

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: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 11/30/2022 9:19 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/30/2022 Time: 9:19 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LUTHERAN HOSPITAL OF INDIANA ( 15-0017 ) 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			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			2
3	Signatory Title			3
4	Date			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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	945,016	-119,917	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	945,016	-119,917	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: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:19 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 7950 WEST JEFFERSON BLVD	3.00 PO Box:	4.00 State: IN	5.00 Zip Code: 46804	6.00 County: ALLEN	7.00	8.00	9.00	10.00
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Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
					V	XVIII	XIX

3.00 Hospital and Hospital-Based Component Identification:									3.00
3.00 Hospital	LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N	P	P	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF									5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
18.00 Renal Dialysis									18.00
19.00 Other									19.00

					From:	To:			
					1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)					07/01/2021	06/30/2022	20.00		
21.00 Type of Control (see instructions)					4		21.00		

					1.00	2.00	3.00		
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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.		N	3					23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:19 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,440	373	300	137	18,964	101		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.	0	0	0	0	0			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	
<b>Prospective Payment System (PPS)-Capital</b>									
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
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:19 pm		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02			
		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 FTE Count	IME	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00	5.00		
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	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:19 pm	
			1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>					
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.	N			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)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
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
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
<b>Rural Providers</b>					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:19 pm	
		V		XIX			
		1.00		2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00		2.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
				1.00		2.00	
				3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				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:	203,269		537,830		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.	Y				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.	11/05/2008				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.	02/16/1990				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:19 pm	
			1.00	2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y	HB1848
	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 HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301	
142.00	Street: 4000 MERIDIAN BLVD	PO Box:			
143.00	City: FRANKLIN	State: TN	Zip Code:	37067	
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
			1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99	169.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/30/2022 9:19 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 11/30/2022 9:19 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N			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.			Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
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)			Y	10/07/2022	Y	10/07/2022
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/30/2022 9:19 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		Y	12/31/2021	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
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.	KUZI WA		TSI GA	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-465-3416		KUZI WA_TSI GA@CHS. NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0017

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/30/2022 9:19 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0017

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	250	91,250	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)		250	91,250	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	0	0	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,760	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	81	29,565	0.00	0	8.03
8.04 BURN INTENSIVE CARE UNIT	31.04	8	2,920	0.00	0	8.04
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		387	141,255	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						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						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)		387				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)		9	3,285			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: 15-0017

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

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)	17,640	3,041	68,581			1.00
2.00 HMO and other (see instructions)	27,105	18,825				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				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)	17,640	3,041	68,581			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	0	4,466			8.02
8.03 CARDIO INTENSIVE CARE UNIT	5,428	281	21,421			8.03
8.04 BURN INTENSIVE CARE UNIT	117	799	1,174			8.04
9.00 CORONARY CARE UNIT	146	13	451			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,255	1,468			13.00
14.00 Total (see instructions)	23,331	5,389	97,561	24.07	1,870.32	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						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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			29			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)				24.07	1,870.32	27.00
28.00 Observation Bed Days		0	9,338			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,327			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	101	244			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			478			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: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part I Date/Time Prepared: 11/30/2022 9:19 pm
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,997	3,606	17,611	1.00
2.00 HMO and other (see instructions)				4,212	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
8.04 BURN INTENSIVE CARE UNIT							8.04
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		3,997	3,606	17,611	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF							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							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: 15-0017

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/30/2022 9:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	156,062,623	0	156,062,623	3,890,259.00	40.12
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
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)		3,900,446	494,181	4,394,627	114,466.00	38.39
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		32,229,138	0	32,229,138	252,813.00	127.48
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		770,507	0	770,507	5,420.00	142.16
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		17,971,799	0	17,971,799	449,117.00	40.02
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		34,969,109	0	34,969,109		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,060,922	0	1,060,922		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
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)		4,311,424	0	4,311,424		
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: 15-0017

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/30/2022 9:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	525,221	0	525,221	14,939.00	35.16	26.00
27.00	Administrative & General	14,206,938	61,026	14,267,964	441,616.00	32.31	27.00
28.00	Administrative & General under contract (see inst.)	796,823	0	796,823	14,513.58	54.90	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,920,485	0	2,920,485	109,125.00	26.76	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	466	-466	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	3,153,852	0	3,153,852	194,086.74	16.25	33.00
34.00	Dietary	738	-738	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	5,293,920	0	5,293,920	218,734.43	24.20	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	7,808,906	-2,151,657	5,657,249	134,119.00	42.18	38.00
39.00	Central Services and Supply	2,090,644	359,880	2,450,524	108,628.00	22.56	39.00
40.00	Pharmacy	6,992,905	-1,662,350	5,330,555	116,916.74	45.59	40.00
41.00	Medical Records & Medical Records Library	1,315,958	1,731,954	3,047,912	81,997.00	37.17	41.00
42.00	Social Service	1,591,800	0	1,591,800	41,407.00	38.44	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/30/2022 9:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	165,307,218	0	165,307,218	4,317,593.75	38.29	1.00
2.00	Excluded area salaries (see instructions)	3,900,446	494,181	4,394,627	114,466.00	38.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	161,406,772	-494,181	160,912,591	4,203,127.75	38.28	3.00
4.00	Subtotal other wages & related costs (see inst.)	50,971,444	0	50,971,444	707,350.00	72.06	4.00
5.00	Subtotal wage-related costs (see inst.)	39,280,533	0	39,280,533	0.00	24.41	5.00
6.00	Total (sum of lines 3 thru 5)	251,658,749	-494,181	251,164,568	4,910,477.75	51.15	6.00
7.00	Total overhead cost (see instructions)	46,698,656	-1,662,351	45,036,305	1,476,082.49	30.51	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2022 9:19 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		3,107,753	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
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)		19,905,229	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		48,122	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		106,325	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)		32,178	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,278,146	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		9,130,342	17.00
18.00	Medicare Taxes - Employers Portion Only		2,135,322	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		286,616	20.00
<b>OTHER</b>				
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)		36,030,033	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 11/30/2022 9:19 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	32,229,138	36,030,033	1.00
2.00	Hospital	32,229,138	36,030,033	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 11/30/2022 9:19 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.133692	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			99,769,693	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			681,005,509	6.00
7.00	Medicaid cost (line 1 times line 6)			91,044,989	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)			0	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	57,262,680	0	57,262,680	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,655,562	0	7,655,562	21.00
22.00	Payments received from patients for amounts previously written off as charity care	1,634	0	1,634	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,653,928	0	7,653,928	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)			21,075,633	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			235,435	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			362,207	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,713,426	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,895,991	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,549,919	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,549,919	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0017

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

Worksheet A  
Date/Time Prepared:  
11/30/2022 9:19 pm

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		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,953,862	8,953,862	5,558,115	14,511,977	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		24,940,366	24,940,366	317,008	25,257,374	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	525,221	986,622	1,511,843	24,567,601	26,079,444	4.00
5.01	00540	ADMITTING	4,652,258	10,055,952	14,708,210	-2,431,897	12,276,313	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	9,554,680	105,057,575	114,612,255	-28,209,330	86,402,925	5.02
7.00	00700	OPERATION OF PLANT	2,920,485	12,564,274	15,484,759	2,461,121	17,945,880	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,659,795	1,659,795	486	1,660,281	8.00
9.00	00900	HOUSEKEEPING	466	4,565,969	4,566,435	-68,487	4,497,948	9.00
10.00	01000	DIETARY	738	7,727,342	7,728,080	-6,119,070	1,609,010	10.00
11.00	01100	CAFETERIA	0	0	0	6,034,830	6,034,830	11.00
13.00	01300	NURSING ADMINISTRATION	7,808,906	1,423,409	9,232,315	-2,938,479	6,293,836	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,090,644	32,526,795	34,617,439	-25,520,613	9,096,826	14.00
15.00	01500	PHARMACY	6,992,905	31,097,145	38,090,050	-32,195,994	5,894,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,315,958	1,314,952	2,630,910	2,464,301	5,095,211	16.00
17.00	01700	SOCIAL SERVICE	1,591,800	1,353,096	2,944,896	-4,190	2,940,706	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,532,905	4,532,905	-4,532,905	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,532,905	4,532,905	22.00
23.00	02300	PASTORAL PROGRAM	198,931	287,055	485,986	-861	485,125	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	320,471	29,523	349,994	0	349,994	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	27,961,016	25,922,611	53,883,627	-2,005,628	51,877,999	30.00
31.00	03100	INTENSIVE CARE UNIT	25,012,162	15,074,449	40,086,611	-40,086,611	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,644,545	1,188,517	4,833,062	-16,635	4,816,427	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	28,213,690	28,213,690	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	1,774,904	1,023,301	2,798,205	-5,551	2,792,654	31.04
32.00	03200	CORONARY CARE UNIT	0	0	0	9,091,873	9,091,873	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	68,166	68,166	672,143	740,309	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,739,157	32,793,138	45,532,295	-11,311,497	34,220,798	50.00
51.00	05100	RECOVERY ROOM	3,572,242	747,957	4,320,199	-4,320,199	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33	33	3,960,104	3,960,137	52.00
53.00	05300	ANESTHESIOLOGY	126,558	5,848,807	5,975,365	-520	5,974,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,030,951	3,166,968	9,197,919	80,518	9,278,437	54.00
54.01	05401	PET SCAN	552,237	562,801	1,115,038	-728,020	387,018	54.01
56.00	05600	RADIOISOTOPE	394,484	1,460,337	1,854,821	-667,255	1,187,566	56.00
57.00	05700	CT SCAN	991,105	1,288,271	2,279,376	-73,719	2,205,657	57.00
58.00	05800	MRI	526,788	348,097	874,885	-874,885	0	58.00
60.00	06000	LABORATORY	6,361,861	12,996,694	19,358,555	1,027,646	20,386,201	60.00
65.00	06500	RESPIRATORY THERAPY	5,433,571	2,400,729	7,834,300	-100,934	7,733,366	65.00
66.00	06600	PHYSICAL THERAPY	2,178,313	433,042	2,611,355	2,590,772	5,202,127	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,520,634	143,582	1,664,216	-1,664,216	0	67.00
68.00	06800	SPEECH PATHOLOGY	961,327	147,212	1,108,539	-1,108,539	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,943,519	15,093,415	19,036,934	-16,159,447	2,877,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,608,431	1,608,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,267,370	5,267,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,725,528	47,725,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,054,584	29,054,584	73.00
74.00	07400	RENAL DIALYSIS	513,231	4,040,950	4,554,181	-19,368	4,534,813	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	4,811,392	4,811,392	76.00
76.01	03050	ENDOSCOPY	407,298	102,248	509,546	-509,185	361	76.01
76.02	03950	CARDIAC REHAB	0	0	0	526,305	526,305	76.02
76.03	03020	WOUND CARE	642,431	203,888	846,319	-3,315	843,004	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,760,362	3,969,682	6,730,044	-452	6,729,592	90.00
91.00	09100	EMERGENCY	6,659,420	9,580,682	16,240,102	-124,981	16,115,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	3,373,876	11,449,103	14,822,979	-186,694	14,636,285	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,485,042	1,485,042	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	156,055,455	399,131,317	555,186,772	62,288	555,249,060	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,168	674,418	681,586	-62,288	619,298	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet A Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	156,062,623	399,805,735	555,868,358	0	555,868,358	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0017

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

Worksheet A  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,577,937	16,089,914	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,654,967	30,912,341	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,375	26,068,069	4.00
5.01	00540	ADMINISTRATIVE	0	12,276,313	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-32,200,331	54,202,594	5.02
7.00	00700	OPERATION OF PLANT	-49,630	17,896,250	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,660,281	8.00
9.00	00900	HOUSEKEEPING	0	4,497,948	9.00
10.00	01000	DIETARY	0	1,609,010	10.00
11.00	01100	CAFETERIA	0	6,034,830	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,293,836	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,096,826	14.00
15.00	01500	PHARMACY	0	5,894,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,095,211	16.00
17.00	01700	SOCIAL SERVICE	0	2,940,706	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,532,905	22.00
23.00	02300	PASTORAL PROGRAM	0	485,125	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	349,994	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-8,714,554	43,163,445	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-560,688	4,255,739	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	-616,500	27,597,190	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	2,792,654	31.04
32.00	03200	CORONARY CARE UNIT	0	9,091,873	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	740,309	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,383,042	32,837,756	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,960,137	52.00
53.00	05300	ANESTHESIOLOGY	-5,718,172	256,673	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,278,437	54.00
54.01	05401	PET SCAN	0	387,018	54.01
56.00	05600	RADIOISOTOPE	0	1,187,566	56.00
57.00	05700	CT SCAN	0	2,205,657	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-177,313	20,208,888	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,733,366	65.00
66.00	06600	PHYSICAL THERAPY	0	5,202,127	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-486,555	2,390,932	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,608,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,267,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,725,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,054,584	73.00
74.00	07400	RENAL DIALYSIS	0	4,534,813	74.00
76.00	03140	CARDIO CATH LAB	0	4,811,392	76.00
76.01	03050	ENDOSCOPY	0	361	76.01
76.02	03950	CARDIAC REHAB	0	526,305	76.02
76.03	03020	WOUND CARE	0	843,004	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-2,102,662	4,626,930	90.00
91.00	09100	EMERGENCY	-2,416,489	13,698,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-9,379,870	5,256,415	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	1,485,042	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-56,584,277	498,664,783	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	619,298	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-56,584,277	499,284,081	200.00



RECLASSIFICATIONS

Provider CCN: 15-0017

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

Worksheet A-6

Date/Time Prepared:  
11/30/2022 9:19 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,574,889	1.00
	TOTALS		0	24,574,889	
<b>B - RENTAL AND LEASE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	183,752	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	2,023,579	2.00
3.00	NURSING ADMINISTRATION	13.00	0	27,946	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,047	4.00
5.00	OPERATING ROOM	50.00	0	147,521	5.00
6.00	AMBULANCE SERVICES	95.00	0	32,480	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	2,421,325	
<b>C - OTHER CAPITAL COSTS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	590,848	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,095,082	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	133,256	3.00
	TOTALS		0	5,819,186	
<b>D - REPAIRS &amp; MAINTENANCE</b>					
1.00	OPERATION OF PLANT	7.00	0	2,499,921	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	486	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,211	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	TOTALS		0	2,508,618	
<b>E - CNO RECLASS</b>					
1.00	NURSING ADMINISTRATION	13.00	408,434	0	1.00
	TOTALS		408,434	0	

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,267,370	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	47,725,528	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	52,992,898	
<b>G - DRUGS / IVS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,054,584	1.00
	TOTALS		0	29,054,584	
<b>H - LABOR AND DELIVERY</b>					
1.00	NURSERY	43.00	424,762	251,108	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,260,800	1,699,304	2.00
	TOTALS		2,685,562	1,950,412	
<b>I - A&amp;G COSTS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	295,616	22,899	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	359,880	2,062,142	2.00
	TOTALS		655,496	2,085,041	
<b>J - RADIOLOGY COSTS</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,079,025	528,672	1.00
2.00	PET SCAN	54.01	22,707	81,182	2.00
3.00		0.00	0	0	3.00
	TOTALS		1,101,732	609,854	
<b>K - DIETARY</b>					
1.00	CAFETERIA	11.00	0	6,034,830	1.00
	TOTALS		0	6,034,830	
<b>L - MISC DEPARTMENT</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	829,340	90,821	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,731,954	718,089	2.00
3.00	OPERATING ROOM	50.00	3,572,242	745,234	3.00
4.00	PHYSICAL THERAPY	66.00	2,481,961	246,530	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	1,031,157	577,274	5.00
6.00	CARDIO CATH LAB	76.00	1,654,091	3,157,301	6.00
7.00	CARDIAC REHAB	76.02	463,306	62,999	7.00
8.00		0.00	0	0	8.00
	TOTALS		11,764,051	5,598,248	
<b>M - ORGAN ACQUISITION</b>					
1.00	HEART ACQUISITION	106.00	494,181	990,861	1.00
	TOTALS		494,181	990,861	
<b>O - ICU COSTS</b>					
1.00	ADULTS & PEDIATRICS	30.00	1,367,902	1,356,838	1.00
2.00	CARDIO INTENSIVE CARE UNIT	31.03	18,474,694	9,738,996	2.00
3.00	CORONARY CARE UNIT	32.00	5,169,566	3,922,307	3.00
	TOTALS		25,012,162	15,018,141	
<b>R - INTERNS AND RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,532,905	1.00
	TOTALS		0	4,532,905	
<b>S - SPECIAL PROCEDURES</b>					
1.00	OPERATING ROOM	50.00	926,001	580,253	1.00
2.00	LABORATORY	60.00	736,349	461,413	2.00
	TOTALS		1,662,350	1,041,666	
500.00	Grand Total: Increases		43,783,968	155,233,458	500.00

RECLASSIFICATIONS

Provider CCN: 15-0017

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

Worksheet A-6  
Date/Time Prepared:  
11/30/2022 9:19 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - EMPLOYEE BENEFITS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	24,574,889	0		1.00
	TOTALS		0	24,574,889			
<b>B - RENTAL AND LEASE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	127,815	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,885	10		2.00
3.00	ADMINISTRATIVE	5.01	0	9,594	0		3.00
4.00	OPERATION OF PLANT	7.00	0	38,800	0		4.00
5.00	HOUSEKEEPING	9.00	0	7,926	0		5.00
6.00	DIETARY	10.00	0	2,408	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,016,006	0		7.00
8.00	PHARMACY	15.00	0	103,956	0		8.00
9.00	SOCIAL SERVICE	17.00	0	2,094	0		9.00
10.00	PASTORAL PROGRAM	23.00	0	420	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	34,951	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	877	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	15	0		13.00
14.00	OPERATING ROOM	50.00	0	87,794	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	668,528	0		15.00
16.00	RADIOISOTOPE	56.00	0	17,781	0		16.00
17.00	LABORATORY	60.00	0	142,338	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	86,996	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	40,644	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	18,584	0		20.00
21.00	ENDOSCOPY	76.01	0	8,095	0		21.00
22.00	EMERGENCY	91.00	0	818	0		22.00
	TOTALS		0	2,421,325			
<b>C - OTHER CAPITAL COSTS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	5,819,186	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	5,819,186			
<b>D - REPAIRS &amp; MAINTENANCE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,403	0		1.00
2.00	ADMINISTRATIVE	5.01	0	281	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	350,561	0		3.00
4.00	HOUSEKEEPING	9.00	0	60,095	0		4.00
5.00	DIETARY	10.00	0	81,094	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	5,859	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	848,482	0		7.00
8.00	PHARMACY	15.00	0	333,438	0		8.00
9.00	SOCIAL SERVICE	17.00	0	2,096	0		9.00
10.00	PASTORAL PROGRAM	23.00	0	441	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	38,162	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	14,137	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	3,073	0		13.00
14.00	BURN INTENSIVE CARE UNIT	31.04	0	5,551	0		14.00
15.00	NURSERY	43.00	0	3,727	0		15.00
16.00	OPERATING ROOM	50.00	0	148,960	0		16.00
17.00	RECOVERY ROOM	51.00	0	2,723	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	520	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,715	0		19.00
20.00	PET SCAN	54.01	0	3,926	0		20.00
21.00	RADIOISOTOPE	56.00	0	708	0		21.00
22.00	CT SCAN	57.00	0	3,843	0		22.00
23.00	MRI	58.00	0	8,654	0		23.00
24.00	LABORATORY	60.00	0	27,778	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	13,938	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	14,521	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	222	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	56,272	0		28.00
29.00	RENAL DIALYSIS	74.00	0	15,995	0		29.00
30.00	ENDOSCOPY	76.01	0	3,853	0		30.00
31.00	WOUND CARE	76.03	0	3,315	0		31.00
32.00	CLINIC	90.00	0	452	0		32.00
33.00	EMERGENCY	91.00	0	112,286	0		33.00
34.00	AMBULANCE SERVICES	95.00	0	218,249	0		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	62,288	0		35.00
	TOTALS		0	2,508,618			

RECLASSIFICATIONS

Provider CCN: 15-0017

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

Worksheet A-6  
Date/Time Prepared:  
11/30/2022 9:19 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>E - CNO RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	408,434	0	0	1.00
	TOTALS		408,434	0		
<b>F - MEDICAL SUPPLIES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,078,147	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	21,281	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	41,294	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	13,547	0	4.00
5.00	OPERATING ROOM	50.00	0	15,560,952	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	694,047	0	6.00
7.00	PET SCAN	54.01	0	86,059	0	7.00
8.00	RADIOISOTOPE	56.00	0	648,766	0	8.00
9.00	CT SCAN	57.00	0	69,876	0	9.00
10.00	MRI	58.00	0	458	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	82,554	0	11.00
12.00	SPEECH PATHOLOGY	68.00	0	44,042	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	9,635,700	0	13.00
14.00	RENAL DIALYSIS	74.00	0	3,373	0	14.00
15.00	EMERGENCY	91.00	0	11,877	0	15.00
16.00	AMBULANCE SERVICES	95.00	0	925	0	16.00
	TOTALS		0	52,992,898		
<b>G - DRUGS / IVS</b>						
1.00	PHARMACY	15.00	0	29,054,584	0	1.00
	TOTALS		0	29,054,584		
<b>H - LABOR AND DELIVERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	2,685,562	1,950,412	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		2,685,562	1,950,412		
<b>I - A&amp;G COSTS</b>						
1.00	ADMINISTRATIVE	5.01	359,880	2,062,142	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	295,616	22,899	0	2.00
	TOTALS		655,496	2,085,041		
<b>J - RADIOLOGY COSTS</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	22,707	81,182	0	1.00
2.00	PET SCAN	54.01	552,237	189,687	0	2.00
3.00	MRI	58.00	526,788	338,985	0	3.00
	TOTALS		1,101,732	609,854		
<b>K - DIETARY</b>						
1.00	DIETARY	10.00	0	6,034,830	0	1.00
	TOTALS		0	6,034,830		
<b>L - MISC DEPARTMENT</b>						
1.00	HOUSEKEEPING	9.00	466	0	0	1.00
2.00	DIETARY	10.00	738	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00	2,560,091	808,909	0	3.00
4.00	RECOVERY ROOM	51.00	3,572,242	745,234	0	4.00
5.00	OCCUPATIONAL THERAPY	67.00	1,520,634	143,360	0	5.00
6.00	SPEECH PATHOLOGY	68.00	961,327	103,170	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	2,741,255	3,707,636	0	7.00
8.00	ENDOSCOPY	76.01	407,298	89,939	0	8.00
	TOTALS		11,764,051	5,598,248		
<b>M - ORGAN ACQUISITION</b>						
1.00	OPERATING ROOM	50.00	494,181	990,861	0	1.00
	TOTALS		494,181	990,861		
<b>O - ICU COSTS</b>						
1.00	INTENSIVE CARE UNIT	31.00	25,012,162	15,018,141	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		25,012,162	15,018,141		
<b>R - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	4,532,905	0	1.00
	TOTALS		0	4,532,905		
<b>S - SPECIAL PROCEDURES</b>						
1.00	PHARMACY	15.00	1,662,350	1,041,666	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,662,350	1,041,666		
500.00	Grand Total: Decreases		43,783,968	155,233,458		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	457,128	0	0	0	1.00
2.00	Land Improvements	3,236,362	0	0	0	2.00
3.00	Buildings and Fixtures	32,906,794	0	0	0	3.00
4.00	Building Improvements	37,898,206	0	0	0	4.00
5.00	Fixed Equipment	11,608,907	0	0	0	5.00
6.00	Movable Equipment	119,592,802	0	0	0	6.00
7.00	HIT designated Assets	3,003,627	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	208,703,826	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	208,703,826	0	0	0	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	457,128	0			1.00
2.00	Land Improvements	3,236,362	0			2.00
3.00	Buildings and Fixtures	32,906,794	0			3.00
4.00	Building Improvements	37,898,206	0			4.00
5.00	Fixed Equipment	11,608,907	0			5.00
6.00	Movable Equipment	119,592,802	0			6.00
7.00	HIT designated Assets	3,003,627	0			7.00
8.00	Subtotal (sum of lines 1-7)	208,703,826	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	208,703,826	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,953,862	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,940,366	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	33,894,228	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	8,953,862				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	24,940,366				2.00
3.00	Total (sum of lines 1-2)	0	33,894,228				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	89,111,024	0	89,111,024	0.426974	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	119,592,801	0	119,592,801	0.573026	0	2.00
3.00	Total (sum of lines 1-2)	208,703,825	0	208,703,825	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	10,531,799	-127,815	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	30,595,333	183,752	2.00
3.00	Total (sum of lines 1-2)	0	0	0	41,127,132	55,937	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 col.s. 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	590,848	5,095,082	0	16,089,914	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	133,256	0	0	30,912,341	2.00
3.00	Total (sum of lines 1-2)	0	724,104	5,095,082	0	47,002,255	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0017

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

Worksheet A-8

Date/Time Prepared:  
11/30/2022 9:19 pm

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	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)	B	-987,749	CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-66,216	OTHER ADMINI STRATIVE AND GENERAL	5.02	0	7.00
8.00 Television and radio service (chapter 21)	A	-49,630	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)			0	0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-32,840,423			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0RADI OLOGY-DI AGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	10,479,359			0	12.00
13.00 Laundry and linen service			0	0.00	0	13.00
14.00 Cafeteria-employees and guests			0CAFETERIA	11.00	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			0MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00 Vending machines			0OTHER ADMINI STRATIVE AND GENERAL	5.02	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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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	A	-1,557,623	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	4,551,809	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	A	-21,024	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH 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 OTHER MISCELLANEOUS REVENUE	B	-207,094	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.00
33.02 PATIENT PHONES WAGE COST	A	-49,265	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.02
33.03 PATIENT PHONE BENEFITS	A	-11,375	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04 ADMIN DEPRECIATION	A	-6,181	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.04
33.08 LEGAL FEES	A	-97,830	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.08
33.09 PHYSICIAN RECRUITING	A	-918,993	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.09
33.11 CHARITABLE CONTRIBUTIONS	A	-150,629	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.11
33.12 PENALTIES	A	34	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.12
33.15 MARKETING DEPT EXPENSE	A	-881,806	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.15
33.16 CORPORATE SPONSOR RESEARCH	A	-123,262	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.16
33.18 PROVIDER TAX-HOSPITAL ASSESSMENT FEE	A	-33,646,379	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-56,584,277			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: 15-0017  
 Period: From 07/01/2021 To 06/30/2022  
 Worksheet A-8-1  
 Date/Time Prepared: 11/30/2022 9:19 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL-RELATED INTEREST	3,577,866	0
2.00	5.02	OTHER ADMINISTRATIVE AND GEN	FRANCHISE TAX ALLOCATIONS	200	200
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS - BLDG &	22,389	0
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL COSTS - MOVEABL	4,676	0
3.02	5.02	OTHER ADMINISTRATIVE AND GEN	PASI OPERATING COSTS	1,599,253	0
3.03	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE CENTER ALLOCA	9,002,613	6,804,402
4.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - BUILDING & FIX	523,054	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL - MOVABLE EQUIPM	1,098,482	0
4.02	5.02	OTHER ADMINISTRATIVE AND GEN	NON-CAPITAL HOME OFFICE COST	20,445,828	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE COSTS	2,397,113	794,876
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED LAUNDRY (SEE EXHIBIT	1,044,201	1,660,280
4.05	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	1,443,750
4.06	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	12,618,178
4.07	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	4,650
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	129,238
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	2,761,107
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	HIM ALLOCATION	0	1,304,985
4.11	5.02	OTHER ADMINISTRATIVE AND GEN	CONTRACT MANAGEMENT	0	215,022
4.12	5.02	OTHER ADMINISTRATIVE AND GEN	PASI COLLECTION FEES	0	1,318,379
4.13	5.02	OTHER ADMINISTRATIVE AND GEN	PASI LIEN UNIT COLLECTION FE	0	181,249
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			39,715,675	29,236,316

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	COMMUNITY HEALT	100.00	6.00
7.00	B	0.00	PASI	100.00	7.00
8.00	E	0.00	HOSPITAL LAUNDR	100.00	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: 15-0017

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

Worksheet A-8-1

Date/Time Prepared:  
11/30/2022 9:19 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	3,577,866	9		1.00
2.00	0	0		2.00
3.00	22,389	9		3.00
3.01	4,676	9		3.01
3.02	1,599,253	0		3.02
3.03	2,198,211	0		3.03
4.00	523,054	9		4.00
4.01	1,098,482	9		4.01
4.02	20,445,828	0		4.02
4.03	1,602,237	0		4.03
4.04	-616,079	0		4.04
4.05	-1,443,750	0		4.05
4.06	-12,618,178	0		4.06
4.07	-4,650	0		4.07
4.08	-129,238	0		4.08
4.09	-2,761,107	0		4.09
4.10	-1,304,985	0		4.10
4.11	-215,022	0		4.11
4.12	-1,318,379	0		4.12
4.13	-181,249	0		4.13
5.00	10,479,359			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	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 15-0017

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

Worksheet A-8-2

Date/Time Prepared:  
11/30/2022 9:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	1,305,602	1,305,602	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	8,693,530	8,693,530	0	0	0	2.00
3.00	31.02	NEONATAL INTENSIVE CARE UNIT	560,688	560,688	0	0	0	3.00
4.00	31.03	CARDIO INTENSIVE CARE UNIT	616,500	616,500	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,383,042	1,383,042	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	5,718,172	5,718,172	0	0	0	6.00
7.00	60.00	LABORATORY	177,313	177,313	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	486,555	486,555	0	0	0	8.00
9.00	90.00	CLINIC	2,102,662	2,102,662	0	0	0	9.00
10.00	91.00	EMERGENCY	2,416,489	2,416,489	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	9,379,870	9,379,870	0	0	0	11.00
200.00			32,840,423	32,840,423	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	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.03	CARDIO INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	11.00
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	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,305,602	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,693,530	2.00
3.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	560,688	3.00
4.00	31.03	CARDIO INTENSIVE CARE UNIT	0	0	0	616,500	4.00
5.00	50.00	OPERATING ROOM	0	0	0	1,383,042	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	5,718,172	6.00
7.00	60.00	LABORATORY	0	0	0	177,313	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	486,555	8.00
9.00	90.00	CLINIC	0	0	0	2,102,662	9.00
10.00	91.00	EMERGENCY	0	0	0	2,416,489	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	9,379,870	11.00
200.00			0	0	0	32,840,423	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	16,089,914	16,089,914			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	30,912,341		30,912,341		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,068,069	421,408	809,619	27,299,096	4.00
5.01 00540	ADMITTING	12,276,313	350,461	673,314	753,377	14,053,465
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	54,202,594	735,326	1,412,727	1,750,865	0
7.00 00700	OPERATION OF PLANT	17,896,250	3,387,352	6,507,864	512,589	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,660,281	20,206	38,821	0	0
9.00 00900	HOUSEKEEPING	4,497,948	67,842	130,340	0	0
10.00 01000	DIETARY	1,609,010	652,903	1,254,374	0	0
11.00 01100	CAFETERIA	6,034,830	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	6,293,836	154,383	296,604	992,932	0
14.00 01400	CENTRAL SERVICES & SUPPLY	9,096,826	281,944	541,677	430,104	0
15.00 01500	PHARMACY	5,894,056	212,819	408,873	935,592	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,095,211	172,384	331,188	534,954	0
17.00 01700	SOCIAL SERVICE	2,940,706	116,130	223,112	279,385	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,532,905	0	0	0	0
23.00 02300	PASTORAL PROGRAM	485,125	13,658	26,241	34,915	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	349,994	2,700	5,188	56,247	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	43,163,445	2,359,889	4,533,876	4,676,260	868,171
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	4,255,739	249,046	478,474	639,672	70,219
31.03 03101	CARDIO INTENSIVE CARE UNIT	27,597,190	889,889	1,709,676	3,242,586	358,620
31.04 03102	BURN INTENSIVE CARE UNIT	2,792,654	32,042	61,560	311,522	46,768
32.00 03200	CORONARY CARE UNIT	9,091,873	346,523	665,748	907,336	8,224
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
43.00 04300	NURSERY	740,309	12,286	23,604	74,552	9,667
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	32,837,756	2,403,474	4,617,614	2,938,686	2,169,517
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,960,137	0	0	396,804	51,452
53.00 05300	ANESTHESIOLOGY	256,673	1,800	3,458	22,213	284,028
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,278,437	356,581	685,072	1,243,922	648,018
54.01 05401	PET SCAN	387,018	38,815	74,572	3,985	24,271
56.00 05600	RADIOISOTOPE	1,187,566	90,411	173,700	69,238	122,444
57.00 05700	CT SCAN	2,205,657	44,710	85,899	173,954	614,366
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	20,208,888	380,343	730,724	1,245,842	1,127,285
65.00 06500	RESPIRATORY THERAPY	7,733,366	129,271	248,359	953,673	427,881
66.00 06600	PHYSICAL THERAPY	5,202,127	273,618	525,682	817,948	182,132
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	2,390,932	323,841	622,172	211,015	371,267
70.00 07000	ELECTROENCEPHALOGRAPHY	1,608,431	33,842	65,019	180,984	5,860
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,267,370	0	0	0	523,173
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	47,725,528	0	0	0	1,823,635
73.00 07300	DRUGS CHARGED TO PATIENTS	29,054,584	0	0	0	2,760,487
74.00 07400	RENAL DIALYSIS	4,534,813	178,662	343,250	90,080	57,259
76.00 03140	CARDIO CATH LAB	4,811,392	145,630	279,787	290,318	489,142
76.01 03050	ENDOSCOPY	361	0	0	0	166,860
76.02 03950	CARDIAC REHAB	526,305	217,904	418,643	81,317	15,249
76.03 03020	WOUND CARE	843,004	33,775	64,889	112,756	5,100
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	4,626,930	459,750	883,284	484,485	34,124
91.00 09100	EMERGENCY	13,698,632	453,923	872,087	1,168,828	727,592
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	5,256,415	2,160	4,150	592,166	53,038
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600	HEART ACQUISITION	1,485,042	42,213	81,100	86,736	7,616
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	498,664,783	16,089,914	30,912,341	27,297,838	14,053,465
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	619,298	0	0	1,258	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.00 07950 CLOSED PSYCH UNIT	0	0	0	0	0	0 194.00
194.01 07951 MARKETING	0	0	0	0	0	0 194.01
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	0 194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.03
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)	499,284,081	16,089,914	30,912,341	27,299,096	14,053,465	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part I Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.02	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	58,101,512	58,101,512				5.02
7.00	00700	OPERATION OF PLANT	28,304,055	3,727,503	32,031,558			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,719,308	226,424	57,813	2,003,545		8.00
9.00	00900	HOUSEKEEPING	4,696,130	618,457	194,106	0	5,508,693	9.00
10.00	01000	DIETARY	3,516,287	463,077	1,868,050	0	323,808	10.00
11.00	01100	CAFETERIA	6,034,830	794,757	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,737,755	1,019,024	441,711	0	76,566	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,350,551	1,363,116	806,681	0	139,830	14.00
15.00	01500	PHARMACY	7,451,340	981,304	608,906	0	105,548	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,133,737	807,782	493,215	0	85,494	16.00
17.00	01700	SOCIAL SERVICE	3,559,333	468,746	332,265	0	57,595	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,532,905	596,961	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	559,939	73,741	39,079	2,144	6,774	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	414,129	54,539	7,726	0	1,339	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	55,601,641	7,322,435	6,751,981	867,531	1,170,391	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,693,150	749,759	712,558	5,940	123,515	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	33,797,961	4,451,022	2,546,100	130,361	441,342	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	3,244,546	427,290	91,677	51,361	15,891	31.04
32.00	03200	CORONARY CARE UNIT	11,019,704	1,451,240	991,452	79,132	171,859	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	860,418	113,313	35,151	64,064	6,093	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	44,967,047	5,921,935	6,876,685	465,153	1,192,007	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,408,393	580,563	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	568,172	74,825	5,150	11,861	893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,212,030	1,608,263	1,020,230	35,338	176,847	54.00
54.01	05401	PET SCAN	528,661	69,622	111,055	0	19,250	54.01
56.00	05600	RADIOISOTOPE	1,643,359	216,422	258,679	0	44,839	56.00
57.00	05700	CT SCAN	3,124,586	411,492	127,923	54,307	22,174	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	23,693,082	3,120,260	1,088,215	31,686	188,632	60.00
65.00	06500	RESPIRATORY THERAPY	9,492,550	1,250,121	369,863	24,958	64,112	65.00
66.00	06600	PHYSICAL THERAPY	7,001,507	922,063	782,861	0	135,701	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	3,919,227	516,143	926,557	7,557	160,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,894,136	249,448	96,828	0	16,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,790,543	762,586	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,549,163	6,525,377	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,815,071	4,189,886	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,204,064	685,349	511,177	7,694	88,608	74.00
76.00	03140	CARDIO CATH LAB	6,016,269	792,313	416,667	0	72,225	76.00
76.01	03050	ENDOSCOPY	167,221	22,022	0	0	0	76.01
76.02	03950	CARDIAC REHAB	1,259,418	165,859	623,456	0	108,070	76.02
76.03	03020	WOUND CARE	1,059,524	139,534	96,634	0	16,751	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	6,488,573	854,513	1,315,412	17,474	228,014	90.00
91.00	09100	EMERGENCY	16,921,062	2,228,419	1,298,738	146,532	225,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,907,929	778,045	6,180	0	1,071	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,702,707	224,238	120,777	452	20,936	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	498,663,525	58,019,788	32,031,558	2,003,545	5,508,693	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	620,556	81,724	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.01	5.02	7.00	8.00	9.00	
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)	499,284,081	58,101,512	32,031,558	2,003,545	5,508,693	202.00



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	6,171,222					10.00
11.00	01100	0	6,829,587				11.00
13.00	01300	0	274,052	9,549,108			13.00
14.00	01400	0	221,987	0	12,882,165		14.00
15.00	01500	0	229,000	221,767	78,884	9,676,749	15.00
16.00	01600	0	167,542	0	803	0	16.00
17.00	01700	0	84,621	0	4,151	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	13,048	0	1,339	0	23.00
23.01	02301	0	18,063	19,970	4,779	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,094,401	1,310,547	3,713,614	360,852	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	0	0	0	0	0	31.01
31.02	02060	311,378	143,954	0	48,888	0	31.02
31.03	03101	0	766,139	2,108,737	312,241	0	31.03
31.04	03102	625,438	71,446	0	30,985	0	31.04
32.00	03200	0	204,689	827,245	97,489	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	19,423	0	9,325	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	851,228	1,564,580	1,184,544	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	103,450	0	0	0	52.00
53.00	05300	0	12,666	0	17,465	0	53.00
54.00	05400	0	407,593	147,458	142,508	0	54.00
54.01	05401	0	1,063	0	0	0	54.01
56.00	05600	0	18,786	11,334	4,773	0	56.00
57.00	05700	0	61,373	0	59,827	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	452,433	101,161	1,432,873	0	60.00
65.00	06500	0	277,877	0	209,829	0	65.00
66.00	06600	0	235,163	0	15,349	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	73,528	259,418	59,548	0	69.00
70.00	07000	0	58,440	0	81,067	0	70.00
71.00	07100	0	0	0	995,434	0	71.00
72.00	07200	0	0	0	7,055,745	0	72.00
73.00	07300	0	0	0	0	9,676,749	73.00
74.00	07400	0	13,388	0	41,926	0	74.00
76.00	03140	0	67,748	0	309,205	0	76.00
76.01	03050	0	0	0	0	0	76.01
76.02	03950	0	34,809	0	0	0	76.02
76.03	03020	0	35,107	0	22,797	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	99,539	0	39,233	0	90.00
91.00	09100	0	310,051	381,642	215,732	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	175,618	152,274	44,539	0	95.00
96.00	09600	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	14,578	39,908	0	0	106.00
118.00		4,031,217	6,828,949	9,549,108	12,882,130	9,676,749	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	2,140,005	595	0	35	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	43	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
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)	6,171,222	6,829,587	9,549,108	12,882,165	9,676,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PASTORAL PROGRAM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
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 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,688,573				16.00
17.00 01700	SOCIAL SERVICE	0	4,506,711			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		5,129,866	22.00
23.00 02300	PASTORAL PROGRAM	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0		696,064	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	474,951	3,168,017	0	3,407,498	488,770
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	38,415	206,301	0	0	31,945
31.03 03101	CARDIO INTENSIVE CARE UNIT	196,191	989,517	0	0	153,224
31.04 03102	BURN INTENSIVE CARE UNIT	25,585	54,231	0	0	8,398
32.00 03200	CORONARY CARE UNIT	4,499	20,833	0	0	3,226
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	5,289	67,812	0	0	10,501
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,186,880	0	0	297,923	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	28,148	0	0	0	0
53.00 05300	ANESTHESIOLOGY	155,384	0	0	18,620	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	354,512	0	0	0	0
54.01 05401	PET SCAN	13,278	0	0	0	0
56.00 05600	RADIO SOTOPE	66,985	0	0	0	0
57.00 05700	CT SCAN	336,102	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	616,705	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	234,081	0	0	0	0
66.00 06600	PHYSICAL THERAPY	99,639	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	203,109	0	0	9,310	0
70.00 07000	ELECTROENCEPHALOGRAPHY	3,206	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	286,213	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	997,658	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,510,513	0	0	0	0
74.00 07400	RENAL DIALYSIS	31,325	0	0	0	0
76.00 03140	CARDIO CATH LAB	267,595	0	0	0	0
76.01 03050	ENDOSCOPY	91,284	0	0	0	0
76.02 03950	CARDIAC REHAB	8,342	0	0	0	0
76.03 03020	WOUND CARE	2,790	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	18,668	0	0	651,707	0
91.00 09100	EMERGENCY	398,044	0	0	744,808	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	29,016	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600	HEART ACQUISITION	4,166	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,688,573	4,506,711	0	5,129,866	696,064
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PASTORAL PROGRAM		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			16.00	17.00			21.00
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments			0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	7,688,573	4,506,711	0	5,129,866	696,064	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	00540	ADMITTING				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PASTORAL PROGRAM				23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	520,545			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	365,522	88,098,151	-3,407,498	84,690,653
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0
31.02	02060	NEONATAL INTENSIVE CARE UNIT	23,890	8,089,693	0	8,089,693
31.03	03101	CARDIO INTENSIVE CARE UNIT	114,587	46,007,422	0	46,007,422
31.04	03102	BURN INTENSIVE CARE UNIT	6,280	4,653,128	0	4,653,128
32.00	03200	CORONARY CARE UNIT	2,413	14,873,781	0	14,873,781
40.00	04000	SUBPROVIDER - I PF	0	0	0	0
43.00	04300	NURSERY	7,853	1,199,242	0	1,199,242
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	64,507,982	-297,923	64,210,059
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,120,554	0	5,120,554
53.00	05300	ANESTHESIOLOGY	0	865,036	-18,620	846,416
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,104,779	0	16,104,779
54.01	05401	PET SCAN	0	742,929	0	742,929
56.00	05600	RADIO SOTOPE	0	2,265,177	0	2,265,177
57.00	05700	CT SCAN	0	4,197,784	0	4,197,784
58.00	05800	MRI	0	0	0	0
60.00	06000	LABORATORY	0	30,725,047	0	30,725,047
65.00	06500	RESPIRATORY THERAPY	0	11,923,391	0	11,923,391
66.00	06600	PHYSICAL THERAPY	0	9,192,283	0	9,192,283
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	6,135,007	-9,310	6,125,697
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,399,909	0	2,399,909
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,834,776	0	7,834,776
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,127,943	0	64,127,943
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,192,219	0	47,192,219
74.00	07400	RENAL DIALYSIS	0	6,583,531	0	6,583,531
76.00	03140	CARDIO CATH LAB	0	7,942,022	0	7,942,022
76.01	03050	ENDOSCOPY	0	280,527	0	280,527
76.02	03950	CARDIAC REHAB	0	2,199,954	0	2,199,954
76.03	03020	WOUND CARE	0	1,373,137	0	1,373,137
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	9,713,133	-651,707	9,061,426
91.00	09100	EMERGENCY	0	22,870,152	-744,808	22,125,344
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	7,094,672	0	7,094,672
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0
106.00	10600	HEART ACQUISITION	0	2,127,762	0	2,127,762
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	520,545	496,441,123	-5,129,866	491,311,257
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,842,915	0	2,842,915
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0
194.01	07951	MARKETING	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
194.02	07952 SENIOR CIRCLE	0	43	0	43		194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.03
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	520,545	499,284,081	-5,129,866	494,154,215		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	421,408	809,619	1,231,027	1,231,027 4.00
5.01 00540	ADMITTING	0	350,461	673,314	1,023,775	33,974 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	735,326	1,412,727	2,148,053	78,957 5.02
7.00 00700	OPERATION OF PLANT	0	3,387,352	6,507,864	9,895,216	23,116 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	20,206	38,821	59,027	0 8.00
9.00 00900	HOUSEKEEPING	0	67,842	130,340	198,182	0 9.00
10.00 01000	DIETARY	0	652,903	1,254,374	1,907,277	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	154,383	296,604	450,987	44,777 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	281,944	541,677	823,621	19,396 14.00
15.00 01500	PHARMACY	0	212,819	408,873	621,692	42,191 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	172,384	331,188	503,572	24,124 16.00
17.00 01700	SOCIAL SERVICE	0	116,130	223,112	339,242	12,599 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PASTORAL PROGRAM	0	13,658	26,241	39,899	1,575 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	2,700	5,188	7,888	2,537 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,359,889	4,533,876	6,893,765	210,830 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	249,046	478,474	727,520	28,847 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	889,889	1,709,676	2,599,565	146,227 31.03
31.04 03102	BURN INTENSIVE CARE UNIT	0	32,042	61,560	93,602	14,048 31.04
32.00 03200	CORONARY CARE UNIT	0	346,523	665,748	1,012,271	40,917 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	12,286	23,604	35,890	3,362 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	2,403,474	4,617,614	7,021,088	132,523 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	17,894 52.00
53.00 05300	ANESTHESIOLOGY	0	1,800	3,458	5,258	1,002 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	356,581	685,072	1,041,653	56,096 54.00
54.01 05401	PET SCAN	0	38,815	74,572	113,387	180 54.01
56.00 05600	RADIOISOTOPE	0	90,411	173,700	264,111	3,122 56.00
57.00 05700	CT SCAN	0	44,710	85,899	130,609	7,845 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	380,343	730,724	1,111,067	56,182 60.00
65.00 06500	RESPIRATORY THERAPY	0	129,271	248,359	377,630	43,007 65.00
66.00 06600	PHYSICAL THERAPY	0	273,618	525,682	799,300	36,886 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	323,841	622,172	946,013	9,516 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	33,842	65,019	98,861	8,162 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	178,662	343,250	521,912	4,062 74.00
76.00 03140	CARDIO CATH LAB	0	145,630	279,787	425,417	13,092 76.00
76.01 03050	ENDOSCOPY	0	0	0	0	0 76.01
76.02 03950	CARDIAC REHAB	0	217,904	418,643	636,547	3,667 76.02
76.03 03020	WOUND CARE	0	33,775	64,889	98,664	5,085 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	459,750	883,284	1,343,034	21,848 90.00
91.00 09100	EMERGENCY	0	453,923	872,087	1,326,010	52,709 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	2,160	4,150	6,310	26,704 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	0	42,213	81,100	123,313	3,911 106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	16,089,914	30,912,341	47,002,255	1,230,970 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	57 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	16,089,914	30,912,341	47,002,255	1,231,027	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.02	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00540	ADMINISTRATIVE	1,057,749					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,227,010				5.02
7.00	00700	OPERATION OF PLANT	0	142,879	10,061,211			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,679	18,159	85,865		8.00
9.00	00900	HOUSEKEEPING	0	23,706	60,969	0	282,857	9.00
10.00	01000	DIETARY	0	17,750	586,760	0	16,627	10.00
11.00	01100	CAFETERIA	0	30,464	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	39,060	138,743	0	3,931	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	52,250	253,381	0	7,180	14.00
15.00	01500	PHARMACY	0	37,614	191,259	0	5,420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,963	154,920	0	4,390	16.00
17.00	01700	SOCIAL SERVICE	0	17,968	104,366	0	2,957	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	22,882	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	0	2,827	12,275	92	348	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	2,091	2,427	0	69	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	65,385	280,597	2,120,818	37,179	60,097	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,288	28,739	223,817	255	6,342	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	27,009	170,612	799,738	5,587	22,662	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	3,522	16,378	28,796	2,201	816	31.04
32.00	03200	CORONARY CARE UNIT	619	55,627	311,418	3,391	8,824	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	728	4,343	11,041	2,746	313	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	163,395	226,994	2,159,990	19,935	61,204	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,875	22,254	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,391	2,868	1,618	508	46	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,805	61,646	320,457	1,514	9,081	54.00
54.01	05401	PET SCAN	1,828	2,669	34,883	0	988	54.01
56.00	05600	RADIOISOTOPE	9,222	8,296	81,252	0	2,302	56.00
57.00	05700	CT SCAN	46,270	15,773	40,181	2,327	1,139	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	84,900	119,603	341,812	1,358	9,686	60.00
65.00	06500	RESPIRATORY THERAPY	32,225	47,918	116,175	1,070	3,292	65.00
66.00	06600	PHYSICAL THERAPY	13,717	35,344	245,899	0	6,968	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	27,962	19,784	291,034	324	8,247	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	441	9,562	30,414	0	862	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,402	29,231	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	137,345	250,124	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	207,234	160,602	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,312	26,270	160,562	330	4,550	74.00
76.00	03140	CARDIO CATH LAB	36,839	30,370	130,876	0	3,709	76.00
76.01	03050	ENDOSCOPY	12,567	844	0	0	0	76.01
76.02	03950	CARDIAC REHAB	1,148	6,358	195,829	0	5,549	76.02
76.03	03020	WOUND CARE	384	5,348	30,353	0	860	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,570	32,754	413,175	749	11,708	90.00
91.00	09100	EMERGENCY	54,798	85,418	407,937	6,280	11,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	3,994	29,823	1,941	0	55	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	574	8,595	37,936	19	1,075	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,057,749	2,223,877	10,061,211	85,865	282,857	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,133	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description		ADM I T T I N G	OTHER ADM I N I S T R A T I V E AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
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)	1,057,749	2,227,010	10,061,211	85,865	282,857	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,528,414					10.00
11.00	01100		30,464				11.00
13.00	01300		1,222	678,720			13.00
14.00	01400		990		1,156,818		14.00
15.00	01500		1,021	15,762	7,084	922,043	15.00
16.00	01600		747		72		16.00
17.00	01700		377		373		17.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		58	0	120	0	23.00
23.01	02301		81	1,419	429	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,267,809	5,847	263,959	32,406	0	30.00
31.00	03100		0	0	0	0	31.00
31.01	02080		0	0	0	0	31.01
31.02	02060	127,575	642	0	4,390	0	31.02
31.03	03101		3,417	149,880	28,040	0	31.03
31.04	03102	256,248	319	0	2,783	0	31.04
32.00	03200		913	58,797	8,755	0	32.00
40.00	04000		0	0	0	0	40.00
43.00	04300		87	0	837	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		3,797	111,204	106,376	0	50.00
51.00	05100		0	0	0	0	51.00
52.00	05200		461	0	0	0	52.00
53.00	05300		56	0	1,568	0	53.00
54.00	05400		1,818	10,481	12,798	0	54.00
54.01	05401		5	0	0	0	54.01
56.00	05600		84	806	429	0	56.00
57.00	05700		274	0	5,373	0	57.00
58.00	05800		0	0	0	0	58.00
60.00	06000		2,018	7,190	128,677	0	60.00
65.00	06500		1,240	0	18,843	0	65.00
66.00	06600		1,049	0	1,378	0	66.00
67.00	06700		0	0	0	0	67.00
68.00	06800		0	0	0	0	68.00
69.00	06900		328	18,438	5,348	0	69.00
70.00	07000		261	0	7,280	0	70.00
71.00	07100		0	0	89,393	0	71.00
72.00	07200		0	0	633,586	0	72.00
73.00	07300		0	0	0	922,043	73.00
74.00	07400		60	0	3,765	0	74.00
76.00	03140		302	0	27,768	0	76.00
76.01	03050		0	0	0	0	76.01
76.02	03950		155	0	0	0	76.02
76.03	03020		157	0	2,047	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000		444	0	3,523	0	90.00
91.00	09100		1,383	27,125	19,374	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500		783	10,823	4,000	0	95.00
96.00	09600		0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500		0	0	0	0	105.00
106.00	10600		65	2,836	0	0	106.00
118.00		1,651,632	30,461	678,720	1,156,815	922,043	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000		0	0	0	0	190.00
192.00	19200	876,782	3	0	3	0	192.00
194.00	07950		0	0	0	0	194.00
194.01	07951		0	0	0	0	194.01
194.02	07952		0	0	0	0	194.02
194.03	07953		0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017			Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,528,414	30,464	678,720	1,156,818	922,043		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PASTORAL PROGRAM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
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 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	718,788				16.00
17.00 01700	SOCIAL SERVICE	0	477,882			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22,882	22.00
23.00 02300	PASTORAL PROGRAM	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
57,194						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	44,498	335,929			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,599	21,876			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	18,381	104,926			31.03
31.04 03102	BURN INTENSIVE CARE UNIT	2,397	5,751			31.04
32.00 03200	CORONARY CARE UNIT	422	2,209			32.00
40.00 04000	SUBPROVIDER - IPF	0	0			40.00
43.00 04300	NURSERY	495	7,191			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	111,199	0			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,637	0			52.00
53.00 05300	ANESTHESIOLOGY	14,558	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	33,214	0			54.00
54.01 05401	PET SCAN	1,244	0			54.01
56.00 05600	RADIOISOTOPE	6,276	0			56.00
57.00 05700	CT SCAN	31,489	0			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	57,779	0			60.00
65.00 06500	RESPIRATORY THERAPY	21,931	0			65.00
66.00 06600	PHYSICAL THERAPY	9,335	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	19,029	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	300	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,815	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	93,471	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	139,968	0			73.00
74.00 07400	RENAL DIALYSIS	2,935	0			74.00
76.00 03140	CARDIO CATH LAB	25,071	0			76.00
76.01 03050	ENDOSCOPY	8,552	0			76.01
76.02 03950	CARDIAC REHAB	782	0			76.02
76.03 03020	WOUND CARE	261	0			76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,749	0			90.00
91.00 09100	EMERGENCY	37,293	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	2,718	0			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0			105.00
106.00 10600	HEART ACQUISITION	390	0			106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	718,788	477,882	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm		
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PASTORAL PROGRAM		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
194.02	07952	SENIOR CIRCLE	0	0				194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0				194.03
200.00		Cross Foot Adjustments			0	22,882	57,194	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	718,788	477,882	0	22,882	57,194	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	00540	ADMITTING				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PASTORAL PROGRAM				23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	16,941			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		11,619,119	0	11,619,119
31.00	03100	INTENSIVE CARE UNIT		0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		1,178,890	0	1,178,890
31.03	03101	CARDIO INTENSIVE CARE UNIT		4,076,044	0	4,076,044
31.04	03102	BURN INTENSIVE CARE UNIT		426,861	0	426,861
32.00	03200	CORONARY CARE UNIT		1,504,163	0	1,504,163
40.00	04000	SUBPROVIDER - IPF		0	0	40.00
43.00	04300	NURSERY		67,033	0	67,033
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM		10,117,705	0	10,117,705
51.00	05100	RECOVERY ROOM		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		47,121	0	47,121
53.00	05300	ANESTHESIOLOGY		48,873	0	48,873
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,597,563	0	1,597,563
54.01	05401	PET SCAN		155,184	0	155,184
56.00	05600	RADIOISOTOPE		375,900	0	375,900
57.00	05700	CT SCAN		281,280	0	281,280
58.00	05800	MRI		0	0	58.00
60.00	06000	LABORATORY		1,920,272	0	1,920,272
65.00	06500	RESPIRATORY THERAPY		663,331	0	663,331
66.00	06600	PHYSICAL THERAPY		1,149,876	0	1,149,876
67.00	06700	OCCUPATIONAL THERAPY		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		1,346,023	0	1,346,023
70.00	07000	ELECTROENCEPHALOGRAPHY		156,143	0	156,143
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		184,841	0	184,841
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,114,526	0	1,114,526
73.00	07300	DRUGS CHARGED TO PATIENTS		1,429,847	0	1,429,847
74.00	07400	RENAL DIALYSIS		728,758	0	728,758
76.00	03140	CARDIO CATH LAB		693,444	0	693,444
76.01	03050	ENDOSCOPY		21,963	0	21,963
76.02	03950	CARDIAC REHAB		850,035	0	850,035
76.03	03020	WOUND CARE		143,159	0	143,159
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC		1,831,554	0	1,831,554
91.00	09100	EMERGENCY		2,029,887	0	2,029,887
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES		87,151	0	87,151
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION		0	0	105.00
106.00	10600	HEART ACQUISITION		178,714	0	178,714
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	46,025,260	0	46,025,260
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		879,978	0	879,978
194.00	07950	CLOSED PSYCH UNIT		0	0	194.00
194.01	07951	MARKETING		0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/30/2022 9:19 pm		
Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
194.02	07952 SENIOR CIRCLE		0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.03
200.00	Cross Foot Adjustments	16,941	97,017	0	97,017	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,941	47,002,255	0	47,002,255	202.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	715,060				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		715,060			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,728	18,728	155,537,402		4.00
5.01 00540	ADMITTING	15,575	15,575	4,292,378	3,674,937,847	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	32,679	32,679	9,975,586	0	-58,101,512 5.02
7.00 00700	OPERATION OF PLANT	150,539	150,539	2,920,485	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	898	898	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,015	3,015	0	0	0 9.00
10.00 01000	DIETARY	29,016	29,016	0	0	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	6,861	6,861	5,657,249	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,530	12,530	2,450,524	0	0 14.00
15.00 01500	PHARMACY	9,458	9,458	5,330,555	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,661	7,661	3,047,912	0	0 16.00
17.00 01700	SOCIAL SERVICE	5,161	5,161	1,591,800	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PASTORAL PROGRAM	607	607	198,931	0	0 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	120	120	320,471	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	104,877	104,877	26,643,356	227,032,204	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,068	11,068	3,644,545	18,362,580	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	39,548	39,548	18,474,694	93,781,311	0 31.03
31.04 03102	BURN INTENSIVE CARE UNIT	1,424	1,424	1,774,904	12,230,155	0 31.04
32.00 03200	CORONARY CARE UNIT	15,400	15,400	5,169,566	2,150,668	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	546	546	424,762	2,527,968	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	106,814	106,814	16,743,219	567,342,402	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,260,800	13,455,141	0 52.00
53.00 05300	ANESTHESIOLOGY	80	80	126,558	74,275,235	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,847	15,847	7,087,269	169,460,651	0 54.00
54.01 05401	PET SCAN	1,725	1,725	22,707	6,347,019	0 54.01
56.00 05600	RADIOISOTOPE	4,018	4,018	394,484	32,019,770	0 56.00
57.00 05700	CT SCAN	1,987	1,987	991,105	160,660,666	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	16,903	16,903	7,098,210	294,792,121	0 60.00
65.00 06500	RESPIRATORY THERAPY	5,745	5,745	5,433,571	111,893,456	0 65.00
66.00 06600	PHYSICAL THERAPY	12,160	12,160	4,660,274	47,628,785	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	14,392	14,392	1,202,264	97,088,546	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,504	1,504	1,031,157	1,532,358	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	136,813,143	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	476,892,027	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	721,753,580	0 73.00
74.00 07400	RENAL DIALYSIS	7,940	7,940	513,231	14,973,516	0 74.00
76.00 03140	CARDIO CATH LAB	6,472	6,472	1,654,091	127,913,611	0 76.00
76.01 03050	ENDOSCOPY	0	0	0	43,634,836	0 76.01
76.02 03950	CARDIAC REHAB	9,684	9,684	463,306	3,987,610	0 76.02
76.03 03020	WOUND CARE	1,501	1,501	642,431	1,333,667	0 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	20,432	20,432	2,760,362	8,923,702	0 90.00
91.00 09100	EMERGENCY	20,173	20,173	6,659,420	190,269,825	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	96	96	3,373,876	13,869,760	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	1,876	1,876	494,181	1,991,534	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	715,060	715,060	155,530,234	3,674,937,847	-58,101,512 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	7,168	0	0 192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.00 07950 CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	16,089,914	30,912,341	27,299,096	14,053,465		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	22.501488	43.230416	0.175515	0.003824		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			1,231,027	1,057,749		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.007915	0.000288		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: 15-0017

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

Worksheet B-1  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	00540	ADMINISTRATIVE					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	441,182,569				5.02
7.00	00700	OPERATION OF PLANT	28,304,055	497,539			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,719,308	898	1,304,354		8.00
9.00	00900	HOUSEKEEPING	4,696,130	3,015	0	493,626	9.00
10.00	01000	DIETARY	3,516,287	29,016	0	29,016	398,066
11.00	01100	CAFETERIA	6,034,830	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	7,737,755	6,861	0	6,861	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,350,551	12,530	0	12,530	0
15.00	01500	PHARMACY	7,451,340	9,458	0	9,458	0
16.00	01600	MEDICAL RECORDS & LIBRARY	6,133,737	7,661	0	7,661	0
17.00	01700	SOCIAL SERVICE	3,559,333	5,161	0	5,161	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,532,905	0	0	0	0
23.00	02300	PASTORAL PROGRAM	559,939	607	1,396	607	0
23.01	02301	PHARMACY RESIDENCY PROGRAM	414,129	120	0	120	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	55,601,641	104,877	564,783	104,877	199,600
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,693,150	11,068	3,867	11,068	20,085
31.03	03101	CARDIO INTENSIVE CARE UNIT	33,797,961	39,548	84,868	39,548	0
31.04	03102	BURN INTENSIVE CARE UNIT	3,244,546	1,424	33,437	1,424	40,343
32.00	03200	CORONARY CARE UNIT	11,019,704	15,400	51,517	15,400	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
43.00	04300	NURSERY	860,418	546	41,707	546	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	44,967,047	106,814	302,825	106,814	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,408,393	0	0	0	0
53.00	05300	ANESTHESIOLOGY	568,172	80	7,722	80	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,212,030	15,847	23,006	15,847	0
54.01	05401	PET SCAN	528,661	1,725	0	1,725	0
56.00	05600	RADIOISOTOPE	1,643,359	4,018	0	4,018	0
57.00	05700	CT SCAN	3,124,586	1,987	35,355	1,987	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	23,693,082	16,903	20,628	16,903	0
65.00	06500	RESPIRATORY THERAPY	9,492,550	5,745	16,248	5,745	0
66.00	06600	PHYSICAL THERAPY	7,001,507	12,160	0	12,160	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,919,227	14,392	4,920	14,392	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,894,136	1,504	0	1,504	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,790,543	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,549,163	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,815,071	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,204,064	7,940	5,009	7,940	0
76.00	03140	CARDIO CATH LAB	6,016,269	6,472	0	6,472	0
76.01	03050	ENDOSCOPY	167,221	0	0	0	0
76.02	03950	CARDIAC REHAB	1,259,418	9,684	0	9,684	0
76.03	03020	WOUND CARE	1,059,524	1,501	0	1,501	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	6,488,573	20,432	11,376	20,432	0
91.00	09100	EMERGENCY	16,921,062	20,173	95,396	20,173	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	5,907,929	96	0	96	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	1,702,707	1,876	294	1,876	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	440,562,013	497,539	1,304,354	493,626	260,028
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	620,556	0	0	0	138,038
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	SENIOR CIRCLE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	58,101,512	32,031,558	2,003,545	5,508,693	6,171,222	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.131695	64.379994	1.536044	11.159649	15.503012	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,227,010	10,061,211	85,865	282,857	2,528,414	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005048	20.221954	0.065830	0.573019	6.351746	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: 15-0017

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

Worksheet B-1  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	160,689					11.00
13.00	01300	NURSING ADMINISTRATION	6,448	45,147,917				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,223	0	89,016,583			14.00
15.00	01500	PHARMACY	5,388	1,048,508	545,096	29,054,584		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,942	0	5,548	0	3,674,937,847	16.00
17.00	01700	SOCIAL SERVICE	1,991	0	28,686	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	307	0	9,253	0	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	425	94,420	33,025	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	30,835	17,557,838	2,493,518	0	227,032,204	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,387	0	337,817	0	18,362,580	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	18,026	9,970,058	2,157,612	0	93,781,311	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	1,681	0	214,112	0	12,230,155	31.04
32.00	03200	CORONARY CARE UNIT	4,816	3,911,194	673,660	0	2,150,668	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	457	0	64,439	0	2,527,968	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,028	7,397,296	8,185,304	0	567,342,402	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,434	0	0	0	13,455,141	52.00
53.00	05300	ANESTHESIOLOGY	298	0	120,687	0	74,275,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,590	697,178	984,743	0	169,460,651	54.00
54.01	05401	PET SCAN	25	0	0	0	6,347,019	54.01
56.00	05600	RADIO SOTOPE	442	53,588	32,985	0	32,019,770	56.00
57.00	05700	CT SCAN	1,444	0	413,407	0	160,660,666	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,645	478,289	9,901,273	0	294,792,121	60.00
65.00	06500	RESPIRATORY THERAPY	6,538	0	1,449,935	0	111,893,456	65.00
66.00	06600	PHYSICAL THERAPY	5,533	0	106,062	0	47,628,785	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	1,730	1,226,522	411,480	0	97,088,546	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,375	0	560,182	0	1,532,358	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,878,532	0	136,813,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	48,755,504	0	476,892,027	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,054,584	721,753,580	73.00
74.00	07400	RENAL DIALYSIS	315	0	289,715	0	14,973,516	74.00
76.00	03140	CARDIO CATH LAB	1,594	0	2,136,633	0	127,913,611	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	43,634,836	76.01
76.02	03950	CARDIAC REHAB	819	0	0	0	3,987,610	76.02
76.03	03020	WOUND CARE	826	0	157,532	0	1,333,667	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,342	0	271,106	0	8,923,702	90.00
91.00	09100	EMERGENCY	7,295	1,804,395	1,490,730	0	190,269,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,132	719,948	307,767	0	13,869,760	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	343	188,683	0	0	1,991,534	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	160,674	45,147,917	89,016,343	29,054,584	3,674,937,847	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14	0	240	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
194.02	07952 SENIOR CIRCLE	1	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,829,587	9,549,108	12,882,165	9,676,749	7,688,573	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.501895	0.211507	0.144716	0.333054	0.002092	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	30,464	678,720	1,156,818	922,043	718,788	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.189584	0.015033	0.012996	0.031735	0.000196	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: 15-0017

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

Worksheet B-1  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS		PASTORAL PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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 00540 ADMITTING						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	97,561					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	27,550				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		27,550			22.00
23.00 02300 PASTORAL PROGRAM	0			97,311		23.00
23.01 02301 PHARMACY RESIDENCY PROGRAM	0				97,311	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	68,581	18,300	18,300	68,331	68,331	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02 02060 NEONATAL INTENSIVE CARE UNIT	4,466	0	0	4,466	4,466	31.02
31.03 03101 CARDIO INTENSIVE CARE UNIT	21,421	0	0	21,421	21,421	31.03
31.04 03102 BURN INTENSIVE CARE UNIT	1,174	0	0	1,174	1,174	31.04
32.00 03200 CORONARY CARE UNIT	451	0	0	451	451	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00 04300 NURSERY	1,468	0	0	1,468	1,468	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	1,600	1,600	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	100	100	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 PET SCAN	0	0	0	0	0	54.01
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 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
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	50	50	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 03140 CARDIO CATH LAB	0	0	0	0	0	76.00
76.01 03050 ENDOSCOPY	0	0	0	0	0	76.01
76.02 03950 CARDIAC REHAB	0	0	0	0	0	76.02
76.03 03020 WOUND CARE	0	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	3,500	3,500	0	0	90.00
91.00 09100 EMERGENCY	0	4,000	4,000	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	97,561	27,550	27,550	97,311	97,311	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS		PASTORAL PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		17.00	21.00				22.00
194.00 07950 CLOSED PSYCH UNIT	0	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	0	194.01
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,506,711	0	5,129,866	696,064	520,545		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	46.193776	0.000000	186.202033	7.152984	5.349292		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	477,882	0	22,882	57,194	16,941		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.898289	0.000000	0.830563	0.587744	0.174091		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0.000000		207.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	84,690,653		84,690,653	0	84,690,653	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	8,089,693		8,089,693	0	8,089,693	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	46,007,422		46,007,422	0	46,007,422	31.03
31.04	03102 BURN INTENSIVE CARE UNIT	4,653,128		4,653,128	0	4,653,128	31.04
32.00	03200 CORONARY CARE UNIT	14,873,781		14,873,781	0	14,873,781	32.00
40.00	04000 SUBPROVIDER - I PF	0		0	0	0	40.00
43.00	04300 NURSERY	1,199,242		1,199,242	0	1,199,242	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	64,210,059		64,210,059	0	64,210,059	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,120,554		5,120,554	0	5,120,554	52.00
53.00	05300 ANESTHESIOLOGY	846,416		846,416	0	846,416	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,104,779		16,104,779	0	16,104,779	54.00
54.01	05401 PET SCAN	742,929		742,929	0	742,929	54.01
56.00	05600 RADIOISOTOPE	2,265,177		2,265,177	0	2,265,177	56.00
57.00	05700 CT SCAN	4,197,784		4,197,784	0	4,197,784	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	30,725,047		30,725,047	0	30,725,047	60.00
65.00	06500 RESPIRATORY THERAPY	11,923,391	0	11,923,391	0	11,923,391	65.00
66.00	06600 PHYSICAL THERAPY	9,192,283	0	9,192,283	0	9,192,283	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	6,125,697		6,125,697	0	6,125,697	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,399,909		2,399,909	0	2,399,909	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,834,776		7,834,776	0	7,834,776	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,127,943		64,127,943	0	64,127,943	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,192,219		47,192,219	0	47,192,219	73.00
74.00	07400 RENAL DIALYSIS	6,583,531		6,583,531	0	6,583,531	74.00
76.00	03140 RADIO CATH LAB	7,942,022		7,942,022	0	7,942,022	76.00
76.01	03050 ENDOSCOPY	280,527		280,527	0	280,527	76.01
76.02	03950 CARDIAC REHAB	2,199,954		2,199,954	0	2,199,954	76.02
76.03	03020 WOUND CARE	1,373,137		1,373,137	0	1,373,137	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	9,061,426		9,061,426	0	9,061,426	90.00
91.00	09100 EMERGENCY	22,125,344		22,125,344	0	22,125,344	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	10,149,566		10,149,566	0	10,149,566	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	7,094,672		7,094,672	0	7,094,672	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600 HEART ACQUISITION	2,127,762		2,127,762		2,127,762	106.00
200.00	Subtotal (see instructions)	501,460,823	0	501,460,823	0	501,460,823	200.00
201.00	Less Observation Beds	10,149,566		10,149,566		10,149,566	201.00
202.00	Total (see instructions)	491,311,257	0	491,311,257	0	491,311,257	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	195,137,755		195,137,755		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	18,362,580		18,362,580		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	93,781,311		93,781,311		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	12,230,155		12,230,155		31.04
32.00	03200	CORONARY CARE UNIT	2,150,668		2,150,668		32.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
43.00	04300	NURSERY	2,527,968		2,527,968		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	361,329,220	206,013,182	567,342,402	0.113177	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,312,801	142,340	13,455,141	0.380565	52.00
53.00	05300	ANESTHESIOLOGY	46,270,592	28,004,643	74,275,235	0.011396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,834,239	94,626,412	169,460,651	0.095036	54.00
54.01	05401	PET SCAN	174,322	6,172,697	6,347,019	0.117052	54.01
56.00	05600	RADIOISOTOPE	5,006,781	27,012,989	32,019,770	0.070743	56.00
57.00	05700	CT SCAN	72,207,098	88,453,568	160,660,666	0.026128	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	198,239,818	96,552,303	294,792,121	0.104226	60.00
65.00	06500	RESPIRATORY THERAPY	106,753,213	5,140,243	111,893,456	0.106560	65.00
66.00	06600	PHYSICAL THERAPY	32,017,338	15,611,447	47,628,785	0.192998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	45,428,247	51,660,299	97,088,546	0.063094	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,052,914	479,444	1,532,358	1.566154	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	92,375,984	44,437,159	136,813,143	0.057266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	353,660,251	123,231,776	476,892,027	0.134471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	403,421,750	318,331,830	721,753,580	0.065386	73.00
74.00	07400	RENAL DIALYSIS	13,875,430	1,098,086	14,973,516	0.439678	74.00
76.00	03140	CARDIO CATH LAB	63,641,373	64,272,238	127,913,611	0.062089	76.00
76.01	03050	ENDOSCOPY	10,660,658	32,974,178	43,634,836	0.006429	76.01
76.02	03950	CARDIAC REHAB	2,851,339	1,136,271	3,987,610	0.551697	76.02
76.03	03020	WOUND CARE	0	1,333,667	1,333,667	1.029595	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	972,983	7,950,719	8,923,702	1.015434	90.00
91.00	09100	EMERGENCY	58,734,337	131,535,488	190,269,825	0.116284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,403,076	14,491,373	31,894,449	0.318224	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	54,639	13,815,121	13,869,760	0.511521	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	1,991,534	0	1,991,534		106.00
200.00		Subtotal (see instructions)	2,300,460,374	1,374,477,473	3,674,937,847		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,300,460,374	1,374,477,473	3,674,937,847		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/30/2022 9:19 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT			31.03
31.04	03102	BURN INTENSIVE CARE UNIT			31.04
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.113177		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.380565		52.00
53.00	05300	ANESTHESIOLOGY	0.011396		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.095036		54.00
54.01	05401	PET SCAN	0.117052		54.01
56.00	05600	RADIOISOTOPE	0.070743		56.00
57.00	05700	CT SCAN	0.026128		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.104226		60.00
65.00	06500	RESPIRATORY THERAPY	0.106560		65.00
66.00	06600	PHYSICAL THERAPY	0.192998		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.063094		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.566154		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.057266		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134471		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.065386		73.00
74.00	07400	RENAL DIALYSIS	0.439678		74.00
76.00	03140	CARDIO CATH LAB	0.062089		76.00
76.01	03050	ENDOSCOPY	0.006429		76.01
76.02	03950	CARDIAC REHAB	0.551697		76.02
76.03	03020	WOUND CARE	1.029595		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.015434		90.00
91.00	09100	EMERGENCY	0.116284		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.318224		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.511521		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	84,690,653		84,690,653	0	84,690,653	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	8,089,693		8,089,693	0	8,089,693	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	46,007,422		46,007,422	0	46,007,422	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	4,653,128		4,653,128	0	4,653,128	31.04
32.00	03200	CORONARY CARE UNIT	14,873,781		14,873,781	0	14,873,781	32.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
43.00	04300	NURSERY	1,199,242		1,199,242	0	1,199,242	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	64,210,059		64,210,059	0	64,210,059	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,120,554		5,120,554	0	5,120,554	52.00
53.00	05300	ANESTHESIOLOGY	846,416		846,416	0	846,416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,104,779		16,104,779	0	16,104,779	54.00
54.01	05401	PET SCAN	742,929		742,929	0	742,929	54.01
56.00	05600	RADIOISOTOPE	2,265,177		2,265,177	0	2,265,177	56.00
57.00	05700	CT SCAN	4,197,784		4,197,784	0	4,197,784	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	30,725,047		30,725,047	0	30,725,047	60.00
65.00	06500	RESPIRATORY THERAPY	11,923,391	0	11,923,391	0	11,923,391	65.00
66.00	06600	PHYSICAL THERAPY	9,192,283	0	9,192,283	0	9,192,283	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	6,125,697		6,125,697	0	6,125,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,399,909		2,399,909	0	2,399,909	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,834,776		7,834,776	0	7,834,776	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,127,943		64,127,943	0	64,127,943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,192,219		47,192,219	0	47,192,219	73.00
74.00	07400	RENAL DIALYSIS	6,583,531		6,583,531	0	6,583,531	74.00
76.00	03140	CARDIO CATH LAB	7,942,022		7,942,022	0	7,942,022	76.00
76.01	03050	ENDOSCOPY	280,527		280,527	0	280,527	76.01
76.02	03950	CARDIAC REHAB	2,199,954		2,199,954	0	2,199,954	76.02
76.03	03020	WOUND CARE	1,373,137		1,373,137	0	1,373,137	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	9,061,426		9,061,426	0	9,061,426	90.00
91.00	09100	EMERGENCY	22,125,344		22,125,344	0	22,125,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,149,566		10,149,566	0	10,149,566	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	7,094,672		7,094,672	0	7,094,672	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,127,762		2,127,762	0	2,127,762	106.00
200.00		Subtotal (see instructions)	501,460,823	0	501,460,823	0	501,460,823	200.00
201.00		Less Observation Beds	10,149,566		10,149,566	0	10,149,566	201.00
202.00		Total (see instructions)	491,311,257	0	491,311,257	0	491,311,257	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	195,137,755		195,137,755		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	18,362,580		18,362,580		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	93,781,311		93,781,311		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	12,230,155		12,230,155		31.04
32.00	03200	CORONARY CARE UNIT	2,150,668		2,150,668		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	2,527,968		2,527,968		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	361,329,220	206,013,182	567,342,402	0.113177	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,312,801	142,340	13,455,141	0.380565	52.00
53.00	05300	ANESTHESIOLOGY	46,270,592	28,004,643	74,275,235	0.011396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,834,239	94,626,412	169,460,651	0.095036	54.00
54.01	05401	PET SCAN	174,322	6,172,697	6,347,019	0.117052	54.01
56.00	05600	RADIOISOTOPE	5,006,781	27,012,989	32,019,770	0.070743	56.00
57.00	05700	CT SCAN	72,207,098	88,453,568	160,660,666	0.026128	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	198,239,818	96,552,303	294,792,121	0.104226	60.00
65.00	06500	RESPIRATORY THERAPY	106,753,213	5,140,243	111,893,456	0.106560	65.00
66.00	06600	PHYSICAL THERAPY	32,017,338	15,611,447	47,628,785	0.192998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	45,428,247	51,660,299	97,088,546	0.063094	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,052,914	479,444	1,532,358	1.566154	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	92,375,984	44,437,159	136,813,143	0.057266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	353,660,251	123,231,776	476,892,027	0.134471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	403,421,750	318,331,830	721,753,580	0.065386	73.00
74.00	07400	RENAL DIALYSIS	13,875,430	1,098,086	14,973,516	0.439678	74.00
76.00	03140	CARDIO CATH LAB	63,641,373	64,272,238	127,913,611	0.062089	76.00
76.01	03050	ENDOSCOPY	10,660,658	32,974,178	43,634,836	0.006429	76.01
76.02	03950	CARDIAC REHAB	2,851,339	1,136,271	3,987,610	0.551697	76.02
76.03	03020	WOUND CARE	0	1,333,667	1,333,667	1.029595	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	972,983	7,950,719	8,923,702	1.015434	90.00
91.00	09100	EMERGENCY	58,734,337	131,535,488	190,269,825	0.116284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,403,076	14,491,373	31,894,449	0.318224	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	54,639	13,815,121	13,869,760	0.511521	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	1,991,534	0	1,991,534		106.00
200.00		Subtotal (see instructions)	2,300,460,374	1,374,477,473	3,674,937,847		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,300,460,374	1,374,477,473	3,674,937,847		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/30/2022 9:19 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
31.04	03102 BURN INTENSIVE CARE UNIT			31.04
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.113177		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.380565		52.00
53.00	05300 ANESTHESIOLOGY	0.011396		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.095036		54.00
54.01	05401 PET SCAN	0.117052		54.01
56.00	05600 RADIOISOTOPE	0.070743		56.00
57.00	05700 CT SCAN	0.026128		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.104226		60.00
65.00	06500 RESPIRATORY THERAPY	0.106560		65.00
66.00	06600 PHYSICAL THERAPY	0.192998		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.063094		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1.566154		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.057266		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134471		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.065386		73.00
74.00	07400 RENAL DIALYSIS	0.439678		74.00
76.00	03140 CARDIO CATH LAB	0.062089		76.00
76.01	03050 ENDOSCOPY	0.006429		76.01
76.02	03950 CARDIAC REHAB	0.551697		76.02
76.03	03020 WOUND CARE	1.029595		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	1.015434		90.00
91.00	09100 EMERGENCY	0.116284		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.318224		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.511521		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0017

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

Worksheet C Part II Date/Time Prepared: 11/30/2022 9:19 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	64,210,059	10,117,705	54,092,354	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,120,554	47,121	5,073,433	0	0	52.00
53.00	05300	ANESTHESIOLOGY	846,416	48,873	797,543	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,104,779	1,597,563	14,507,216	0	0	54.00
54.01	05401	PET SCAN	742,929	155,184	587,745	0	0	54.01
56.00	05600	RADIOISOTOPE	2,265,177	375,900	1,889,277	0	0	56.00
57.00	05700	CT SCAN	4,197,784	281,280	3,916,504	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	30,725,047	1,920,272	28,804,775	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,923,391	663,331	11,260,060	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,192,283	1,149,876	8,042,407	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	6,125,697	1,346,023	4,779,674	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,399,909	156,143	2,243,766	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,834,776	184,841	7,649,935	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,127,943	1,114,526	63,013,417	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,192,219	1,429,847	45,762,372	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,583,531	728,758	5,854,773	0	0	74.00
76.00	03140	CARDIO CATH LAB	7,942,022	693,444	7,248,578	0	0	76.00
76.01	03050	ENDOSCOPY	280,527	21,963	258,564	0	0	76.01
76.02	03950	CARDIAC REHAB	2,199,954	850,035	1,349,919	0	0	76.02
76.03	03020	WOUND CARE	1,373,137	143,159	1,229,978	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	9,061,426	1,831,554	7,229,872	0	0	90.00
91.00	09100	EMERGENCY	22,125,344	2,029,887	20,095,457	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,149,566	1,392,470	8,757,096	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	7,094,672	87,151	7,007,521	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,127,762	178,714	1,949,048	0	0	106.00
200.00		Subtotal (sum of lines 50 thru 199)	341,946,904	28,545,620	313,401,284	0	0	200.00
201.00		Less Observation Beds	10,149,566	1,392,470	8,757,096	0	0	201.00
202.00		Total (line 200 minus line 201)	331,797,338	27,153,150	304,644,188	0	0	202.00

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

Provider CCN: 15-0017

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

Worksheet C Part II Date/Time Prepared: 11/30/2022 9:19 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	64,210,059	567,342,402	0.113177		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,120,554	13,455,141	0.380565		52.00
53.00	05300 ANESTHESIOLOGY	846,416	74,275,235	0.011396		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,104,779	169,460,651	0.095036		54.00
54.01	05401 PET SCAN	742,929	6,347,019	0.117052		54.01
56.00	05600 RADIOISOTOPE	2,265,177	32,019,770	0.070743		56.00
57.00	05700 CT SCAN	4,197,784	160,660,666	0.026128		57.00
58.00	05800 MRI	0	0	0.000000		58.00
60.00	06000 LABORATORY	30,725,047	294,792,121	0.104226		60.00
65.00	06500 RESPIRATORY THERAPY	11,923,391	111,893,456	0.106560		65.00
66.00	06600 PHYSICAL THERAPY	9,192,283	47,628,785	0.192998		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	6,125,697	97,088,546	0.063094		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,399,909	1,532,358	1.566154		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,834,776	136,813,143	0.057266		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,127,943	476,892,027	0.134471		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,192,219	721,753,580	0.065386		73.00
74.00	07400 RENAL DIALYSIS	6,583,531	14,973,516	0.439678		74.00
76.00	03140 CARDIO CATH LAB	7,942,022	127,913,611	0.062089		76.00
76.01	03050 ENDOSCOPY	280,527	43,634,836	0.006429		76.01
76.02	03950 CARDIAC REHAB	2,199,954	3,987,610	0.551697		76.02
76.03	03020 WOUND CARE	1,373,137	1,333,667	1.029595		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	9,061,426	8,923,702	1.015434		90.00
91.00	09100 EMERGENCY	22,125,344	190,269,825	0.116284		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	10,149,566	31,894,449	0.318224		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	7,094,672	13,869,760	0.511521		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	2,127,762	1,991,534	1.068404		106.00
200.00	Subtotal (sum of lines 50 thru 199)	341,946,904	3,350,747,410			200.00
201.00	Less Observation Beds	10,149,566	0			201.00
202.00	Total (line 200 minus line 201)	331,797,338	3,350,747,410			202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		Title XVIII				Hospital	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	11,619,119	0	11,619,119	77,919	149.12	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0.00	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	1,178,890	0	1,178,890	4,466	263.97	31.02
31.03	CARDIO INTENSIVE CARE UNIT	4,076,044	0	4,076,044	21,421	190.28	31.03
31.04	BURN INTENSIVE CARE UNIT	426,861	0	426,861	1,174	363.60	31.04
32.00	CORONARY CARE UNIT	1,504,163	0	1,504,163	451	3,335.17	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	67,033	0	67,033	1,468	45.66	43.00
200.00	Total (lines 30 through 199)	18,872,110	0	18,872,110	106,899		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,640	2,630,477				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
31.03	CARDIO INTENSIVE CARE UNIT	5,428	1,032,840				
31.04	BURN INTENSIVE CARE UNIT	117	42,541				
32.00	CORONARY CARE UNIT	146	486,935				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,331	4,192,793				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0017

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

Worksheet D  
Part II  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,117,705	567,342,402	0.017834	83,536,949	1,489,798	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,121	13,455,141	0.003502	34,344	120	52.00
53.00	05300	ANESTHESIOLOGY	48,873	74,275,235	0.000658	9,993,686	6,576	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,597,563	169,460,651	0.009427	17,859,679	168,363	54.00
54.01	05401	PET SCAN	155,184	6,347,019	0.024450	39,034	954	54.01
56.00	05600	RADIOISOTOPE	375,900	32,019,770	0.011740	1,501,216	17,624	56.00
57.00	05700	CT SCAN	281,280	160,660,666	0.001751	18,274,616	31,999	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,920,272	294,792,121	0.006514	46,152,652	300,638	60.00
65.00	06500	RESPIRATORY THERAPY	663,331	111,893,456	0.005928	24,960,049	147,963	65.00
66.00	06600	PHYSICAL THERAPY	1,149,876	47,628,785	0.024142	8,820,037	212,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,346,023	97,088,546	0.013864	12,733,761	176,541	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,143	1,532,358	0.0101897	246,244	25,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	184,841	136,813,143	0.001351	22,749,981	30,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,114,526	476,892,027	0.002337	95,699,271	223,649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,429,847	721,753,580	0.001981	87,054,709	172,455	73.00
74.00	07400	RENAL DIALYSIS	728,758	14,973,516	0.048670	4,471,138	217,610	74.00
76.00	03140	CARDIO CATH LAB	693,444	127,913,611	0.005421	15,308,696	82,988	76.00
76.01	03050	ENDOSCOPY	21,963	43,634,836	0.000503	2,810,985	1,414	76.01
76.02	03950	CARDIAC REHAB	850,035	3,987,610	0.0213169	787,402	167,850	76.02
76.03	03020	WOUND CARE	143,159	1,333,667	0.0107342	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,831,554	8,923,702	0.0205246	52,846	10,846	90.00
91.00	09100	EMERGENCY	2,029,887	190,269,825	0.010668	14,072,711	150,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,392,470	31,894,449	0.043659	1,806,346	78,863	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50 through 199)	28,279,755	3,334,886,116		468,966,352	3,715,139	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	854,292	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	55,835	0	31.02	
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	267,811	0	31.03	
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	14,678	0	31.04	
32.00	03200	CORONARY CARE UNIT	0	0	5,639	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	18,354	0	43.00	
200.00		Total (lines 30 through 199)	0	0	1,216,609	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	854,292	77,919	10.96	17,640	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		55,835	4,466	12.50	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		267,811	21,421	12.50	5,428	31.03
31.04	03102	BURN INTENSIVE CARE UNIT		14,678	1,174	12.50	117	31.04
32.00	03200	CORONARY CARE UNIT		5,639	451	12.50	146	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
43.00	04300	NURSERY		18,354	1,468	12.50	0	43.00
200.00		Total (lines 30 through 199)		1,216,609	106,899		23,331	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	193,334					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0					31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0					31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	67,850					31.03
31.04	03102	BURN INTENSIVE CARE UNIT	1,463					31.04
32.00	03200	CORONARY CARE UNIT	1,825					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	264,472					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	54.01
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	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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	03140	CARDIO CATH LAB	0	0	0	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03020	WOUND CARE	0	0	0	0	0	76.03
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	102,379	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	102,379	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XVIII		Hospital		
					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	567,342,402	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,455,141	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	74,275,235	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	169,460,651	0.000000	54.00	
54.01	05401	PET SCAN	0	0	0	6,347,019	0.000000	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	32,019,770	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	160,660,666	0.000000	57.00	
58.00	05800	MRI	0	0	0	0	0.000000	58.00	
60.00	06000	LABORATORY	0	0	0	294,792,121	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	111,893,456	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	47,628,785	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	97,088,546	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,532,358	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	136,813,143	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	476,892,027	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	721,753,580	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	14,973,516	0.000000	74.00	
76.00	03140	CARDIO CATH LAB	0	0	0	127,913,611	0.000000	76.00	
76.01	03050	ENDOSCOPY	0	0	0	43,634,836	0.000000	76.01	
76.02	03950	CARDIAC REHAB	0	0	0	3,987,610	0.000000	76.02	
76.03	03020	WOUND CARE	0	0	0	1,333,667	0.000000	76.03	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	8,923,702	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	190,269,825	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	102,379	102,379	31,894,449	0.003210	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00	
200.00		Total (lines 50 through 199)	0	102,379	102,379	3,334,886,116		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	83,536,949	0	34,387,609	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	34,344	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	9,993,686	0	4,915,548	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,859,679	0	15,007,635	0	54.00	
54.01	05401 PET SCAN	0.000000	39,034	0	1,062,117	0	54.01	
56.00	05600 RADIOISOTOPE	0.000000	1,501,216	0	6,586,090	0	56.00	
57.00	05700 CT SCAN	0.000000	18,274,616	0	12,587,430	0	57.00	
58.00	05800 MRI	0.000000	0	0	0	0	58.00	
60.00	06000 LABORATORY	0.000000	46,152,652	0	9,715,638	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	24,960,049	0	695,513	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	8,820,037	0	154,350	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,733,761	0	10,630,671	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	246,244	0	30,594	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	22,749,981	0	9,671,131	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	95,699,271	0	28,281,281	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	87,054,709	0	32,897,527	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	4,471,138	0	502,080	0	74.00	
76.00	03140 CARDIO CATH LAB	0.000000	15,308,696	0	19,272,700	0	76.00	
76.01	03050 ENDOSCOPY	0.000000	2,810,985	0	6,777,378	0	76.01	
76.02	03950 CARDIAC REHAB	0.000000	787,402	0	282,884	0	76.02	
76.03	03020 WOUND CARE	0.000000	0	0	103,742	0	76.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	52,846	0	1,192,253	0	90.00	
91.00	09100 EMERGENCY	0.000000	14,072,711	0	11,529,848	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.003210	1,806,346	5,798	1,748,100	5,611	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
200.00	Total (lines 50 through 199)		468,966,352	5,798	208,032,119	5,611	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/30/2022 9:19 pm
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.113177	34,387,609	0	0	3,891,886 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.380565	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.011396	4,915,548	0	0	56,018 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.095036	15,007,635	0	0	1,426,266 54.00
54.01	05401 PET SCAN	0.117052	1,062,117	0	0	124,323 54.01
56.00	05600 RADIOISOTOPE	0.070743	6,586,090	0	0	465,920 56.00
57.00	05700 CT SCAN	0.026128	12,587,430	0	0	328,884 57.00
58.00	05800 MRI	0.000000	0	0	0	0 58.00
60.00	06000 LABORATORY	0.104226	9,715,638	12,000	0	1,012,622 60.00
65.00	06500 RESPIRATORY THERAPY	0.106560	695,513	0	0	74,114 65.00
66.00	06600 PHYSICAL THERAPY	0.192998	154,350	0	0	29,789 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.063094	10,630,671	0	0	670,732 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1.566154	30,594	0	0	47,915 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.057266	9,671,131	0	0	553,827 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134471	28,281,281	0	0	3,803,012 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.065386	32,897,527	0	65,911	2,151,038 73.00
74.00	07400 RENAL DIALYSIS	0.439678	502,080	0	0	220,754 74.00
76.00	03140 CARDIO CATH LAB	0.062089	19,272,700	0	0	1,196,623 76.00
76.01	03050 ENDOSCOPY	0.006429	6,777,378	0	0	43,572 76.01
76.02	03950 CARDIAC REHAB	0.551697	282,884	0	0	156,066 76.02
76.03	03020 WOUND CARE	1.029595	103,742	0	0	106,812 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	1.015434	1,192,253	0	381	1,210,654 90.00
91.00	09100 EMERGENCY	0.116284	11,529,848	0	0	1,340,737 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.318224	1,748,100	0	0	556,287 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.511521	0	0	0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
200.00	Subtotal (see instructions)		208,032,119	12,000	66,292	19,467,851 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		208,032,119	12,000	66,292	19,467,851 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/30/2022 9:19 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 PET SCAN	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	1,251	0		60.00
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	4,310		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 CARDIO CATH LAB	0	0		76.00
76.01 03050 ENDOSCOPY	0	0		76.01
76.02 03950 CARDIAC REHAB	0	0		76.02
76.03 03020 WOUND CARE	0	0		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	387		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	1,251	4,697		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,251	4,697		202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	11,619,119	0	11,619,119	77,919	149.12	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	1,178,890		1,178,890	4,466	263.97	31.02	
31.03	CARDIO INTENSIVE CARE UNIT	4,076,044		4,076,044	21,421	190.28	31.03	
31.04	BURN INTENSIVE CARE UNIT	426,861		426,861	1,174	363.60	31.04	
32.00	CORONARY CARE UNIT	1,504,163		1,504,163	451	3,335.17	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	67,033		67,033	1,468	45.66	43.00	
200.00	Total (lines 30 through 199)	18,872,110		18,872,110	106,899		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	3,041	453,474				30.00	
31.00	INTENSIVE CARE UNIT	0	0				31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				31.02	
31.03	CARDIO INTENSIVE CARE UNIT	281	53,469				31.03	
31.04	BURN INTENSIVE CARE UNIT	799	290,516				31.04	
32.00	CORONARY CARE UNIT	13	43,357				32.00	
40.00	SUBPROVIDER - IPF	0	0				40.00	
43.00	NURSERY	1,255	57,303				43.00	
200.00	Total (lines 30 through 199)	5,389	898,119				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0017

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

Worksheet D  
Part II  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,117,705	567,342,402	0.017834	7,122,771	127,027	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,121	13,455,141	0.003502	1,584,970	5,551	52.00
53.00	05300	ANESTHESIOLOGY	48,873	74,275,235	0.000658	976,323	642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,597,563	169,460,651	0.009427	1,823,346	17,189	54.00
54.01	05401	PET SCAN	155,184	6,347,019	0.024450	0	0	54.01
56.00	05600	RADIOISOTOPE	375,900	32,019,770	0.011740	91,042	1,069	56.00
57.00	05700	CT SCAN	281,280	160,660,666	0.001751	1,973,921	3,456	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,920,272	294,792,121	0.006514	6,064,052	39,501	60.00
65.00	06500	RESPIRATORY THERAPY	663,331	111,893,456	0.005928	3,846,688	22,803	65.00
66.00	06600	PHYSICAL THERAPY	1,149,876	47,628,785	0.024142	758,640	18,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,346,023	97,088,546	0.013864	1,031,293	14,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,143	1,532,358	0.0101897	27,177	2,769	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	184,841	136,813,143	0.001351	2,189,731	2,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,114,526	476,892,027	0.002337	5,044,850	11,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,429,847	721,753,580	0.001981	11,193,371	22,174	73.00
74.00	07400	RENAL DIALYSIS	728,758	14,973,516	0.048670	453,458	22,070	74.00
76.00	03140	CARDIO CATH LAB	693,444	127,913,611	0.005421	1,228,422	6,659	76.00
76.01	03050	ENDOSCOPY	21,963	43,634,836	0.000503	202,070	102	76.01
76.02	03950	CARDIAC REHAB	850,035	3,987,610	0.213169	53,480	11,400	76.02
76.03	03020	WOUND CARE	143,159	1,333,667	0.107342	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,831,554	8,923,702	0.205246	29,848	6,126	90.00
91.00	09100	EMERGENCY	2,029,887	190,269,825	0.010668	1,834,923	19,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,392,470	31,894,449	0.043659	160,898	7,025	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50 through 199)	28,279,755	3,334,886,116		47,691,274	362,499	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	854,292	0	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	55,835	0	
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	267,811	0	
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	14,678	0	
32.00	03200	CORONARY CARE UNIT	0	0	0	5,639	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	18,354	0	
200.00		Total (lines 30 through 199)	0	0	0	1,216,609	0	
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	854,292	77,919	10.96	3,041	
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	
31.02	02060	NEONATAL INTENSIVE CARE UNIT		55,835	4,466	12.50	0	
31.03	03101	CARDIO INTENSIVE CARE UNIT		267,811	21,421	12.50	281	
31.04	03102	BURN INTENSIVE CARE UNIT		14,678	1,174	12.50	799	
32.00	03200	CORONARY CARE UNIT		5,639	451	12.50	13	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	
43.00	04300	NURSERY		18,354	1,468	12.50	1,255	
200.00		Total (lines 30 through 199)		1,216,609	106,899		5,389	
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	33,329					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0					31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0					31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	3,513					31.03
31.04	03102	BURN INTENSIVE CARE UNIT	9,988					31.04
32.00	03200	CORONARY CARE UNIT	163					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	15,688					43.00
200.00		Total (lines 30 through 199)	62,681					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2022 9:19 pm

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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	54.01
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	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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	03140	CARDIO CATH LAB	0	0	0	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03020	WOUND CARE	0	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	102,379	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	102,379	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XIX		Hospital		
					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	567,342,402	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,455,141	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	74,275,235	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	169,460,651	0.000000	54.00	
54.01	05401	PET SCAN	0	0	0	6,347,019	0.000000	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	32,019,770	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	160,660,666	0.000000	57.00	
58.00	05800	MRI	0	0	0	0	0.000000	58.00	
60.00	06000	LABORATORY	0	0	0	294,792,121	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	111,893,456	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	47,628,785	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	97,088,546	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,532,358	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	136,813,143	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	476,892,027	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	721,753,580	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	14,973,516	0.000000	74.00	
76.00	03140	CARDIO CATH LAB	0	0	0	127,913,611	0.000000	76.00	
76.01	03050	ENDOSCOPY	0	0	0	43,634,836	0.000000	76.01	
76.02	03950	CARDIAC REHAB	0	0	0	3,987,610	0.000000	76.02	
76.03	03020	WOUND CARE	0	0	0	1,333,667	0.000000	76.03	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	8,923,702	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	190,269,825	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	102,379	102,379	31,894,449	0.003210	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00	
200.00		Total (lines 50 through 199)	0	102,379	102,379	3,334,886,116		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	7,122,771	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	1,584,970	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	976,323	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,823,346	0	0	0	54.00
54.01	05401 PET SCAN	0.000000	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	91,042	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,973,921	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	6,064,052	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,846,688	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	758,640	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,031,293	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	27,177	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,189,731	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,044,850	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	11,193,371	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	453,458	0	0	0	74.00
76.00	03140 CARDIO CATH LAB	0.000000	1,228,422	0	0	0	76.00
76.01	03050 ENDOSCOPY	0.000000	202,070	0	0	0	76.01
76.02	03950 CARDIAC REHAB	0.000000	53,480	0	0	0	76.02
76.03	03020 WOUND CARE	0.000000	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	29,848	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	1,834,923	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.003210	160,898	516	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		47,691,274	516	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/30/2022 9:19 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Hospital Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.113177	0	2,350,646	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.380565	0	12,851	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.011396	0	351,420	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.095036	0	1,240,407	0	0	54.00
54.01	05401 PET SCAN	0.117052	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0.070743	0	193,151	0	0	56.00
57.00	05700 CT SCAN	0.026128	0	1,845,482	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.104226	0	2,276,095	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.106560	0	97,844	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.192998	0	796,172	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.063094	0	644,360	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1.566154	0	14,310	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.057266	0	319,364	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134471	0	699,432	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.065386	0	8,745,869	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.439678	0	31,871	0	0	74.00
76.00	03140 CARDIO CATH LAB	0.062089	0	769,220	0	0	76.00
76.01	03050 ENDOSCOPY	0.006429	0	186,568	0	0	76.01
76.02	03950 CARDIAC REHAB	0.551697	0	14,784	0	0	76.02
76.03	03020 WOUND CARE	1.029595	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1.015434	0	238,617	0	0	90.00
91.00	09100 EMERGENCY	0.116284	0	4,389,930	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.318224	0	637,507	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.511521	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Subtotal (see instructions)		0	25,855,900	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	25,855,900	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/30/2022 9:19 pm
		Title XIX	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	266,039	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,891	0	52.00
53.00	05300 ANESTHESIOLOGY	4,005	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	117,883	0	54.00
54.01	05401 PET SCAN	0	0	54.01
56.00	05600 RADIOISOTOPE	13,664	0	56.00
57.00	05700 CT SCAN	48,219	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	237,228	0	60.00
65.00	06500 RESPIRATORY THERAPY	10,426	0	65.00
66.00	06600 PHYSICAL THERAPY	153,660	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	40,655	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	22,412	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,289	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	94,053	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	571,857	0	73.00
74.00	07400 RENAL DIALYSIS	14,013	0	74.00
76.00	03140 RADIO CATH LAB	47,760	0	76.00
76.01	03050 ENDOSCOPY	1,199	0	76.01
76.02	03950 CARDIAC REHAB	8,156	0	76.02
76.03	03020 WOUND CARE	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	242,300	0	90.00
91.00	09100 EMERGENCY	510,479	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	202,870	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	2,630,058	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	2,630,058	0	202.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:19 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		77,919	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,919	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)		68,581	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)		17,640	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
<b>SWING BED ADJUSTMENT</b>				
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)		84,690,653	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)		84,690,653	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		84,690,653	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,086.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,173,092	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)		19,173,092	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	8,089,693	4,466	1,811.40	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	46,007,422	21,421	2,147.77	5,428	11,658,096	43.03
43.04	BURN INTENSIVE CARE UNIT	4,653,128	1,174	3,963.48	117	463,727	43.04
44.00	CORONARY CARE UNIT	14,873,781	451	32,979.56	146	4,815,016	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)					47,725,853	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					83,835,784	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)					4,457,265	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,720,937	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,178,202	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					75,657,582	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)					9,338	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,086.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,149,566	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,619,119	84,690,653	0.137195	10,149,566	1,392,470	90.00
91.00	Nursing Program cost	0	84,690,653	0.000000	10,149,566	0	91.00
92.00	Allied health cost	854,292	84,690,653	0.010087	10,149,566	102,379	92.00
93.00	All other Medical Education	0	84,690,653	0.000000	10,149,566	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/30/2022 9:19 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		77,919	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,919	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)		68,581	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,041	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,468	15.00
16.00	Nursery days (title V or XIX only)		1,255	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		84,690,653	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)		84,690,653	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		84,690,653	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,086.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,305,293	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,305,293	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1	
			Title XIX		Hospital		PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		1,199,242	1,468	816.92	1,255	1,025,235	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT		8,089,693	4,466	1,811.40	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT		46,007,422	21,421	2,147.77	281	603,523	43.03
43.04	BURN INTENSIVE CARE UNIT		4,653,128	1,174	3,963.48	799	3,166,821	43.04
44.00	CORONARY CARE UNIT		14,873,781	451	32,979.56	13	428,734	44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
			1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						5,084,733	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						13,614,339	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)						960,800	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						363,015	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,323,815	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						12,290,524	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)						9,338	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,086.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						10,149,566	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,619,119	84,690,653	0.137195	10,149,566	1,392,470	90.00
91.00	Nursing Program cost	0	84,690,653	0.000000	10,149,566	0	91.00
92.00	Allied health cost	854,292	84,690,653	0.010087	10,149,566	102,379	92.00
93.00	All other Medical Education	0	84,690,653	0.000000	10,149,566	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		43,849,935	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		28,062,824	31.03
31.04	03102	BURN INTENSIVE CARE UNIT		1,077,678	31.04
32.00	03200	CORONARY CARE UNIT		735,592	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.113177	83,536,949	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.380565	34,344	52.00
53.00	05300	ANESTHESIOLOGY	0.011396	9,993,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.095036	17,859,679	54.00
54.01	05401	PET SCAN	0.117052	39,034	54.01
56.00	05600	RADIOISOTOPE	0.070743	1,501,216	56.00
57.00	05700	CT SCAN	0.026128	18,274,616	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.104226	46,152,652	60.00
65.00	06500	RESPIRATORY THERAPY	0.106560	24,960,049	65.00
66.00	06600	PHYSICAL THERAPY	0.192998	8,820,037	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063094	12,733,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.566154	246,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.057266	22,749,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134471	95,699,271	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.065386	87,054,709	73.00
74.00	07400	RENAL DIALYSIS	0.439678	4,471,138	74.00
76.00	03140	CARDIO CATH LAB	0.062089	15,308,696	76.00
76.01	03050	ENDOSCOPY	0.006429	2,810,985	76.01
76.02	03950	CARDIAC REHAB	0.551697	787,402	76.02
76.03	03020	WOUND CARE	1.029595	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.015434	52,846	90.00
91.00	09100	EMERGENCY	0.116284	14,072,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.318224	1,806,346	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		468,966,352	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)		468,966,352	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		5,096,450	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		1,880,782	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		3,646,230	31.03
31.04	03102	BURN INTENSIVE CARE UNIT		534,989	31.04
32.00	03200	CORONARY CARE UNIT		10,329	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		284,622	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.113177	7,122,771	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.380565	1,584,970	52.00
53.00	05300	ANESTHESIOLOGY	0.011396	976,323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.095036	1,823,346	54.00
54.01	05401	PET SCAN	0.117052	0	54.01
56.00	05600	RADIOISOTOPE	0.070743	91,042	56.00
57.00	05700	CT SCAN	0.026128	1,973,921	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.104226	6,064,052	60.00
65.00	06500	RESPIRATORY THERAPY	0.106560	3,846,688	65.00
66.00	06600	PHYSICAL THERAPY	0.192998	758,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063094	1,031,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.566154	27,177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.057266	2,189,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134471	5,044,850	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.065386	11,193,371	73.00
74.00	07400	RENAL DIALYSIS	0.439678	453,458	74.00
76.00	03140	CARDIO CATH LAB	0.062089	1,228,422	76.00
76.01	03050	ENDOSCOPY	0.006429	202,070	76.01
76.02	03950	CARDIAC REHAB	0.551697	53,480	76.02
76.03	03020	WOUND CARE	1.029595	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.015434	29,848	90.00
91.00	09100	EMERGENCY	0.116284	1,834,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.318224	160,898	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		47,691,274	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)		47,691,274	202.00



COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0017

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2022 9:19 pm

Cost Center Description		Heart	Hospital	PPS		
Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
0	1.00	2.00	3.00	4.00		
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,086.91	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	0.00	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,811.40	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	2,147.77	5	10,739 2.03
2.04	BURN INTENSIVE CARE UNIT	43.04	0	3,963.48	0	2.04
3.00	CORONARY CARE UNIT	44.00	0	32,979.56	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		5	10,739 7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.113177	898,369	101,675	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.380565	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.011396	70,580	804	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.095036	11,389	1,082	12.00
12.01	PET SCAN	54.01	0.117052	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.070743	0	0	14.00
15.00	CT SCAN	57.00	0.026128	48,336	1,263	15.00
16.00	MRI	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.104226	95,540	9,958	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.106560	56,706	6,043	23.00
24.00	PHYSICAL THERAPY	66.00	0.192998	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.063094	30,302	1,912	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	1.566154	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.057266	34,635	1,983	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.134471	9,411	1,266	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.065386	100,609	6,578	31.00
32.00	RENAL DIALYSIS	74.00	0.439678	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	CARDIO CATH LAB	76.00	0.062089	110,258	6,846	34.00
34.01	ENDOSCOPY	76.01	0.006429	0	0	34.01
34.02	CARDIAC REHAB	76.02	0.551697	0	0	34.02
34.03	WOUND CARE	76.03	1.029595	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	1.015434	0	0	37.00
38.00	EMERGENCY	91.00	0.116284	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.318224	7,177	2,284	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			1,473,312	141,694	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDI CARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0017 Component CCN:		Period: From 07/01/2021 To 06/30/2022		Worksheet D-4 Date/Time Prepared: 11/30/2022 9:19 pm	
Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	5	0	0	43.03
43.04	BURN INTENSIVE CARE UNIT	3.04	0.00	0	0	0	43.04
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	7,177	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		7,177		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	152,433		1,473,312			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,127,762		518,222			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,280,195		1,991,534			61.00
62.00	Total Usable Organs (see instructions)		12				62.00
63.00	Medicare Usable Organs (see instructions)		9				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.750000				64.00
65.00	Medicare Cost/Charges (see instructions)	1,710,146		1,493,651			65.00
66.00	Revenue for Organs Sold	34,586		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,675,560		1,493,651			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,675,560	0	1,493,651	0	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	5			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	7			73.00
74.00	Total (sum of lines 70 through 73)		0	12			74.00
75.00	Organs Transplanted		0	7	0	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	5	35,802	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Disarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	12	0	0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/30/2022 9: 19 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		13,583,387	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		39,551,981	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)		965,707	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,728,233	2.04
3.00	Managed Care Simulated Payments		59,477,276	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		369.03	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		10.13	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).		9.88	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)		20.01	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.67	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)		20.01	12.00
13.00	Total allowable FTE count for the prior year.		20.01	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.		18.22	14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.41	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		19.41	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.052597	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.054754	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.052597	21.00
22.00	IME payment adjustment (see instructions)		1,504,740	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,684,337	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		3.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.66	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)		1.66	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004498	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001201	27.00
28.00	IME add-on adjustment amount (see instructions)		63,816	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		71,432	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,568,556	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,755,769	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.53	31.00
32.00	Sum of lines 30 and 31		29.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.14	33.00
34.00	Disproportionate share adjustment (see instructions)		1,745,497	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/30/2022 9:19 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,650,271	1,883,350	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	415,959	1,408,642	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,824,601		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	61,967,962		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		63,723,731	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,336,212	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).		1,028,465	52.00
53.00	Nursing and Allied Health Managed Care payment		113,585	53.00
54.00	Special add-on payments for new technologies		298,107	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)		1,675,560	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).		264,472	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		5,798	58.00
59.00	Total (sum of amounts on lines 49 through 58)		72,445,930	59.00
60.00	Primary payer payments		73,255	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		72,372,675	61.00
62.00	Deductibles billed to program beneficiaries		4,203,576	62.00
63.00	Coinurance billed to program beneficiaries		287,460	63.00
64.00	Allowable bad debts (see instructions)		170,401	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		110,761	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		60,897	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		67,992,400	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		2	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	MSP PASS THROUGH RECONCILIATION		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)			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)		-137,058	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/30/2022 9:19 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		1.00	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)			67,855,340	71.00
71.01	Sequestration adjustment (see instructions)			169,638	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			66,740,686	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)			945,016	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			10,117,250	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2022 9:19 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,583,387	13,583,387		13,583,387	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,551,981		39,551,981	39,551,981	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	965,707	965,707		965,707	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,728,233		2,728,233	2,728,233	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	59,477,276	0	59,477,276	59,477,276	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.052597	0.052597	0.052597		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,504,740	384,668	1,120,072	1,504,740	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,684,337	0	1,684,337	1,684,337	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001201	0.001201	0.001201		7.00
8.00	IME adjustment (see instructions)	28.00	63,816	16,314	47,502	63,816	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	71,432	0	71,432	71,432	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,568,556	400,982	1,167,574	1,568,556	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,755,769	0	1,755,769	1,755,769	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1314	0.1314	0.1314		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,745,497	446,214	1,299,283	1,745,497	11.00
11.01	Uncompensated care payments	36.00	1,824,601	414,959	1,408,642	1,823,601	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	61,967,962	15,811,249	46,156,713	61,967,962	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	63,723,731	15,811,249	47,912,482	63,723,731	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,336,212	6,644,017	-1,307,805	5,336,212	16.00
17.00	Special add-on payments for new technologies	54.00	298,107	75,475	222,632	298,107	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	2	1	1	2	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			22,530,742	46,827,310	69,358,052	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0017

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/30/2022 9:19 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	4,025,614	5,117,476	-1,091,862	4,025,614	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	976,874	1,102,301	-125,427	976,874	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0224	0.0224	0.0224		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	90,174	114,632	-24,458	90,174	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0605	0.0605	0.0605		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	243,550	309,608	-66,058	243,550	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	5,336,212	6,644,017	-1,307,805	5,336,212	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-137,058	148,512	-285,570	-137,058	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	0	13,271	-13,271	0	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/30/2022 9:19 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		5,948	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,462,240	2.00
3.00	OPPS payments		19,581,022	3.00
4.00	Outlier payment (see instructions)		92,269	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		5,611	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,948	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		78,292	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)		78,292	14.00
<b>Customary charges</b>				
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)		78,292	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		72,344	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)		5,948	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)		19,678,902	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		60,490	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,107,647	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)		16,516,713	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		234,376	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)		16,751,089	30.00
31.00	Primary payer payments		3,401	31.00
32.00	Subtotal (line 30 minus line 31)		16,747,688	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		191,806	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		124,674	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		149,550	36.00
37.00	Subtotal (see instructions)		16,872,362	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-141	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)		16,872,503	40.00
40.01	Sequestration adjustment (see instructions)		42,181	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		16,950,239	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)		-119,917	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/30/2022 9:19 pm
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: 15-0017

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/30/2022 9:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		66,740,686		16,950,239	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		66,740,686		16,950,239	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		945,016		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		119,917	6.02	
7.00	Total Medicare program liability (see instructions)		67,685,702		16,830,322	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 11/30/2022 9:19 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2022 9:19 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			2,630,058	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	2,630,058	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	2,630,058	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		47,691,274	25,855,900	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		47,691,274	25,855,900	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		47,691,274	25,855,900	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		47,691,274	23,225,842	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	2,630,058	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		63,197	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		63,197	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		63,197	2,630,058	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		63,197	2,630,058	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		63,197	2,630,058	36.00
37.00	PPS PAYMENT METHODOLOGY ADJUSTMENT		-63,197	-2,630,058	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0017		Period: From 07/01/2021 To 06/30/2022		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 11/30/2022 9:19 pm	
						PPS	
						1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					8.57	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					17.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					21.69	6.00
7.00	Enter the lesser of line 5 or line 6					17.52	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.69	0.00	21.69			8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	17.52	0.00	17.52			9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00				10.01
11.00	Total weighted FTE count	17.52	0.00	17.52			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.52	0.00	17.52			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.52	0.00	17.52			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	17.52	0.00	17.52			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00			15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00			15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00			16.01
17.00	Adjusted rolling average FTE count	17.52	0.00	17.52			17.00
18.00	Per resident amount	116,211.73	111,582.77	227,794.50			18.00
19.00	Approved amount for resident costs	2,036,030	0	2,036,030			19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.70			20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.17			21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.70			22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			113,274.68			23.00
24.00	Multiply line 22 time line 23			419,116			24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,455,146			25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	23,331	13,553	13,552			26.00
27.00	Total Inpatient Days (see instructions)	96,337	96,337	96,337			27.00
28.00	Ratio of inpatient days to total inpatient days	0.242181	0.140683	0.140673			28.00
29.00	Program direct GME amount	594,590	345,397	345,373	1,285,360		29.00
29.01	Percent reduction for MA DGME		3.26	3.26			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		11,260	11,259	22,519		30.00
31.00	Net Program direct GME amount				1,262,841		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet E-4 Date/Time Prepared: 11/30/2022 9:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			14,973,516	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			83,835,784	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			1,675,560	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			73,255	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			85,438,089	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			19,473,799	42.00
43.00	Primary payer payments (see instructions)			3,401	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			19,470,398	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			104,908,487	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.814406	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.185594	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			1,262,841	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,028,465	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			234,376	50.00
		Y/N	Primary Care	Other	Total
		0	1.00	2.00	3.00
<b>E-4 Calculation - In accordance with the FY 2023 IPPS Final Rule.</b>					
109.00	Enter in column 0, "Y" or "N" to calculate line 9 in accordance the Federal Fiscal Year 2023 Final Rule for cost reporting periods beginning prior to 10/1/2021. (see instructions)	N	0.00	0.00	0.00
If line 109 column 0 is Y, you MUST open up the PY and Penultimate cost reports and answer line 109 column 0 "Y" and calculate, then input amounts from line 11 columns 1 & 2 to the CY lines 12 & 13 columns 1 & 2 respectively.					
122.00	Override of line 22 for cost reporting periods beginning prior to 10/1/2021. (see instructions)		0.00		122.00

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

Provider CCN: 15-0017

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

Worksheet G  
Date/Time Prepared:  
11/30/2022 9:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-6,795,735	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	143,049,465	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-40,013,684	0	0	0	6.00
7.00	Inventory	15,776,999	0	0	0	7.00
8.00	Prepaid expenses	5,711,759	0	0	0	8.00
9.00	Other current assets	1,991,425	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)	119,720,229	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	14,390,515	0	0	0	12.00
13.00	Land improvements	5,489,463	0	0	0	13.00
14.00	Accumulated depreciation	-2,995,896	0	0	0	14.00
15.00	Buildings	238,208,330	0	0	0	15.00
16.00	Accumulated depreciation	-70,902,460	0	0	0	16.00
17.00	Leasehold improvements	71,188,217	0	0	0	17.00
18.00	Accumulated depreciation	-27,417,634	0	0	0	18.00
19.00	Fixed equipment	14,429,147	0	0	0	19.00
20.00	Accumulated depreciation	-9,236,216	0	0	0	20.00
21.00	Automobiles and trucks	1,778,712	0	0	0	21.00
22.00	Accumulated depreciation	-1,628,856	0	0	0	22.00
23.00	Major movable equipment	110,015,142	0	0	0	23.00
24.00	Accumulated depreciation	-70,308,593	0	0	0	24.00
25.00	Minor equipment depreciable	33,021,687	0	0	0	25.00
26.00	Accumulated depreciation	-23,108,982	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)	282,922,576	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	26,327,121	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	26,327,121	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	428,969,926	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	19,658,713	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,825,726	0	0	0	38.00
39.00	Payroll taxes payable	1,462	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,899,675	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	-1,366,020,901	0	0	0	43.00
44.00	Other current liabilities	7,293,726	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-1,319,341,599	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	440,149	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,467,506	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,907,655	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-1,307,433,944	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,736,403,870				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,736,403,870	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	428,969,926	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0017

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

Worksheet G-1

Date/Time Prepared:  
11/30/2022 9:19 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,665,219,098		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		61,606,862			2.00
3.00	Total (sum of line 1 and line 2)		1,726,825,960		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,726,825,960		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		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)		1,726,825,960		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0017

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/30/2022 9:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	197,391,481		197,391,481	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				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)	197,391,481		197,391,481	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	18,362,580		18,362,580	11.02
11.03	CARDIO INTENSIVE CARE UNIT	93,781,311		93,781,311	11.03
11.04	BURN INTENSIVE CARE UNIT	12,230,155		12,230,155	11.04
12.00	CORONARY CARE UNIT	2,150,668		2,150,668	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)	126,524,714		126,524,714	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	323,916,195		323,916,195	17.00
18.00	Ancillary services	1,899,379,145	1,206,684,680	3,106,063,825	18.00
19.00	Outpatient services	77,110,396	153,977,671	231,088,067	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	54,639	13,815,121	13,869,760	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	IP CONTRACTED HOSPICE	372,205	0	372,205	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,300,832,580	1,374,477,472	3,675,310,052	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		555,868,358		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)		555,868,358		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0017

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

Worksheet G-3

Date/Time Prepared:  
11/30/2022 9:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,675,310,052	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,066,760,552	2.00
3.00	Net patient revenues (line 1 minus line 2)	608,549,500	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	555,868,358	4.00
5.00	Net income from service to patients (line 3 minus line 4)	52,681,142	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	8,925,720	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	8,925,720	25.00
26.00	Total (line 5 plus line 25)	61,606,862	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)	61,606,862	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0017	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 11/30/2022 9:19 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,025,614	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		976,874	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)		267.57	3.00
4.00	Number of interns & residents (see instructions)		21.07	4.00
5.00	Indirect medical education percentage (see instructions)		2.24	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)		90,174	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.53	8.00
9.00	Sum of lines 7 and 8		29.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.05	10.00
11.00	Disproportionate share adjustment (see instructions)		243,550	11.00
12.00	Total prospective capital payments (see instructions)		5,336,212	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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