2	55.00
56.00	05600	RADIOISOTOPE	0	800	0	3	56.00
57.00	05700	CT SCAN	0	0	0	6	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	560	0	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,900	0	7	59.00
60.00	06000	LABORATORY	0	8,890	0	44	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	8	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,720	0	10	65.00
66.00	06600	PHYSICAL THERAPY	0	11,530	0	20	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	700	0	8	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,000	0	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	990	0	20	73.00
74.00	07400	RENAL DIALYSIS	0	300	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,440	0	1	76.00
76.97	07697	CARDIAC REHABILITATION	0	900	0	5	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,300	0	13	90.00
91.00	09100	EMERGENCY	0	40,896	2,808	43	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,549	263,834	118,451	589	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,260	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	620	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	27,928	11,270	0	194.00
194.01	07951	ADVERTISING	0	300	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	480	0	6	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	766,877	3,935,732	3,418,019	792,592	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.858416	13.367656	26.349003	1,332.087395	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,989	102,643	156,215	66,027	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.476586	0.348625	1.204238	110.969748	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	791,646					13.00
14.00	01400	0	0				14.00
15.00	01500	0	0	0			15.00
16.00	01600	0	0	0	546,892,764		16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	433,346	0	0	93,274,878	0	30.00
31.00	03100	50,156	0	0	6,635,753	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	44,965	0	0	6,621,150	0	41.00
43.00	04300	10,639	0	0	1,697,030	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	66,134	0	0	44,180,397	0	50.00
51.00	05100	22,811	0	0	7,332,460	0	51.00
52.00	05200	22,354	0	0	3,562,087	0	52.00
53.00	05300	0	0	0	7,106,556	0	53.00
54.00	05400	0	0	0	20,310,332	0	54.00
55.00	05500	0	0	0	7,305,103	0	55.00
56.00	05600	0	0	0	5,342,360	0	56.00
57.00	05700	0	0	0	32,069,749	0	57.00
58.00	05800	0	0	0	10,340,637	0	58.00
59.00	05900	14,232	0	0	20,059,193	0	59.00
60.00	06000	0	0	0	64,901,472	0	60.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	2,626,612	0	63.00
64.00	06400	0	0	0	4,423,458	0	64.00
65.00	06500	0	0	0	5,778,074	0	65.00
66.00	06600	0	0	0	9,182,494	0	66.00
67.00	06700	0	0	0	5,379,111	0	67.00
68.00	06800	0	0	0	1,518,537	0	68.00
69.00	06900	0	0	0	15,349,384	0	69.00
70.00	07000	0	0	0	7,257,957	0	70.00
71.00	07100	0	0	0	10,345,168	0	71.00
72.00	07200	0	0	0	6,251,229	0	72.00
73.00	07300	0	0	0	71,031,999	0	73.00
74.00	07400	0	0	0	3,489,699	0	74.00
76.00	03550	0	0	0	323,413	0	76.00
76.97	07697	10,320	0	0	701,176	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	27,825	0	0	4,111,479	0	90.00
91.00	09100	88,864	0	0	68,383,817	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		791,646	0	0	546,892,764	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)				
202.00	Cost to be allocated (per Wkst. B, Part I)	2,684,976	0	0	1,609,849	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.391637	0.000000	0.000000	0.002944	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	89,133	0	0	26,202	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.112592	0.000000	0.000000	0.000048	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	5.01
5.02	00570	ADMINISTRATIVE	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I/PF	40.00
41.00	04100	SUBPROVIDER - I/RF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NONREIMBURSEABLE	194.00
194.01	07951	ADVERTISING	194.01
194.02	07952	RETAIL PHARMACY	194.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2022 9:24 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	35,115,350		35,115,350	0	35,115,350	30.00
31.00	03100 INTENSIVE CARE UNIT	5,436,718		5,436,718	0	5,436,718	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RP	4,335,684		4,335,684	0	4,335,684	41.00
43.00	04300 NURSERY	834,315		834,315	0	834,315	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,877,140		9,877,140	0	9,877,140	50.00
51.00	05100 RECOVERY ROOM	1,970,150		1,970,150	0	1,970,150	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,218,287		2,218,287	0	2,218,287	52.00
53.00	05300 ANESTHESIOLOGY	882,440		882,440	0	882,440	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,584,414		4,584,414	0	4,584,414	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	960,852		960,852	0	960,852	55.00
56.00	05600 RADIOISOTOPE	1,105,536		1,105,536	0	1,105,536	56.00
57.00	05700 CT SCAN	1,666,136		1,666,136	0	1,666,136	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	771,738		771,738	0	771,738	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,787,992		2,787,992	0	2,787,992	59.00
60.00	06000 LABORATORY	8,964,083		8,964,083	0	8,964,083	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	965,014		965,014	0	965,014	63.00
64.00	06400 INTRAVENOUS THERAPY	1,210,865		1,210,865	0	1,210,865	64.00
65.00	06500 RESPIRATORY THERAPY	2,271,620	0	2,271,620	0	2,271,620	65.00
66.00	06600 PHYSICAL THERAPY	3,667,403	0	3,667,403	0	3,667,403	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,831,527	0	1,831,527	0	1,831,527	67.00
68.00	06800 SPEECH PATHOLOGY	577,172	0	577,172	0	577,172	68.00
69.00	06900 ELECTROCARDIOLOGY	1,488,431		1,488,431	0	1,488,431	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	935,328		935,328	0	935,328	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,558,820		3,558,820	0	3,558,820	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,316,333		3,316,333	0	3,316,333	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,476,326		12,476,326	0	12,476,326	73.00
74.00	07400 RENAL DIALYSIS	849,229		849,229	0	849,229	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	275,699		275,699	0	275,699	76.00
76.97	07697 CARDIAC REHABILITATION	855,455		855,455	0	855,455	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,961,299		1,961,299	0	1,961,299	90.00
91.00	09100 EMERGENCY	8,280,714		8,280,714	0	8,280,714	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,110,444		5,110,444	0	5,110,444	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
200.00	Subtotal (see instructions)	131,142,514	0	131,142,514	0	131,142,514	200.00
201.00	Less Observation Beds	5,110,444		5,110,444	0	5,110,444	201.00
202.00	Total (see instructions)	126,032,070	0	126,032,070	0	126,032,070	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 11/22/2022 9:24 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	79,484,310		79,484,310				30.00
31.00	03100	INTENSIVE CARE UNIT	6,635,753		6,635,753				31.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	6,621,150		6,621,150				41.00
43.00	04300	NURSERY	1,697,030		1,697,030				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	12,693,189	31,487,208	44,180,397	0.223564	0.000000		50.00
51.00	05100	RECOVERY ROOM	972,966	6,359,494	7,332,460	0.268689	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,762,570	799,517	3,562,087	0.622749	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,741,303	5,365,253	7,106,556	0.124173	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,909,309	17,401,023	20,310,332	0.225718	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	8,540	7,296,563	7,305,103	0.131532	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,103,062	4,239,298	5,342,360	0.206938	0.000000		56.00
57.00	05700	CT SCAN	7,024,826	25,044,923	32,069,749	0.051954	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,723,839	8,616,798	10,340,637	0.074632	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	9,374,758	10,684,435	20,059,193	0.138988	0.000000		59.00
60.00	06000	LABORATORY	20,899,865	44,001,607	64,901,472	0.138118	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,586,901	1,039,711	2,626,612	0.367399	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	12,607	4,410,851	4,423,458	0.273737	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,068,551	709,523	5,778,074	0.393145	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,599,073	5,583,421	9,182,494	0.399391	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,816,312	1,562,799	5,379,111	0.340489	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	756,397	762,140	1,518,537	0.380084	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,710,604	10,638,780	15,349,384	0.096970	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,899	7,001,058	7,257,957	0.128869	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,802,882	4,542,286	10,345,168	0.344008	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,205,572	4,045,657	6,251,229	0.530509	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,357,501	45,674,498	71,031,999	0.175644	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,948,344	541,355	3,489,699	0.243353	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,116	320,297	323,413	0.852467	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	81,720	619,456	701,176	1.220029	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	702,554	3,408,925	4,111,479	0.477030	0.000000		90.00
91.00	09100	EMERGENCY	15,774,049	52,609,768	68,383,817	0.121092	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,111,918	11,678,650	13,790,568	0.370575	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
200.00		Subtotal (see instructions)	230,447,470	316,445,294	546,892,764				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	230,447,470	316,445,294	546,892,764				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/22/2022 9:24 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223564		50.00
51.00	05100 RECOVERY ROOM	0.268689		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.622749		52.00
53.00	05300 ANESTHESIOLOGY	0.124173		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225718		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.131532		55.00
56.00	05600 RADIOISOTOPE	0.206938		56.00
57.00	05700 CT SCAN	0.051954		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074632		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.138988		59.00
60.00	06000 LABORATORY	0.138118		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.367399		63.00
64.00	06400 INTRAVENOUS THERAPY	0.273737		64.00
65.00	06500 RESPIRATORY THERAPY	0.393145		65.00
66.00	06600 PHYSICAL THERAPY	0.399391		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340489		67.00
68.00	06800 SPEECH PATHOLOGY	0.380084		68.00
69.00	06900 ELECTROCARDIOLOGY	0.096970		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128869		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.344008		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.530509		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175644		73.00
74.00	07400 RENAL DIALYSIS	0.243353		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.852467		76.00
76.97	07697 CARDIAC REHABILITATION	1.220029		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.477030		90.00
91.00	09100 EMERGENCY	0.121092		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.370575		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2022 9:24 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	35,115,350		35,115,350	0	35,115,350	30.00
31.00	03100 INTENSIVE CARE UNIT	5,436,718		5,436,718	0	5,436,718	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RP	4,335,684		4,335,684	0	4,335,684	41.00
43.00	04300 NURSERY	834,315		834,315	0	834,315	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,877,140		9,877,140	0	9,877,140	50.00
51.00	05100 RECOVERY ROOM	1,970,150		1,970,150	0	1,970,150	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,218,287		2,218,287	0	2,218,287	52.00
53.00	05300 ANESTHESIOLOGY	882,440		882,440	0	882,440	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,584,414		4,584,414	0	4,584,414	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	960,852		960,852	0	960,852	55.00
56.00	05600 RADIOISOTOPE	1,105,536		1,105,536	0	1,105,536	56.00
57.00	05700 CT SCAN	1,666,136		1,666,136	0	1,666,136	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	771,738		771,738	0	771,738	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,787,992		2,787,992	0	2,787,992	59.00
60.00	06000 LABORATORY	8,964,083		8,964,083	0	8,964,083	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	965,014		965,014	0	965,014	63.00
64.00	06400 INTRAVENOUS THERAPY	1,210,865		1,210,865	0	1,210,865	64.00
65.00	06500 RESPIRATORY THERAPY	2,271,620	0	2,271,620	0	2,271,620	65.00
66.00	06600 PHYSICAL THERAPY	3,667,403	0	3,667,403	0	3,667,403	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,831,527	0	1,831,527	0	1,831,527	67.00
68.00	06800 SPEECH PATHOLOGY	577,172	0	577,172	0	577,172	68.00
69.00	06900 ELECTROCARDIOLOGY	1,488,431		1,488,431	0	1,488,431	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	935,328		935,328	0	935,328	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,558,820		3,558,820	0	3,558,820	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,316,333		3,316,333	0	3,316,333	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,476,326		12,476,326	0	12,476,326	73.00
74.00	07400 RENAL DIALYSIS	849,229		849,229	0	849,229	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	275,699		275,699	0	275,699	76.00
76.97	07697 CARDIAC REHABILITATION	855,455		855,455	0	855,455	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,961,299		1,961,299	0	1,961,299	90.00
91.00	09100 EMERGENCY	8,280,714		8,280,714	0	8,280,714	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,110,444		5,110,444	0	5,110,444	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
200.00	Subtotal (see instructions)	131,142,514	0	131,142,514	0	131,142,514	200.00
201.00	Less Observation Beds	5,110,444		5,110,444	0	5,110,444	201.00
202.00	Total (see instructions)	126,032,070	0	126,032,070	0	126,032,070	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet C Part I Date/Time Prepared: 11/22/2022 9:24 am		
			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	79,484,310		79,484,310				30.00
31.00	03100	INTENSIVE CARE UNIT	6,635,753		6,635,753				31.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	6,621,150		6,621,150				41.00
43.00	04300	NURSERY	1,697,030		1,697,030				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	12,693,189	31,487,208	44,180,397	0.223564	0.000000		50.00
51.00	05100	RECOVERY ROOM	972,966	6,359,494	7,332,460	0.268689	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,762,570	799,517	3,562,087	0.622749	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,741,303	5,365,253	7,106,556	0.124173	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,909,309	17,401,023	20,310,332	0.225718	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	8,540	7,296,563	7,305,103	0.131532	0.000000		55.00
56.00	05600	RADIO SOTOPE	1,103,062	4,239,298	5,342,360	0.206938	0.000000		56.00
57.00	05700	CT SCAN	7,024,826	25,044,923	32,069,749	0.051954	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,723,839	8,616,798	10,340,637	0.074632	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	9,374,758	10,684,435	20,059,193	0.138988	0.000000		59.00
60.00	06000	LABORATORY	20,899,865	44,001,607	64,901,472	0.138118	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,586,901	1,039,711	2,626,612	0.367399	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	12,607	4,410,851	4,423,458	0.273737	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,068,551	709,523	5,778,074	0.393145	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,599,073	5,583,421	9,182,494	0.399391	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,816,312	1,562,799	5,379,111	0.340489	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	756,397	762,140	1,518,537	0.380084	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,710,604	10,638,780	15,349,384	0.096970	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,899	7,001,058	7,257,957	0.128869	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,802,882	4,542,286	10,345,168	0.344008	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,205,572	4,045,657	6,251,229	0.530509	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,357,501	45,674,498	71,031,999	0.175644	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,948,344	541,355	3,489,699	0.243353	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,116	320,297	323,413	0.852467	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	81,720	619,456	701,176	1.220029	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	702,554	3,408,925	4,111,479	0.477030	0.000000		90.00
91.00	09100	EMERGENCY	15,774,049	52,609,768	68,383,817	0.121092	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,111,918	11,678,650	13,790,568	0.370575	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
200.00		Subtotal (see instructions)	230,447,470	316,445,294	546,892,764				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	230,447,470	316,445,294	546,892,764				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/22/2022 9:24 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223564		50.00
51.00	05100 RECOVERY ROOM	0.268689		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.622749		52.00
53.00	05300 ANESTHESIOLOGY	0.124173		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225718		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.131532		55.00
56.00	05600 RADIOISOTOPE	0.206938		56.00
57.00	05700 CT SCAN	0.051954		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074632		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.138988		59.00
60.00	06000 LABORATORY	0.138118		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.367399		63.00
64.00	06400 INTRAVENOUS THERAPY	0.273737		64.00
65.00	06500 RESPIRATORY THERAPY	0.393145		65.00
66.00	06600 PHYSICAL THERAPY	0.399391		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340489		67.00
68.00	06800 SPEECH PATHOLOGY	0.380084		68.00
69.00	06900 ELECTROCARDIOLOGY	0.096970		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128869		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.344008		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.530509		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175644		73.00
74.00	07400 RENAL DIALYSIS	0.243353		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.852467		76.00
76.97	07697 CARDIAC REHABILITATION	1.220029		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.477030		90.00
91.00	09100 EMERGENCY	0.121092		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.370575		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0008

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

Worksheet C Part II Date/Time Prepared: 11/22/2022 9:24 am

Cost Center Description			Title XIX			Hospital	PPS
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,877,140	1,218,312	8,658,828	0	0
51.00	05100	RECOVERY ROOM	1,970,150	75,406	1,894,744	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,218,287	127,160	2,091,127	0	0
53.00	05300	ANESTHESIOLOGY	882,440	87,592	794,848	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,584,414	262,362	4,322,052	0	0
55.00	05500	RADIOLOGY - THERAPEUTIC	960,852	48,219	912,633	0	0
56.00	05600	RADIOISOTOPE	1,105,536	119,102	986,434	0	0
57.00	05700	CT SCAN	1,666,136	55,201	1,610,935	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	771,738	21,227	750,511	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,787,992	640,944	2,147,048	0	0
60.00	06000	LABORATORY	8,964,083	256,123	8,707,960	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	965,014	17,372	947,642	0	0
64.00	06400	INTRAVENOUS THERAPY	1,210,865	67,420	1,143,445	0	0
65.00	06500	RESPIRATORY THERAPY	2,271,620	109,483	2,162,137	0	0
66.00	06600	PHYSICAL THERAPY	3,667,403	142,559	3,524,844	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,831,527	41,422	1,790,105	0	0
68.00	06800	SPEECH PATHOLOGY	577,172	12,898	564,274	0	0
69.00	06900	ELECTROCARDIOLOGY	1,488,431	193,979	1,294,452	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	935,328	51,535	883,793	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,558,820	10,813	3,548,007	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,316,333	9,789	3,306,544	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,476,326	166,372	12,309,954	0	0
74.00	07400	RENAL DIALYSIS	849,229	9,934	839,295	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	275,699	20,339	255,360	0	0
76.97	07697	CARDIAC REHABILITATION	855,455	64,291	791,164	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,961,299	36,692	1,924,607	0	0
91.00	09100	EMERGENCY	8,280,714	206,606	8,074,108	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,110,444	159,589	4,950,855	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	85,420,447	4,232,741	81,187,706	0	0
201.00		Less Observation Beds	5,110,444	159,589	4,950,855	0	0
202.00		Total (line 200 minus line 201)	80,310,003	4,073,152	76,236,851	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part II Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Title XIX			Hospital	PPS
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,877,140	44,180,397	0.223564		50.00
51.00	05100 RECOVERY ROOM	1,970,150	7,332,460	0.268689		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,218,287	3,562,087	0.622749		52.00
53.00	05300 ANESTHESIOLOGY	882,440	7,106,556	0.124173		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,584,414	20,310,332	0.225718		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	960,852	7,305,103	0.131532		55.00
56.00	05600 RADIOISOTOPE	1,105,536	5,342,360	0.206938		56.00
57.00	05700 CT SCAN	1,666,136	32,069,749	0.051954		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	771,738	10,340,637	0.074632		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,787,992	20,059,193	0.138988		59.00
60.00	06000 LABORATORY	8,964,083	64,901,472	0.138118		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	965,014	2,626,612	0.367399		63.00
64.00	06400 INTRAVENOUS THERAPY	1,210,865	4,423,458	0.273737		64.00
65.00	06500 RESPIRATORY THERAPY	2,271,620	5,778,074	0.393145		65.00
66.00	06600 PHYSICAL THERAPY	3,667,403	9,182,494	0.399391		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,831,527	5,379,111	0.340489		67.00
68.00	06800 SPEECH PATHOLOGY	577,172	1,518,537	0.380084		68.00
69.00	06900 ELECTROCARDIOLOGY	1,488,431	15,349,384	0.096970		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	935,328	7,257,957	0.128869		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,558,820	10,345,168	0.344008		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,316,333	6,251,229	0.530509		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,476,326	71,031,999	0.175644		73.00
74.00	07400 RENAL DIALYSIS	849,229	3,489,699	0.243353		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	275,699	323,413	0.852467		76.00
76.97	07697 CARDIAC REHABILITATION	855,455	701,176	1.220029		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,961,299	4,111,479	0.477030		90.00
91.00	09100 EMERGENCY	8,280,714	68,383,817	0.121092		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,110,444	13,790,568	0.370575		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
200.00	Subtotal (sum of lines 50 thru 199)	85,420,447	452,454,521			200.00
201.00	Less Observation Beds	5,110,444	0			201.00
202.00	Total (line 200 minus line 201)	80,310,003	452,454,521			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,096,565	0	1,096,565	30,859	35.53	30.00
31.00	INTENSIVE CARE UNIT	247,917		247,917	2,160	114.78	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	190,326	0	190,326	4,234	44.95	41.00
43.00	NURSERY	28,422		28,422	787	36.11	43.00
200.00	Total (lines 30 through 199)	1,563,230		1,563,230	38,040		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,714	203,018				
31.00	INTENSIVE CARE UNIT	600	68,868				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,271	102,081				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	8,585	373,967				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,218,312	44,180,397	0.027576	3,403,979	93,868	50.00
51.00	05100	RECOVERY ROOM	75,406	7,332,460	0.010284	216,844	2,230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,160	3,562,087	0.035698	10,045	359	52.00
53.00	05300	ANESTHESIOLOGY	87,592	7,106,556	0.012326	414,840	5,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,362	20,310,332	0.012918	828,676	10,705	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	48,219	7,305,103	0.006601	0	0	55.00
56.00	05600	RADIOISOTOPE	119,102	5,342,360	0.022294	401,486	8,951	56.00
57.00	05700	CT SCAN	55,201	32,069,749	0.001721	1,967,634	3,386	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,227	10,340,637	0.002053	433,566	890	58.00
59.00	05900	CARDIAC CATHETERIZATION	640,944	20,059,193	0.031953	3,058,976	97,743	59.00
60.00	06000	LABORATORY	256,123	64,901,472	0.003946	5,120,856	20,207	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,372	2,626,612	0.006614	355,200	2,349	63.00
64.00	06400	INTRAVENOUS THERAPY	67,420	4,423,458	0.015241	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	109,483	5,778,074	0.018948	1,385,077	26,244	65.00
66.00	06600	PHYSICAL THERAPY	142,559	9,182,494	0.015525	609,472	9,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,422	5,379,111	0.007701	585,628	4,510	67.00
68.00	06800	SPEECH PATHOLOGY	12,898	1,518,537	0.008494	118,002	1,002	68.00
69.00	06900	ELECTROCARDIOLOGY	193,979	15,349,384	0.012638	1,511,667	19,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,535	7,257,957	0.007100	67,608	480	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,813	10,345,168	0.001045	1,717,247	1,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,789	6,251,229	0.001566	886,473	1,388	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,372	71,031,999	0.002342	5,741,807	13,447	73.00
74.00	07400	RENAL DIALYSIS	9,934	3,489,699	0.002847	889,760	2,533	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,339	323,413	0.062889	965	61	76.00
76.97	07697	CARDIAC REHABILITATION	64,291	701,176	0.091690	24,190	2,218	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,692	4,111,479	0.008924	121,249	1,082	90.00
91.00	09100	EMERGENCY	206,606	68,383,817	0.003021	3,996,362	12,073	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	159,589	13,790,568	0.011572	649,767	7,519	92.00
200.00		Total (lines 50 through 199)	4,232,741	452,454,521		34,517,376	348,719	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30,859	0.00	5,714	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,160	0.00	600	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,234	0.00	2,271	41.00
43.00	04300	NURSERY	0	0	787	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	38,040		8,585	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
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description			Title XVIII				Hospital		
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	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	44,180,397	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,332,460	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,562,087	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	7,106,556	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	20,310,332	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	7,305,103	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	5,342,360	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	32,069,749	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,340,637	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	20,059,193	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	64,901,472	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,626,612	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	4,423,458	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	5,778,074	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,182,494	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,379,111	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,518,537	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	15,349,384	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,257,957	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,345,168	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,251,229	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	71,031,999	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,489,699	0.000000	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	323,413	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	701,176	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,111,479	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	68,383,817	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,790,568	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	452,454,521		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	3,403,979	0	4,164,494	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	216,844	0	852,875	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	10,045	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	414,840	0	632,535	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	828,676	0	1,576,777	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	3,247,740	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	401,486	0	857,778	0	56.00
57.00	05700 CT SCAN	0.000000	1,967,634	0	3,759,196	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	433,566	0	1,533,003	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,058,976	0	1,967,216	0	59.00
60.00	06000 LABORATORY	0.000000	5,120,856	0	2,492,197	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	355,200	0	84,054	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	1,520,903	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,385,077	0	64,159	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	609,472	0	28,296	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	585,628	0	23,517	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	118,002	0	48,637	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,511,667	0	1,914,459	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	67,608	0	804,876	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,717,247	0	685,663	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	886,473	0	462,789	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	5,741,807	0	14,344,106	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	889,760	0	170,000	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	965	0	74,763	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	24,190	0	188,786	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	121,249	0	537,701	0	90.00
91.00	09100 EMERGENCY	0.000000	3,996,362	0	4,369,621	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	649,767	0	1,408,180	0	92.00
200.00	Total (lines 50 through 199)		34,517,376	0	47,814,321	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/22/2022 9:24 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	0.223564	4,164,494	0	14,904	931,031	50.00
51.00 05100 RECOVERY ROOM	0.268689	852,875	0	0	229,158	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.622749	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.124173	632,535	0	0	78,544	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.225718	1,576,777	0	0	355,907	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0.131532	3,247,740	0	0	427,182	55.00
56.00 05600 RADIOISOTOPE	0.206938	857,778	0	0	177,507	56.00
57.00 05700 CT SCAN	0.051954	3,759,196	0	0	195,305	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074632	1,533,003	0	0	114,411	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.138988	1,967,216	0	0	273,419	59.00
60.00 06000 LABORATORY	0.138118	2,492,197	0	0	344,217	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.367399	84,054	0	0	30,881	63.00
64.00 06400 INTRAVENOUS THERAPY	0.273737	1,520,903	0	0	416,327	64.00
65.00 06500 RESPIRATORY THERAPY	0.393145	64,159	0	0	25,224	65.00
66.00 06600 PHYSICAL THERAPY	0.399391	28,296	0	0	11,301	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.340489	23,517	0	0	8,007	67.00
68.00 06800 SPEECH PATHOLOGY	0.380084	48,637	0	0	18,486	68.00
69.00 06900 ELECTROCARDIOLOGY	0.096970	1,914,459	0	0	185,645	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.128869	804,876	0	0	103,724	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.344008	685,663	0	0	235,874	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.530509	462,789	0	0	245,514	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.175644	14,344,106	0	13,940	2,519,456	73.00
74.00 07400 RENAL DIALYSIS	0.243353	170,000	0	0	41,370	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.852467	74,763	0	0	63,733	76.00
76.97 07697 CARDIAC REHABILITATION	1.220029	188,786	0	0	230,324	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.477030	537,701	0	0	256,500	90.00
91.00 09100 EMERGENCY	0.121092	4,369,621	0	140	529,126	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.370575	1,408,180	0	0	521,836	92.00
200.00	Subtotal (see instructions)	47,814,321	0	28,984	8,570,009	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 - line 201)	47,814,321	0	28,984	8,570,009	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/22/2022 9:24 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	3,332		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,448		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	17		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	5,797		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	5,797		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part II Date/Time Prepared: 11/22/2022 9:24 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	1,218,312	44,180,397	0.027576	106,781	2,945	50.00
51.00	05100	RECOVERY ROOM	75,406	7,332,460	0.010284	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,160	3,562,087	0.035698	0	0	52.00
53.00	05300	ANESTHESIOLOGY	87,592	7,106,556	0.012326	9,676	119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,362	20,310,332	0.012918	87,212	1,127	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	48,219	7,305,103	0.006601	0	0	55.00
56.00	05600	RADIOISOTOPE	119,102	5,342,360	0.022294	15,984	356	56.00
57.00	05700	CT SCAN	55,201	32,069,749	0.001721	49,690	86	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,227	10,340,637	0.002053	3,238	7	58.00
59.00	05900	CARDIAC CATHETERIZATION	640,944	20,059,193	0.031953	0	0	59.00
60.00	06000	LABORATORY	256,123	64,901,472	0.003946	513,168	2,025	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,372	2,626,612	0.006614	11,587	77	63.00
64.00	06400	INTRAVENOUS THERAPY	67,420	4,423,458	0.015241	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	109,483	5,778,074	0.018948	139,876	2,650	65.00
66.00	06600	PHYSICAL THERAPY	142,559	9,182,494	0.015525	1,078,590	16,745	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,422	5,379,111	0.007701	1,099,681	8,469	67.00
68.00	06800	SPEECH PATHOLOGY	12,898	1,518,537	0.008494	166,954	1,418	68.00
69.00	06900	ELECTROCARDIOLOGY	193,979	15,349,384	0.012638	27,417	346	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,535	7,257,957	0.007100	2,098	15	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,813	10,345,168	0.001045	141,778	148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,789	6,251,229	0.001566	4,773	7	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,372	71,031,999	0.002342	965,316	2,261	73.00
74.00	07400	RENAL DIALYSIS	9,934	3,489,699	0.002847	218,117	621	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,339	323,413	0.062889	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	64,291	701,176	0.091690	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,692	4,111,479	0.008924	0	0	90.00
91.00	09100	EMERGENCY	206,606	68,383,817	0.003021	2,675	8	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,790,568	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,073,152	452,454,521		4,644,611	39,430	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 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	44,180,397	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	7,332,460	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,562,087	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	7,106,556	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	20,310,332	0.000000	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	7,305,103	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	5,342,360	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	32,069,749	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,340,637	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	20,059,193	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	64,901,472	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,626,612	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	4,423,458	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	5,778,074	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	9,182,494	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	5,379,111	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,518,537	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	15,349,384	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,257,957	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,345,168	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,251,229	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	71,031,999	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	3,489,699	0.000000	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	323,413	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	701,176	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	4,111,479	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	68,383,817	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,790,568	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	452,454,521		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	106,781	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	9,676	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	87,212	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	15,984	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	49,690	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,238	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	513,168	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	11,587	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	139,876	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,078,590	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,099,681	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	166,954	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	27,417	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,098	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	141,778	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,773	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	965,316	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	218,117	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	2,675	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		4,644,611	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,096,565	0	1,096,565	30,859	35.53	30.00
31.00	INTENSIVE CARE UNIT	247,917		247,917	2,160	114.78	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	190,326	0	190,326	4,234	44.95	41.00
43.00	NURSERY	28,422		28,422	787	36.11	43.00
200.00	Total (lines 30 through 199)	1,563,230		1,563,230	38,040		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,689	60,010				
31.00	INTENSIVE CARE UNIT	315	36,156				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	38	1,708				
43.00	NURSERY	101	3,647				
200.00	Total (lines 30 through 199)	2,143	101,521				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,218,312	44,180,397	0.027576	586,498	16,173	50.00
51.00	05100	RECOVERY ROOM	75,406	7,332,460	0.010284	45,616	469	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,160	3,562,087	0.035698	185,220	6,612	52.00
53.00	05300	ANESTHESIOLOGY	87,592	7,106,556	0.012326	109,371	1,348	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,362	20,310,332	0.012918	154,755	1,999	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	48,219	7,305,103	0.006601	0	0	55.00
56.00	05600	RADIOISOTOPE	119,102	5,342,360	0.022294	33,186	740	56.00
57.00	05700	CT SCAN	55,201	32,069,749	0.001721	343,379	591	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,227	10,340,637	0.002053	92,477	190	58.00
59.00	05900	CARDIAC CATHETERIZATION	640,944	20,059,193	0.031953	210,704	6,733	59.00
60.00	06000	LABORATORY	256,123	64,901,472	0.003946	1,207,670	4,765	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,372	2,626,612	0.006614	30,855	204	63.00
64.00	06400	INTRAVENOUS THERAPY	67,420	4,423,458	0.015241	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	109,483	5,778,074	0.018948	209,708	3,974	65.00
66.00	06600	PHYSICAL THERAPY	142,559	9,182,494	0.015525	137,525	2,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,422	5,379,111	0.007701	67,931	523	67.00
68.00	06800	SPEECH PATHOLOGY	12,898	1,518,537	0.008494	43,696	371	68.00
69.00	06900	ELECTROCARDIOLOGY	193,979	15,349,384	0.012638	216,523	2,736	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,535	7,257,957	0.007100	31,152	221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,813	10,345,168	0.001045	267,295	279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,789	6,251,229	0.001566	47,165	74	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,372	71,031,999	0.002342	1,314,464	3,078	73.00
74.00	07400	RENAL DIALYSIS	9,934	3,489,699	0.002847	75,890	216	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,339	323,413	0.062889	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	64,291	701,176	0.091690	2,879	264	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,692	4,111,479	0.008924	0	0	90.00
91.00	09100	EMERGENCY	206,606	68,383,817	0.003021	657,620	1,987	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	159,589	13,790,568	0.011572	111,845	1,294	92.00
200.00		Total (lines 50 through 199)	4,232,741	452,454,521		6,183,424	56,976	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	30,859	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,160	0.00	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,234	0.00	41.00
43.00	04300	NURSERY	0	0	787	0.00	43.00
200.00		Total (lines 30 through 199)	0	0	38,040		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
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	44,180,397	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,332,460	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,562,087	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,106,556	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	20,310,332	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	7,305,103	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,342,360	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	32,069,749	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,340,637	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,059,193	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	64,901,472	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,626,612	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,423,458	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,778,074	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,182,494	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,379,111	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,518,537	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,349,384	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,257,957	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,345,168	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,251,229	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,031,999	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,489,699	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	323,413	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	701,176	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,111,479	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	68,383,817	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,790,568	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	452,454,521		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	586,498	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	45,616	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	185,220	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	109,371	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	154,755	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	33,186	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	343,379	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	92,477	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	210,704	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,207,670	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	30,855	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	209,708	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	137,525	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	67,931	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	43,696	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	216,523	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	31,152	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	267,295	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	47,165	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,314,464	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	75,890	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	2,879	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	657,620	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	111,845	0	0	0	92.00
200.00	Total (lines 50 through 199)		6,183,424	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/22/2022 9:24 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,218,312	44,180,397	0.027576	0	0	50.00
51.00	05100 RECOVERY ROOM	75,406	7,332,460	0.010284	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	127,160	3,562,087	0.035698	0	0	52.00
53.00	05300 ANESTHESIOLOGY	87,592	7,106,556	0.012326	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	262,362	20,310,332	0.012918	1,778	23	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	48,219	7,305,103	0.006601	0	0	55.00
56.00	05600 RADIOISOTOPE	119,102	5,342,360	0.022294	0	0	56.00
57.00	05700 CT SCAN	55,201	32,069,749	0.001721	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	21,227	10,340,637	0.002053	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	640,944	20,059,193	0.031953	0	0	59.00
60.00	06000 LABORATORY	256,123	64,901,472	0.003946	7,394	29	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	17,372	2,626,612	0.006614	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	67,420	4,423,458	0.015241	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	109,483	5,778,074	0.018948	17,955	340	65.00
66.00	06600 PHYSICAL THERAPY	142,559	9,182,494	0.015525	20,958	325	66.00
67.00	06700 OCCUPATIONAL THERAPY	41,422	5,379,111	0.007701	23,803	183	67.00
68.00	06800 SPEECH PATHOLOGY	12,898	1,518,537	0.008494	531	5	68.00
69.00	06900 ELECTROCARDIOLOGY	193,979	15,349,384	0.012638	366	5	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	51,535	7,257,957	0.007100	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,813	10,345,168	0.001045	12,537	13	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,789	6,251,229	0.001566	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	166,372	71,031,999	0.002342	23,519	55	73.00
74.00	07400 RENAL DIALYSIS	9,934	3,489,699	0.002847	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,339	323,413	0.062889	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	64,291	701,176	0.091690	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	36,692	4,111,479	0.008924	0	0	90.00
91.00	09100 EMERGENCY	206,606	68,383,817	0.003021	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	13,790,568	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	4,073,152	452,454,521		108,841	978	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 am
	Title XIX	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	44,180,397	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	7,332,460	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,562,087	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	7,106,556	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	20,310,332	0.000000	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	7,305,103	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	5,342,360	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	32,069,749	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,340,637	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	20,059,193	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	64,901,472	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,626,612	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	4,423,458	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	5,778,074	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	9,182,494	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	5,379,111	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,518,537	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	15,349,384	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,257,957	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,345,168	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,251,229	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	71,031,999	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	3,489,699	0.000000	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	323,413	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	701,176	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	4,111,479	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	68,383,817	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,790,568	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	452,454,521		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,778	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	7,394	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	17,955	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	20,958	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	23,803	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	531	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	366	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	12,537	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	23,519	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		108,841	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 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)		30,859	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,859	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)		26,368	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,714	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)		35,115,350	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)		35,115,350	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)		35,115,350	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)		1,137.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,502,132	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,502,132	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,436,718	2,160	2,517.00	600	1,510,200	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)					6,831,158	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,843,490	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)					271,886	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					348,719	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					620,605	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,222,885	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)					4,491	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,137.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,110,444	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 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	1,096,565	35,115,350	0.031228	5,110,444	159,589	90.00
91.00	Nursing Program cost	0	35,115,350	0.000000	5,110,444	0	91.00
92.00	Allied health cost	0	35,115,350	0.000000	5,110,444	0	92.00
93.00	All other Medical Education	0	35,115,350	0.000000	5,110,444	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 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)		4,234	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,234	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,234	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,271	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)		4,335,684	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)		4,335,684	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)		4,335,684	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)		1,024.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,325,549	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)		2,325,549	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1	
		Component CCN: 15-T008				Date/Time Prepared: 11/22/2022 9:24 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)					1,326,871		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,652,420		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)					102,081		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					39,430		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					141,511		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,510,909		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: 15-0008 Component CCN: 15-T008		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 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	190,326	4,335,684	0.043898	0	0	90.00
91.00	Nursing Program cost	0	4,335,684	0.000000	0	0	91.00
92.00	Allied health cost	0	4,335,684	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,335,684	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 am
		Title XIX	Hospital	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)		30,859	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,859	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)		26,368	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)		1,689	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)		787	15.00
16.00	Nursery days (title V or XIX only)		101	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)		35,115,350	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)		35,115,350	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)		35,115,350	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)		1,137.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,921,964	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,921,964	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	834,315	787	1,060.12	101	107,072	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,436,718	2,160	2,517.00	315	792,855	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,239,298	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,061,189	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)					99,813	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					56,976	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					156,789	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,904,400	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)					4,491	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,137.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,110,444	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 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	1,096,565	35,115,350	0.031228	5,110,444	159,589	90.00
91.00	Nursing Program cost	0	35,115,350	0.000000	5,110,444	0	91.00
92.00	Allied health cost	0	35,115,350	0.000000	5,110,444	0	92.00
93.00	All other Medical Education	0	35,115,350	0.000000	5,110,444	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,234	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,234	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,234	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)		38	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)		787	15.00
16.00	Nursery days (title V or XIX only)		101	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)		4,335,684	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)		4,335,684	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)		4,335,684	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)		1,024.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,913	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)		38,913	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1
					Component CCN: 15-T008		Date/Time Prepared: 11/22/2022 9:24 am
					Title XIX	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	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)					33,637		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					72,550		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,708		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					978		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,686		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					69,864		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: 15-0008 Component CCN: 15-T008		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/22/2022 9:24 am	
		Title XIX		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	190,326	4,335,684	0.043898	0	0	90.00
91.00	Nursing Program cost	0	4,335,684	0.000000	0	0	91.00
92.00	Allied health cost	0	4,335,684	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,335,684	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:24 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		14,519,458		30.00
31.00	03100 INTENSIVE CARE UNIT		1,795,731		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.223564	3,403,979	761,007	50.00
51.00	05100 RECOVERY ROOM	0.268689	216,844	58,264	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.622749	10,045	6,256	52.00
53.00	05300 ANESTHESIOLOGY	0.124173	414,840	51,512	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225718	828,676	187,047	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.131532	0	0	55.00
56.00	05600 RADIOISOTOPE	0.206938	401,486	83,083	56.00
57.00	05700 CT SCAN	0.051954	1,967,634	102,226	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074632	433,566	32,358	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.138988	3,058,976	425,161	59.00
60.00	06000 LABORATORY	0.138118	5,120,856	707,282	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.367399	355,200	130,500	63.00
64.00	06400 INTRAVENOUS THERAPY	0.273737	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.393145	1,385,077	544,536	65.00
66.00	06600 PHYSICAL THERAPY	0.399391	609,472	243,418	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340489	585,628	199,400	67.00
68.00	06800 SPEECH PATHOLOGY	0.380084	118,002	44,851	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096970	1,511,667	146,586	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128869	67,608	8,713	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.344008	1,717,247	590,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.530509	886,473	470,282	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175644	5,741,807	1,008,514	73.00
74.00	07400 RENAL DIALYSIS	0.243353	889,760	216,526	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.852467	965	823	76.00
76.97	07697 CARDIAC REHABILITATION	1.220029	24,190	29,513	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.477030	121,249	57,839	90.00
91.00	09100 EMERGENCY	0.121092	3,996,362	483,927	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.370575	649,767	240,787	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		34,517,376	6,831,158	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)		34,517,376		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:24 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			41.00
43.00	04300	NURSERY		3,610,300	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223564	106,781	50.00
51.00	05100	RECOVERY ROOM	0.268689	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.622749	0	52.00
53.00	05300	ANESTHESIOLOGY	0.124173	9,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225718	87,212	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.131532	0	55.00
56.00	05600	RADIOISOTOPE	0.206938	15,984	56.00
57.00	05700	CT SCAN	0.051954	49,690	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074632	3,238	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138988	0	59.00
60.00	06000	LABORATORY	0.138118	513,168	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.367399	11,587	63.00
64.00	06400	INTRAVENOUS THERAPY	0.273737	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.393145	139,876	65.00
66.00	06600	PHYSICAL THERAPY	0.399391	1,078,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340489	1,099,681	67.00
68.00	06800	SPEECH PATHOLOGY	0.380084	166,954	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096970	27,417	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128869	2,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.344008	141,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.530509	4,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175644	965,316	73.00
74.00	07400	RENAL DIALYSIS	0.243353	218,117	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.852467	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.220029	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.477030	0	90.00
91.00	09100	EMERGENCY	0.121092	2,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.370575	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,644,611	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,644,611	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:24 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		4,755,377		30.00
31.00	03100 INTENSIVE CARE UNIT		299,955		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		186,763		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.223564	586,498	131,120	50.00
51.00	05100 RECOVERY ROOM	0.268689	45,616	12,257	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.622749	185,220	115,346	52.00
53.00	05300 ANESTHESIOLOGY	0.124173	109,371	13,581	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225718	154,755	34,931	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.131532	0	0	55.00
56.00	05600 RADIOISOTOPE	0.206938	33,186	6,867	56.00
57.00	05700 CT SCAN	0.051954	343,379	17,840	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074632	92,477	6,902	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.138988	210,704	29,285	59.00
60.00	06000 LABORATORY	0.138118	1,207,670	166,801	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.367399	30,855	11,336	63.00
64.00	06400 INTRAVENOUS THERAPY	0.273737	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.393145	209,708	82,446	65.00
66.00	06600 PHYSICAL THERAPY	0.399391	137,525	54,926	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340489	67,931	23,130	67.00
68.00	06800 SPEECH PATHOLOGY	0.380084	43,696	16,608	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096970	216,523	20,996	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128869	31,152	4,015	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.344008	267,295	91,952	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.530509	47,165	25,021	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175644	1,314,464	230,878	73.00
74.00	07400 RENAL DIALYSIS	0.243353	75,890	18,468	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.852467	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1.220029	2,879	3,512	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.477030	0	0	90.00
91.00	09100 EMERGENCY	0.121092	657,620	79,633	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.370575	111,845	41,447	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,183,424	1,239,298	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		6,183,424		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/22/2022 9:24 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY	76,345	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.223564	0 50.00
51.00	05100	RECOVERY ROOM	0.268689	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.622749	0 52.00
53.00	05300	ANESTHESIOLOGY	0.124173	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225718	1,778 401 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.131532	0 55.00
56.00	05600	RADIOISOTOPE	0.206938	0 56.00
57.00	05700	CT SCAN	0.051954	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074632	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138988	0 59.00
60.00	06000	LABORATORY	0.138118	7,394 1,021 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0 62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.367399	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.273737	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.393145	17,955 7,059 65.00
66.00	06600	PHYSICAL THERAPY	0.399391	20,958 8,370 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340489	23,803 8,105 67.00
68.00	06800	SPEECH PATHOLOGY	0.380084	531 202 68.00
69.00	06900	ELECTROCARDIOLOGY	0.096970	366 35 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128869	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.344008	12,537 4,313 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.530509	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175644	23,519 4,131 73.00
74.00	07400	RENAL DIALYSIS	0.243353	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.852467	0 76.00
76.97	07697	CARDIAC REHABILITATION	1.220029	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.477030	0 90.00
91.00	09100	EMERGENCY	0.121092	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.370575	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		108,841 33,637 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0 201.00
202.00		Net charges (line 200 minus line 201)		108,841 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:24 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)		2,768,670	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,113,084	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)		17,906	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		33,203	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		106.61	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)		11.50	30.00
31.00	Percentage of Medicaid patient days (see instructions)		44.12	31.00
32.00	Sum of lines 30 and 31		55.62	32.00
33.00	Allowable disproportionate share percentage (see instructions)		35.10	33.00
34.00	Disproportionate share adjustment (see instructions)		954,874	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:24 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)	0.000210935	0.000170182	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,748,651	1,223,948	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	440,756	915,446	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,356,202		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)	13,243,939		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		13,243,939	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		925,864	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		147,784	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)		14,317,587	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,317,587	61.00
62.00	Deductibles billed to program beneficiaries		1,037,448	62.00
63.00	Coinurance billed to program beneficiaries		92,976	63.00
64.00	Allowable bad debts (see instructions)		396,477	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		257,710	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		138,052	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,444,873	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)		5,928	70.93
70.94	HRR adjustment amount (see instructions)		-19,331	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/22/2022 9:24 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			13,431,470	71.00
71.01	Sequestration adjustment (see instructions)			33,579	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			12,739,282	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			658,609	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			417,386	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	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. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/22/2022 9:24 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,797	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,570,009	2.00
3.00	OPPS payments		6,888,291	3.00
4.00	Outlier payment (see instructions)		2,330	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)		5,797	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		28,984	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)		28,984	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)		28,984	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		23,187	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)		5,797	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)		6,890,621	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,265,783	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)		5,630,635	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)		5,630,635	30.00
31.00	Primary payer payments		7,766	31.00
32.00	Subtotal (line 30 minus line 31)		5,622,869	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)		349,857	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		227,407	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		145,360	36.00
37.00	Subtotal (see instructions)		5,850,276	37.00
38.00	MSP-LCC reconciliation amount from PS&R		9	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)		5,850,267	40.00
40.01	Sequestration adjustment (see instructions)		14,626	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		5,869,009	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)		-33,368	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/22/2022 9:24 am
		Title XVIII	Hospital
			PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0008

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2022 9:24 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		12,470,117		5,608,699	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		269,165		260,310	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)		12,739,282		5,869,009	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		658,609		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		33,368	6.02	
7.00	Total Medicare program liability (see instructions)		13,397,891		5,835,641	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part I Date/Time Prepared: 11/22/2022 9:24 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,547,679		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,547,679		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		17,947		0
7.00	Total Medicare program liability (see instructions)		4,529,732		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 11/22/2022 9:24 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: 15-0008 Component CCN: 15-T008	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part III Date/Time Prepared: 11/22/2022 9:24 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,279,316 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0704 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			271,309 3.00
4.00	Outlier Payments			36,088 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)			11.600000 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,586,713 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,586,713 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,586,713 19.00
20.00	Deductibles			13,860 20.00
21.00	Subtotal (line 19 minus line 20)			4,572,853 21.00
22.00	Coinsurance			35,688 22.00
23.00	Subtotal (line 21 minus line 22)			4,537,165 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,030 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,920 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,541,085 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,541,085 32.00
32.01	Sequestration adjustment (see instructions)			11,353 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,547,679 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)			-17,947 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			36,088 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

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

Provider CCN: 15-0008

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

Worksheet G

Date/Time Prepared:
11/22/2022 9:24 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	1,163	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	14,771,299	0	0	0	4.00
5.00	Other receivable	585,340	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,388,458	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,319,379	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)	24,065,639	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	37,721,351	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	37,721,351	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,077,660	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,077,660	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	63,864,650	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	618,034	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,353,632	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	23,891,771	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,863,437	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	1,782,328	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,782,328	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,645,765	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	30,218,885	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)	30,218,885	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	63,864,650	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0008

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

Worksheet G-1

Date/Time Prepared:
11/22/2022 9:24 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		-9,164,736		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,079,241			2.00
3.00	Total (sum of line 1 and line 2)		-2,085,495		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	RESTRICTED CONTRIBUTIONS	2,245,651		0		5.00
6.00	INVESTMENT INCOME	14,064		0		6.00
7.00	TRANSFERRED TO/FROM AFFILIATES	30,523,805		0		7.00
8.00	NET ASSETS RELEASED	63,562		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		32,847,082		0	10.00
11.00	Subtotal (line 3 plus line 10)		30,761,587		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSETS RELEASED	542,702		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		542,702		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,218,885		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	RESTRICTED CONTRIBUTIONS		0			5.00
6.00	INVESTMENT INCOME		0			6.00
7.00	TRANSFERRED TO/FROM AFFILIATES		0			7.00
8.00	NET ASSETS RELEASED		0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	NET ASSETS RELEASED		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0008

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2022 9:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	81,360,420		81,360,420	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,453,515		6,453,515	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	87,813,935		87,813,935	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,765,788		6,765,788	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,765,788		6,765,788	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	94,579,723		94,579,723	17.00
18.00	Ancillary services	135,867,747		135,867,747	18.00
19.00	Outpatient services	0	312,139,996	312,139,996	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN OFFICES	1,950,837	5,234,200	7,185,037	27.00
27.01	TAXABLE LAB	0	1,200,584	1,200,584	27.01
27.02	REGENCY	0	4,317,994	4,317,994	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	232,398,307	322,892,774	555,291,081	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		150,379,705		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		150,379,705		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0008

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

Worksheet G-3

Date/Time Prepared:
11/22/2022 9:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	555,291,081	1.00
2.00	Less contractual allowances and discounts on patients' accounts	422,035,501	2.00
3.00	Net patient revenues (line 1 minus line 2)	133,255,580	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	150,379,705	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,124,125	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,091,800	6.00
7.00	Income from investments	96,309	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	734,749	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	10,721,418	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	4,835	21.00
22.00	Rental of hospital space	1,289,818	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION REVENUE	0	24.00
24.01	GRANT INCOME	7,247,541	24.01
24.02	OTHER INCOME	537,758	24.02
24.03	CLASSES	0	24.03
24.04	TEMP RESTRICTED	479,138	24.04
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	24,203,366	25.00
26.00	Total (line 5 plus line 25)	7,079,241	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,079,241	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0008	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 11/22/2022 9:24 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		826,318	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,049	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)		78.41	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.50	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		44.12	8.00
9.00	Sum of lines 7 and 8		55.62	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.92	10.00
11.00	Disproportionate share adjustment (see instructions)		98,497	11.00
12.00	Total prospective capital payments (see instructions)		925,864	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