

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 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 10/24/2024 1:46 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	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, "L" for low, or "N" for no.		
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: 03/01/2023 7. Contractor No. 08001	10. NPR Date: 10/24/2024 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 ST. JOSEPHS REG MED CENTER PLYMOUTH (15-0076) 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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	17,577	-518	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	0	0	6.00
200.00	TOTAL	0	17,577	-518	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 10/24/2024 1:46 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1915 LAKE AVENUE			PO Box: 670					1.00			
2.00	City: PLYMOUTH			State: IN		Zip Code: 46563		County: MARSHALL				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. JOSEPHS REG MED CENTER PLYMOUTH		150076	99915	1	07/01/1996	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)						1				21.00	
							1.00		2.00		3.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0076			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 10/24/2024 1:46 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.	94	118	0	1	1,108	30		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.					2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					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)					Y	Y		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00

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		V	XVIII	XIX	
		1.00	2.00	3.00	
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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

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

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		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		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		0		88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		N
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00

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		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. 1V, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through 1V? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01	
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 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 (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N		112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 10/24/2024 1:46 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	
		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
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.				123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				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	15H034	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: SAINT JOSEPH REG MEDICAL CTR	Contractor's Name: WISCONSIN PHYSICIANS SERVICE INSURAN	Contractor's Number: 08001		141.00
142.00	Street: 5215 HOLY CROSS PARKWAY	PO Box:			142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46545		143.00
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 10/24/2024 1:46 pm			
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								1.00	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	147.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	148.00
								N	149.00
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	161.00	
								1.00	
Multi campus									
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
		Beginning		Ending					
		1.00		2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
		1.00		2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 10/24/2024 1:46 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/01/2022	Y	10/01/2022		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 10/24/2024 1:46 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TRACY		WORKMAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOSEPH HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	574-335-4652		WORKMANT@SJPMC.COM	43.00

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

HFS Supplemental Information		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part IX Date/Time Prepared: 10/24/2024 1:46 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y	3.02
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0076

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

Worksheet S-3
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH/REH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,870	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)		38	13,870	0.00	0 7.00
8.00	INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0 8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0 11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY	43.00				0 13.00
14.00	Total (see instructions)		45	16,425	0.00	0 14.00
15.00	CAH visits					0 15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					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)		45			27.00
28.00	Observation Bed Days					0 28.00
29.00	Ambulance Trips					29.00
30.00	Employee discount days (see instruction)					30.00
31.00	Employee discount days - IRF					31.00
32.00	Labor & delivery days (see instructions)		0	0		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)					32.01
33.00	LTCH non-covered days					33.00
33.01	LTCH site neutral days and discharges					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0 34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0076

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

Worksheet S-3
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,407	213	4,478		1.00
2.00	HMO and other (see instructions)	1,542	850			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)	1,407	213	4,478		7.00
8.00	INTENSIVE CARE UNIT	472	0	1,161		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		258	393		13.00
14.00	Total (see instructions)	1,879	471	6,032	0.00	284.91
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					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)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	284.91
28.00	Observation Bed Days		250	928		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			84		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	30	61		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0076

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

Worksheet S-3
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	501	402	1,894	1.00
2.00	HMO and other (see instructions)			418	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
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)	100.00	0	501	402	1,894	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						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)	100.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0076

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

Worksheet S-3
Part II
Date/Time Prepared:
10/24/2024 1:46 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	21,456,523	199,032	21,655,555	592,641.00	36.54
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		20,860	0	20,860	149.00	140.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		116,613	0	116,613	1,866.00	62.49
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)		1,861,093	31,080	1,892,173	71,602.79	26.43
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,524,202	0	1,524,202	10,213.00	149.24
12.00	Contract Labor: Top level management and other management and administrative services		12,030	0	12,030	53.00	226.98
13.00	Contract Labor: Physician-Part A - Administrative		533,891	0	533,891	2,926.00	182.46
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		4,921,786	0	4,921,786	97,283.00	50.59
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		5,753,796	0	5,753,796		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		793,775	0	793,775		
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		1,652	0	1,652		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		20,686	0	20,686		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,117,940	0	1,117,940		
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: 15-0076

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

Worksheet S-3
Part II
Date/Time Prepared:
10/24/2024 1:46 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	-31,046	31,046	0	0.00	0.00	26.00
27.00	Administrative & General	3,362,490	-2,138,606	1,223,884	52,468.00	23.33	27.00
28.00	Administrative & General under contract (see inst.)	518,424	0	518,424	5,823.00	89.03	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	286,749	0	286,749	10,528.55	27.24	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	352,029	0	352,029	22,087.24	15.94	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	367,601	0	367,601	19,177.34	19.17	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	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	436,634	0	436,634	12,542.95	34.81	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	737,310	0	737,310	14,065.64	52.42	40.00
41.00	Medical Records & Medical Records Library	327,325	0	327,325	11,735.12	27.89	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0076

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

Worksheet S-3
Part III
Date/Time Prepared:
10/24/2024 1:46 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	21,858,334	199,032	22,057,366	596,598.00	36.97	1.00
2.00	Excluded area salaries (see instructions)	1,861,093	31,080	1,892,173	71,602.79	26.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	19,997,241	167,952	20,165,193	524,995.21	38.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,991,909	0	6,991,909	110,475.00	63.29	4.00
5.00	Subtotal wage-related costs (see inst.)	6,873,388	0	6,873,388	0.00	34.09	5.00
6.00	Total (sum of lines 3 thru 5)	33,862,538	167,952	34,030,490	635,470.21	53.55	6.00
7.00	Total overhead cost (see instructions)	6,357,516	-2,107,560	4,249,956	148,427.84	28.63	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	873,766	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)	249,222	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	116,628	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	2,426,941	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	816,009	9.00
10.00	Dental, Hearing and Vision Plan	102,758	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	24,697	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)	237,858	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	87,328	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,575,469	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	35,806	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	23,428	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,569,910	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 10/24/2024 1:46 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,536,232	6,609,793	1.00
2.00	Hospital	1,536,232	6,609,793	2.00
3.00	SUBPROVIDER - IPF			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 10/24/2024 1:46 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.232625	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,333,985	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		43,237,423	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,058,106	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	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,471,416	578,713	3,050,129	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	574,913	578,713	1,153,626	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	574,913	578,713	1,153,626	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,625,397		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		121,915		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		187,561		27.01
28.00	Non-Medicare bad debt expense (see instructions)		5,437,836		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,330,623		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,484,249		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,484,249		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0076

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

Worksheet A
Date/Time Prepared:
10/24/2024 1:46 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		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	1,472,938	1,472,938	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,048,961	2,048,961	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-31,046	190,315	159,269	-167,986	-8,717	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,362,490	18,839,222	22,201,712	-4,888,809	17,312,903	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	286,749	2,264,915	2,551,664	-429,032	2,122,632	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	182,320	182,320	-448	181,872	8.00
9.00	00900	HOUSEKEEPING	352,029	228,723	580,752	-1,161	579,591	9.00
10.00	01000	DIETARY	367,601	414,830	782,431	-20,801	761,630	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	436,634	270,874	707,508	-133,401	574,107	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	737,310	2,768,788	3,506,098	-2,664,000	842,098	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	327,325	86,581	413,906	911	414,817	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	-192,750	-192,750	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,015,329	2,002,240	5,017,569	585,307	5,602,876	30.00
31.00	03100	INTENSIVE CARE UNIT	801,136	737,574	1,538,710	464,331	2,003,041	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	527,899	527,899	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,202,349	3,656,457	5,858,806	-625,105	5,233,701	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	527,899	527,899	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,158,724	779,229	1,937,953	-273,032	1,664,921	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	412,938	715,101	1,128,039	-176,706	951,333	55.00
57.00	05700	CT SCAN	96,472	90,330	186,802	-31,808	154,994	57.00
59.00	05900	CARDIAC CATHETERIZATION	49,459	182,875	232,334	-136,579	95,755	59.00
60.00	06000	LABORATORY	1,799,394	2,348,910	4,148,304	-30,969	4,117,335	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	375,990	358,386	734,376	-16,450	717,926	65.00
65.01	06501	SLEEP LAB	432	23,754	24,186	-1,564	22,622	65.01
66.00	06600	PHYSICAL THERAPY	730,949	291,589	1,022,538	-12,077	1,010,461	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	411,210	301,620	712,830	-3,506	709,324	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	10,412	5,158	15,570	0	15,570	66.02
67.00	06700	OCCUPATIONAL THERAPY	137,035	30,898	167,933	-3,882	164,051	67.00
68.00	06800	SPEECH PATHOLOGY	71,166	14,432	85,598	0	85,598	68.00
69.00	06900	ELECTROCARDIOLOGY	194,758	75,483	270,241	-15,144	255,097	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-82,490	-82,490	82,490	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	467,930	467,930	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,933,645	2,933,645	73.00
76.97	07697	CARDIAC REHABILITATION	136,730	137,588	274,318	92,594	366,912	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	56,760	56,760	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	10,065	2,156	12,221	-22	12,199	90.01
90.02	09002	ATHLETIC TRAINERS	115,430	31,565	146,995	0	146,995	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	182,322	769,568	951,890	-185,713	766,177	90.04
91.00	09100	EMERGENCY	1,844,038	2,814,916	4,658,954	789,593	5,448,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,595,430	40,533,907	60,129,337	40,313	60,169,650	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,933	16,933	0	16,933	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	681,796	1,158,235	1,840,031	30,719	1,870,750	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	696,114	290,968	987,082	-2,416	984,666	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	0	0	192.02
192.03	19203	INTENSIVIST	0	0	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	389,245	107,110	496,355	-85	496,270	192.04
194.00	07950	PLYMOUTH MOB-4	0	128,921	128,921	-68,531	60,390	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	93,938	41,123	135,061	0	135,061	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	21,456,523	42,277,197	63,733,720	0	63,733,720	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0076

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

Worksheet A
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	632,258	2,105,196	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,048,961	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-51,367	-60,084	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,474,439	13,838,464	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,122,632	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	181,872	8.00
9.00	00900	HOUSEKEEPING	0	579,591	9.00
10.00	01000	DIETARY	-159,085	602,545	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	574,107	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-20,579	821,519	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9	414,808	16.00
17.00	01700	SOCIAL SERVICE	0	-192,750	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,602,876	30.00
31.00	03100	INTENSIVE CARE UNIT	-19,206	1,983,835	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
43.00	04300	NURSERY	0	527,899	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,317,426	3,916,275	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	527,899	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,664,921	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-423,312	528,021	55.00
57.00	05700	CT SCAN	0	154,994	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	95,755	59.00
60.00	06000	LABORATORY	-2,155	4,115,180	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-22,601	695,325	65.00
65.01	06501	SLEEP LAB	0	22,622	65.01
66.00	06600	PHYSICAL THERAPY	0	1,010,461	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	709,324	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	15,570	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	164,051	67.00
68.00	06800	SPEECH PATHOLOGY	0	85,598	68.00
69.00	06900	ELECTROCARDIOLOGY	0	255,097	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	467,930	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,933,645	73.00
76.97	07697	CARDIAC REHABILITATION	0	366,912	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	56,760	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	12,199	90.01
90.02	09002	ATHLETIC TRAINERS	-166,429	-19,434	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	90.03
90.04	09004	WOUND CARE	0	766,177	90.04
91.00	09100	EMERGENCY	-29,997	5,418,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,054,347	55,115,303	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,933	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	-962,726	908,024	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-225	984,441	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	192.01
192.02	19202	HOSPITALIST	0	0	192.02
192.03	19203	INTENSIVIST	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	-7	496,263	192.04
194.00	07950	PLYMOUTH MOB-4	0	60,390	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	135,061	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,017,305	57,716,415	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet Non-CMS W Date/Time Prepared: 10/24/2024 1:46 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING PROGRAM	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250		62.30
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	SLEEP LAB	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY - LI FEPLEX	06601		66.01
66.02	PHYSICAL THERAPY - CULVER MILITARY	06602		66.02
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LI THOTRI PSY	07699	LI THOTRI PSY	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT TREATMENT & INFUSION CTR	09001		90.01
90.02	ATHLETIC TRAINERS	09002		90.02
90.03	SAINT JOSEPH HEALTH CENTER	09003		90.03
90.04	WOUND CARE	09004		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	LI FEPLEX FITNESS FORUM	19001		190.01
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FOUNDATION ADMINISTRATION	19201		192.01
192.02	HOSPITALIST	19202		192.02
192.03	INTENSIVIST	19203		192.03
192.04	FOOT & ANKLE SPORTS MED PLY	19204		192.04
194.00	PLYMOUTH MOB-4	07950		194.00
194.01	COMMUNITY OUTREACH & PARTNERSHIP	07951		194.01
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NEGATIVE BALANCES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	31,046	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	82,490	2.00
	TOTALS		31,046	82,490	
B - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	467,930	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	467,930	
C - DRUGS CHARGED TO PATIENTS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	911	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,933,645	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
	TOTALS		0	2,934,556	
E - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,221,341	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
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
	TOTALS		0	1,221,341	
F - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,048,961	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
TOTALS			0	2,048,961	
I - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	319,038	208,861	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	319,038	208,861	2.00
TOTALS			638,076	417,722	
K - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	251,597	1.00
2.00		0.00	0	0	2.00
TOTALS			0	251,597	
N - HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	26,091	30,669	1.00
TOTALS			26,091	30,669	
O - COVID-19 DEPT RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,665,044	4,782	1.00
2.00	INTENSIVE CARE UNIT	31.00	481,528	1,383	2.00
TOTALS			2,146,572	6,165	
P - CONTR LABOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	203,719	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	76,700	2.00
3.00	EMERGENCY	91.00	0	1,436,146	3.00
4.00		0.00	0	0	4.00
TOTALS			0	1,716,565	
Q - FURLOUGH EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	39,012	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	25,860	0	2.00
3.00	CARDIAC REHABILITATION	76.97	103,080	0	3.00
4.00	LIFEPLEX FITNESS FORUM	190.01	31,080	0	4.00
			199,032	0	
500.00	Grand Total: Increases		3,040,817	9,177,996	500.00

RECLASSIFICATIONS

Provider CCN: 15-0076

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

Worksheet A-6
Date/Time Prepared:
10/24/2024 1:46 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NEGATIVE BALANCES							
1.00	ADMINISTRATIVE & GENERAL	5.00	31,046	82,490	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			31,046	82,490			
B - IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	200	0		1.00
2.00	OPERATING ROOM	50.00	0	348,476	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	3,381	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	0	1,461	0		4.00
5.00	WOUND CARE	90.04	0	114,388	0		5.00
6.00	EMERGENCY	91.00	0	24	0		6.00
TOTALS			0	467,930			
C - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	2,569,672	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	34,226	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	15,969	0		3.00
4.00	OPERATING ROOM	50.00	0	53,399	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	155,136	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,300	0		6.00
7.00	CT SCAN	57.00	0	24,388	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	964	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	768	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	1,332	0		10.00
11.00	OUTPATIENT TREATMENT & INFUSION CTR	90.01	0	22	0		11.00
12.00	WOUND CARE	90.04	0	4,744	0		12.00
13.00	EMERGENCY	91.00	0	72,636	0		13.00
TOTALS			0	2,934,556			
E - BUILDING DEPRECIATION							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	306,983	0		2.00
3.00	OPERATION OF PLANT	7.00	0	370,882	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,161	0		4.00
5.00	DIETARY	10.00	0	3,455	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	55,235	0		6.00
7.00	PHARMACY	15.00	0	825	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	17,395	0		8.00
9.00	OPERATING ROOM	50.00	0	40,208	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,929	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,731	0		11.00
12.00	LABORATORY	60.00	0	1,122	0		12.00
13.00	SLEEP LAB	65.01	0	408	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	4,774	0		14.00
15.00	WOUND CARE	90.04	0	9,821	0		15.00
16.00	EMERGENCY	91.00	0	325,169	0		16.00
17.00	LI FEPLEX FITNESS FORUM	190.01	0	361	0		17.00
18.00	PLYMOUTH MOB-4	194.00	0	59,882	0		18.00
TOTALS			0	1,221,341			
F - EQUIPMENT DEPRECIATION							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	831,258	0		2.00
3.00	OPERATION OF PLANT	7.00	0	47,181	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	448	0		4.00
5.00	DIETARY	10.00	0	17,346	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	78,166	0		6.00
7.00	PHARMACY	15.00	0	56,086	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	53,600	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	2,611	0		9.00
10.00	OPERATING ROOM	50.00	0	183,022	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	106,967	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	188,535	0		12.00
13.00	CT SCAN	57.00	0	7,420	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	132,234	0		14.00
15.00	LABORATORY	60.00	0	29,847	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	16,450	0		16.00
17.00	SLEEP LAB	65.01	0	1,156	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	6,535	0		18.00
19.00	PHYSICAL THERAPY - LI FEPLEX	66.01	0	3,506	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	3,882	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	12,351	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	10,486	0		22.00
23.00	EMERGENCY	91.00	0	248,724	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,416	0		24.00
25.00	FOOT & ANKLE SPORTS MED PLY	192.04	0	85	0		25.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	PLYMOUTH MOB-4	194.00	0	8,649	0		26.00
	TOTALS		0	2,048,961			
I - NURSERY AND LABOR/DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	638,076	417,722	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		638,076	417,722			
K - INTEREST EXPENSE							
1.00		0.00	0	0	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	251,597	0		2.00
	TOTALS		0	251,597			
N - HYPERBARIC OXYGEN							
1.00	WOUND CARE	90.04	26,091	30,669	0		1.00
	TOTALS		26,091	30,669			
O - COVID-19 DEPT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	2,146,572	6,165	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,146,572	6,165			
P - CONTR LABOR RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,475,429	0		1.00
2.00	OPERATION OF PLANT	7.00	0	10,969	0		2.00
3.00	PHARMACY	15.00	0	37,417	0		3.00
4.00	SOCIAL SERVICE	17.00	0	192,750	0		4.00
	TOTALS		0	1,716,565			
Q - FURLOUGH EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	199,032	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
			0	199,032			
500.00	Grand Total: Decreases		2,841,785	9,377,028			500.00

RECLASSIFICATIONS

Provider CCN: 15-0076

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
10/24/2024 1:46 pm

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - NEGATIVE BALANCES									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	31,046	0	ADMINISTRATIVE & GENERAL	5.00	31,046	82,490	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	82,490		0.00	0	0	2.00
	TOTALS		31,046	82,490	TOTALS		31,046	82,490	
B - IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	467,930	ADULTS & PEDIATRICS	30.00	0	200	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	348,476	2.00
3.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	3,381	3.00
4.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,461	4.00
5.00		0.00	0	0	WOUND CARE	90.04	0	114,388	5.00
6.00		0.00	0	0	EMERGENCY	91.00	0	24	6.00
	TOTALS		0	467,930	TOTALS		0	467,930	
C - DRUGS CHARGED TO PATIENTS									
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	911	PHARMACY	15.00	0	2,569,672	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,933,645	ADULTS & PEDIATRICS	30.00	0	34,226	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	15,969	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	53,399	4.00
5.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	155,136	5.00
6.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,300	6.00
7.00		0.00	0	0	CT SCAN	57.00	0	24,388	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	964	8.00
9.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	768	9.00
10.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,332	10.00
11.00		0.00	0	0	OUTPATIENT TREATMENT & INFUSION CTR	90.01	0	22	11.00
12.00		0.00	0	0	WOUND CARE	90.04	0	4,744	12.00
13.00		0.00	0	0	EMERGENCY	91.00	0	72,636	13.00
	TOTALS		0	2,934,556	TOTALS		0	2,934,556	
E - BUILDING DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,221,341		0.00	0	0	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	306,983	2.00
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	370,882	3.00
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	1,161	4.00
5.00		0.00	0	0	DIETARY	10.00	0	3,455	5.00
6.00		0.00	0	0	NURSING	13.00	0	55,235	6.00
7.00		0.00	0	0	ADMINISTRATION	15.00	0	825	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	17,395	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	40,208	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	10,929	10.00
11.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	12,731	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	1,122	12.00
13.00		0.00	0	0	SLEEP LAB	65.01	0	408	13.00
14.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	4,774	14.00
15.00		0.00	0	0	WOUND CARE	90.04	0	9,821	15.00
16.00		0.00	0	0	EMERGENCY	91.00	0	325,169	16.00
17.00		0.00	0	0	LIFEPLEX FITNESS FORUM	190.01	0	361	17.00
18.00		0.00	0	0	PLYMOUTH MOB-4	194.00	0	59,882	18.00
	TOTALS		0	1,221,341	TOTALS		0	1,221,341	
F - EQUIPMENT DEPRECIATION									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,048,961		0.00	0	0	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	831,258	2.00
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	47,181	3.00
4.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	448	4.00
5.00		0.00	0	0	DIETARY	10.00	0	17,346	5.00
6.00		0.00	0	0	NURSING	13.00	0	78,166	6.00
7.00		0.00	0	0	ADMINISTRATION	15.00	0	56,086	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	53,600	8.00
9.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	2,611	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	183,022	10.00

RECLASSIFICATIONS

Provider CCN: 15-0076

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
10/24/2024 1:46 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
11.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	106,967	11.00
12.00		0.00	0		0 RADIOLOGY-THERAPEUTIC	55.00	0	188,535	12.00
13.00		0.00	0		0 CT SCAN	57.00	0	7,420	13.00
14.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	132,234	14.00
15.00		0.00	0		0 LABORATORY	60.00	0	29,847	15.00
16.00		0.00	0		0 RESPIRATORY THERAPY	65.00	0	16,450	16.00
17.00		0.00	0		0 SLEEP LAB	65.01	0	1,156	17.00
18.00		0.00	0		0 PHYSICAL THERAPY	66.00	0	6,535	18.00
19.00		0.00	0		0 PHYSICAL THERAPY - LI FEPLEX	66.01	0	3,506	19.00
20.00		0.00	0		0 OCCUPATIONAL THERAPY	67.00	0	3,882	20.00
21.00		0.00	0		0 ELECTROCARDIOLOGY	69.00	0	12,351	21.00
22.00		0.00	0		0 CARDIAC REHABILITATION	76.97	0	10,486	22.00
23.00		0.00	0		0 EMERGENCY	91.00	0	248,724	23.00
24.00		0.00	0		0 PHYSICIANS' PRIVATE OFFICES	192.00	0	2,416	24.00
25.00		0.00	0		0 FOOT & ANKLE SPORTS MED PLY	192.04	0	85	25.00
26.00		0.00	0		0 PLYMOUTH MOB-4	194.00	0	8,649	26.00
	TOTALS		0	2,048,961	TOTALS		0	2,048,961	
I - NURSERY AND LABOR/DELIVERY									
1.00	NURSERY	43.00	319,038	208,861	ADULTS & PEDIATRICS	30.00	638,076	417,722	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	319,038	208,861		0.00	0	0	2.00
	TOTALS		638,076	417,722	TOTALS		638,076	417,722	
K - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	251,597		0.00	0	0	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	251,597	2.00
	TOTALS		0	251,597	TOTALS		0	251,597	
N - HYPERBARIC OXYGEN									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	26,091	30,669	WOUND CARE	90.04	26,091	30,669	1.00
	TOTALS		26,091	30,669	TOTALS		26,091	30,669	
O - COVID-19 DEPT RECLASS									
1.00	ADULTS & PEDIATRICS	30.00	1,665,044	4,782	ADMINISTRATIVE & GENERAL	5.00	2,146,572	6,165	1.00
2.00	INTENSIVE CARE UNIT	31.00	481,528	1,383		0.00	0	0	2.00
	TOTALS		2,146,572	6,165	TOTALS		2,146,572	6,165	
P - CONTR LABOR RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	203,719	ADMINISTRATIVE & GENERAL	5.00	0	1,475,429	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	76,700	OPERATION OF PLANT	7.00	0	10,969	2.00
3.00	EMERGENCY	91.00	0	1,436,146	PHARMACY	15.00	0	37,417	3.00
4.00		0.00	0	0	SOCIAL SERVICE	17.00	0	192,750	4.00
	TOTALS		0	1,716,565	TOTALS		0	1,716,565	
Q - FURLOUGH EXPENSE									
1.00	ADMINISTRATIVE & GENERAL	5.00	39,012	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	199,032	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	25,860	0		0.00	0	0	2.00
3.00	CARDIAC REHABILITATION	76.97	103,080	0		0.00	0	0	3.00
4.00	LI FEPLEX FITNESS FORUM	190.01	31,080	0		0.00	0	0	4.00
			199,032	0			0	199,032	
500.00	Grand Total: Increases		3,040,817	9,177,996	Grand Total: Decreases		2,841,785	9,377,028	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0076

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

Worksheet A-7
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	477,930	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	2.00	
3.00	Buildings and Fixtures	45,077,670	9,130	0	9,130	3.00	
4.00	Building Improvements	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	28,015,433	34,802	0	34,802	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	73,571,033	43,932	0	43,932	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	73,571,033	43,932	0	43,932	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	477,930	0			1.00	
2.00	Land Improvements	0	0			2.00	
3.00	Buildings and Fixtures	45,086,800	17,994,770			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	28,050,235	17,876,305			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	73,614,965	35,871,075			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	73,614,965	35,871,075			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0076

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

Worksheet A-7
Part II
Date/Time Prepared:
10/24/2024 1:46 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0076

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

Worksheet A-7
Part III
Date/Time Prepared:
10/24/2024 1:46 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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,105,196	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,048,961	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,154,157	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,105,196	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,048,961	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	4,154,157	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-251,597	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,671,484			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	924,664			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-159,085	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-20,579	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	0	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0	0		0.00	0 33.00
33.01	OTHER OPERATING REV - RESPIRATORY CA	B	-22,601	0	RESPIRATORY THERAPY	65.00	0 33.01
33.02	OTHER OPERATING REV - RADIATION ONCO	B	-147,339	0	RADIOLOGY-THERAPEUTIC	55.00	0 33.02
33.03	OTHER OPERATING REV - PHYSICAL THERA	B	0	0	PHYSICAL THERAPY	66.00	0 33.03
33.04	OTHER OPERATING REV - ATHLETIC TRAIN	B	-166,429	0	ATHLETIC TRAINERS	90.02	0 33.04
33.05	OTHER OPERATING REV - HOUSEKEEPING	B	0	0	HOUSEKEEPING	9.00	0 33.05
33.06	OTHER OPERATING REV - ADMINISTRATION	B	-14,180	0	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07	OTHER OPERATING REV - VENDING	B	0	0	DIETARY	10.00	0 33.07
33.08	OTHER REVENUE	B	0	0	LABORATORY	60.00	0 33.08
33.09	OTHER REVENUE	B	0	0	RESPIRATORY THERAPY	65.00	0 33.09
33.10	OTHER OPERATING REV - SAINT JOSEPH H	B	0	0	SAINT JOSEPH HEALTH CENTER	90.03	0 33.10
33.11	OTHER OPERATING REV - FOOT & ANKLES	B	-7	0	FOOT & ANKLE SPORTS MED PLY	192.04	0 33.11
33.12	OTHER OPERATING REVENUE - CARDIAC RE	B	0	0	CARDIAC REHABILITATION	76.97	0 33.12
33.14	OTHER REVENUE - LIFEPLEX	B	-962,726	0	LIFEPLEX FITNESS FORUM	190.01	0 33.14
33.15	OTHER REVENUE - LAB	B	-870	0	LABORATORY	60.00	0 33.15
33.16	OTHER REVENUE - MED RECORDS AND HIM	B	-9	9	MEDICAL RECORDS & LIBRARY	16.00	9 33.16
33.17	OTHER OPERATING REV - PHYSICIAN OFFI	B	-225	0	PHYSICIANS' PRIVATE OFFICES	192.00	0 33.17
34.00	PROVIDER TAX	A	0	0	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.10	PROVIDER TAX	A	-3,513,640	0	ADMINISTRATIVE & GENERAL	5.00	0 34.10
35.00	DONATIONS	A	-6,680	0	ADMINISTRATIVE & GENERAL	5.00	0 35.00
35.10	PROPERTY TAX	A	-4,518	0	ADMINISTRATIVE & GENERAL	5.00	0 35.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,017,305				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: 15-0076

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

Worksheet A-8-1

Date/Time Prepared:
10/24/2024 1:46 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HO NON CAPITAL COSTS	8,552,840	8,162,394 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMP	65,467	82,303 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	39,762	116,269 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	PENSION	39,927	64,937 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	RETIREE HEALTH COSTS	0	179,917 3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	HO CAPITAL COSTS	883,855	0 3.03
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS	0	51,367 3.04
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,581,851	8,657,187 5.00

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

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

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

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

6.00	G		100.00	TRINITY HEALTH	100.00	6.00
7.00	G		100.00	SJRCM - INC	100.00	7.00
8.00	G	SJRCM - SB	100.00		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:			FINANCIAL		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: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet A-8-1 Date/Time Prepared: 10/24/2024 1:46 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	390,446	0		1.00
2.00	-16,836	0		2.00
3.00	-76,507	0		3.00
3.01	-25,010	0		3.01
3.02	-179,917	0		3.02
3.03	883,855	9		3.03
3.04	-51,367	0		3.04
4.00	0	0		4.00
5.00	924,664			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	HO OF PARENT CO		6.00
7.00	PARENT COMPANY		7.00
8.00	HOSPITAL		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: 15-0076

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

Worksheet A-8-2

Date/Time Prepared:
10/24/2024 1:46 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	31.00	INTENSIVE CARE UNIT	35,041	101	34,940	179,000	184	1.00
2.00	50.00	OPERATING ROOM	1,317,426	1,317,426	0	246,400	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	-21,120	0	-21,120	271,900	96	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	277,178	275,728	1,450	179,000	14	4.00
5.00	60.00	LABORATORY	7,417	0	7,417	260,300	49	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	74,145	-8,000	82,145	179,000	513	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	27,597	27,597	0	179,000	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,717,684	1,612,852	104,832		856	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	31.00	INTENSIVE CARE UNIT	15,835	792	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	12,549	627	0	0	0	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	1,205	60	0	0	0	4.00
5.00	60.00	LABORATORY	6,132	307	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	44,148	2,207	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			79,869	3,993	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	31.00	INTENSIVE CARE UNIT	0	15,835	19,105	19,206		1.00
2.00	50.00	OPERATING ROOM	0	0	0	1,317,426		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	12,549	0	0		3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	0	1,205	245	275,973		4.00
5.00	60.00	LABORATORY	0	6,132	1,285	1,285		5.00
6.00	0.00		0	0	0	0		6.00
7.00	91.00	EMERGENCY	0	44,148	37,997	29,997		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	27,597		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	79,869	58,632	1,671,484		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

Worksheet B Part I Date/Time Prepared: 10/24/2024 1:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	2,105,196	2,105,196				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	2,048,961		2,048,961			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	-60,084	0	0	-60,084		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	13,838,464	236,320	230,007	0	14,304,791	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	2,122,632	446,943	435,003	0	3,004,578	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	181,872	8,002	7,789	0	197,663	8.00
9.00 00900 HOUSEKEEPING	579,591	3,961	3,856	0	587,408	9.00
10.00 01000 DIETARY	602,545	27,689	26,950	0	657,184	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	574,107	0	0	0	574,107	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 01500 PHARMACY	821,519	16,387	15,949	0	853,855	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	414,808	33,196	32,309	0	480,313	16.00
17.00 01700 SOCIAL SERVICE	-192,750	0	0	0	-192,750	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
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 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,602,876	256,007	249,168	0	6,108,051	30.00
31.00 03100 INTENSIVE CARE UNIT	1,983,835	49,094	47,783	0	2,080,712	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00 04300 NURSERY	527,899	0	0	0	527,899	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,916,275	254,185	247,395	0	4,417,855	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	527,899	0	0	0	527,899	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,664,921	95,917	93,354	0	1,854,192	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	528,021	119,500	116,308	0	763,829	55.00
57.00 05700 CT SCAN	154,994	5,532	5,384	0	165,910	57.00
59.00 05900 CARDIAC CATHETERIZATION	95,755	28,033	27,284	0	151,072	59.00
60.00 06000 LABORATORY	4,115,180	57,387	55,854	0	4,228,421	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	695,325	43,799	42,629	0	781,753	65.00
65.01 06501 SLEEP LAB	22,622	0	0	0	22,622	65.01
66.00 06600 PHYSICAL THERAPY	1,010,461	77,206	75,144	0	1,162,811	66.00
66.01 06601 PHYSICAL THERAPY - LIFFELEX	709,324	0	0	0	709,324	66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	15,570	0	0	0	15,570	66.02
67.00 06700 OCCUPATIONAL THERAPY	164,051	0	0	0	164,051	67.00
68.00 06800 SPEECH PATHOLOGY	85,598	0	0	0	85,598	68.00
69.00 06900 ELECTROCARDIOLOGY	255,097	0	0	0	255,097	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	467,930	0	0	0	467,930	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,933,645	0	0	0	2,933,645	73.00
76.97 07697 CARDIAC REHABILITATION	366,912	0	0	0	366,912	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	56,760	7,170	6,979	0	70,909	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	12,199	0	0	0	12,199	90.01
90.02 09002 ATHLETIC TRAINERS	-19,434	0	0	0	-19,434	90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04 09004 WOUND CARE	766,177	34,107	33,196	0	833,480	90.04
91.00 09100 EMERGENCY	5,418,550	108,371	105,476	0	5,632,397	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	55,115,303	1,908,806	1,857,817	0	54,787,853	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,933	2,509	2,442	0	21,884	190.00
190.01 19001 LIFFELEX FITNESS FORUM	908,024	0	0	0	908,024	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	984,441	193,881	188,702	0	1,367,024	192.00
192.01 19201 FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02 19202 HOSPITALIST	0	0	0	0	0	192.02
192.03 19203 INTENSIVIST	0	0	0	0	0	192.03
192.04 19204 FOOT & ANKLE SPORTS MED PLY	496,263	0	0	0	496,263	192.04
194.00 07950 PLYMOUTH MOB-4	60,390	0	0	0	60,390	194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP	135,061	0	0	0	135,061	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

Worksheet B
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	-60,084		-60,084 201.00
202.00 TOTAL (sum lines 118 through 201)	57,716,415	2,105,196	2,048,961	-60,084	57,716,415	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

Worksheet B
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,304,791					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	983,882	0	3,988,460			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,727	0	22,446	284,836		8.00
9.00	00900	HOUSEKEEPING	192,353	0	11,111	0	790,872	9.00
10.00	01000	DIETARY	215,202	0	77,668	22	15,531	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	187,998	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	279,604	0	45,965	0	9,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	157,284	0	93,112	0	18,620	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,000,171	0	718,087	15,416	143,599	30.00
31.00	03100	INTENSIVE CARE UNIT	681,352	0	137,707	7,624	27,538	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	172,866	0	0	842	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,446,675	0	712,978	42,895	142,576	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,866	0	0	1,721	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	607,176	0	269,042	25,007	53,801	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	250,124	0	335,192	9,627	67,029	55.00
57.00	05700	CT SCAN	54,329	0	15,518	40,695	3,103	57.00
59.00	05900	CARDIAC CATHETERIZATION	49,470	0	78,632	1,694	15,724	59.00
60.00	06000	LABORATORY	1,384,643	0	160,968	56,230	32,189	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	255,994	0	122,854	3,304	24,567	65.00
65.01	06501	SLEEP LAB	7,408	0	0	449	0	65.01
66.00	06600	PHYSICAL THERAPY	380,775	0	216,560	3,848	43,306	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	232,276	0	0	4,250	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	5,099	0	0	67	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	53,720	0	0	997	0	67.00
68.00	06800	SPEECH PATHOLOGY	28,030	0	0	274	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83,534	0	0	9,197	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	153,229	0	0	2,330	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	960,654	0	0	22,176	0	73.00
76.97	07697	CARDIAC REHABILITATION	120,149	0	0	756	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,220	0	20,112	906	4,022	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	3,995	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	272,932	0	95,669	2,920	19,131	90.04
91.00	09100	EMERGENCY	1,844,390	0	303,975	27,134	60,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,326,127	0	3,437,596	280,381	680,715	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,166	0	7,037	0	1,407	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	297,342	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	447,647	0	543,827	843	108,750	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	2,083	0	192.02
192.03	19203	INTENSIVIST	0	0	0	550	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	162,507	0	0	979	0	192.04
194.00	07950	PLYMOUTH MOB-4	19,775	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	44,227	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,304,791	0	3,988,460	284,836	790,872	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part I Date/Time Prepared: 10/24/2024 1:46 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	965,607					10.00
11.00	01100	CAFETERIA	0	0				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	762,105		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	22,362	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	18,959	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	727,119	0	0	104,294	0	30.00
31.00	03100	INTENSIVE CARE UNIT	154,867	0	0	37,769	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	10,545	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,091	0	0	87,878	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,545	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	45,659	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,472	0	55.00
57.00	05700	CT SCAN	0	0	0	4,712	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,468	0	59.00
60.00	06000	LABORATORY	0	0	0	104,779	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,481	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	34,665	0	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	0	0	16,790	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	374	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,413	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,945	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,788	0	69.00
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,824	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,047	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	449	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	8,077	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	0	0	6,320	0	90.04
91.00	09100	EMERGENCY	8,530	0	0	77,183	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	965,607	0	0	644,798	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	0	0	0	67,273	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	31,112	0	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	0	0	192.02
192.03	19203	INTENSIVIST	0	0	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	0	0	12,116	0	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	6,806	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	965,607	0	0	762,105	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

Worksheet B
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,210,978					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	768,288				16.00
17.00	01700	SOCIAL SERVICE	0	0	-192,750			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3	41,571	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,559	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	2,271	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	115,670	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,640	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,433	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,960	0	0	0	55.00
57.00	05700	CT SCAN	0	109,736	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,569	0	0	0	59.00
60.00	06000	LABORATORY	0	151,895	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	8,909	0	0	0	65.00
65.01	06501	SLEEP LAB	0	1,210	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	10,377	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	11,460	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	181	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,687	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	740	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,801	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,284	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,204,563	59,800	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	2,037	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,443	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	7,874	0	0	0	90.04
91.00	09100	EMERGENCY	115	73,168	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,204,681	756,275	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	5	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,181	2,274	0	0	0	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	5,616	0	0	0	192.02
192.03	19203	INTENSIVIST	0	1,484	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	3,111	2,639	0	0	0	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	-192,750	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,210,978	768,288	-192,750	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

Worksheet B
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING PROGRAM					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	9,858,311	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	3,148,128	0 31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
43.00 04300 NURSERY	0	0	0	714,423	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	7,041,618	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	717,671	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	2,922,310	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	1,466,233	0 55.00
57.00 05700 CT SCAN	0	0	0	394,003	0 57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	303,629	0 59.00
60.00 06000 LABORATORY	0	0	0	6,119,125	0 60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	1,212,862	0 65.00
65.01 06501 SLEEP LAB	0	0	0	31,689	0 65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	1,852,342	0 66.00
66.01 06601 PHYSICAL THERAPY - LIFFLEX	0	0	0	974,100	0 66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	21,291	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	225,868	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	116,587	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	381,417	0 69.00
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	629,773	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,180,838	0 73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	494,678	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	122,659	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	16,643	0 90.01
90.02 09002 ATHLETIC TRAINERS	0	0	0	-11,357	0 90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0 90.03
90.04 09004 WOUND CARE	0	0	0	1,238,326	0 90.04
91.00 09100 EMERGENCY	0	0	0	8,027,679	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	53,200,846	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	37,494	0 190.00
190.01 19001 LIFFLEX FITNESS FORUM	0	0	0	1,272,644	0 190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	2,504,658	0 192.00
192.01 19201 FOUNDATION ADMINISTRATION	0	0	0	0	0 192.01
192.02 19202 HOSPITALIST	0	0	0	7,699	0 192.02
192.03 19203 INTENSIVIST	0	0	0	2,034	0 192.03
192.04 19204 FOOT & ANKLE SPORTS MED PLY	0	0	0	677,615	0 192.04
194.00 07950 PLYMOUTH MOB-4	0	0	0	80,165	0 194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	186,094	0 194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0076

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

Worksheet B
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00					23.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	-252,834	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	0	57,716,415	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 10/24/2024 1:46 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
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	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	9,858,311	30.00
31.00	03100	INTENSIVE CARE UNIT	3,148,128	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
43.00	04300	NURSERY	714,423	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	7,041,618	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	717,671	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,922,310	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,466,233	55.00
57.00	05700	CT SCAN	394,003	57.00
59.00	05900	CARDIAC CATHETERIZATION	303,629	59.00
60.00	06000	LABORATORY	6,119,125	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,212,862	65.00
65.01	06501	SLEEP LAB	31,689	65.01
66.00	06600	PHYSICAL THERAPY	1,852,342	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	974,100	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	21,291	66.02
67.00	06700	OCCUPATIONAL THERAPY	225,868	67.00
68.00	06800	SPEECH PATHOLOGY	116,587	68.00
69.00	06900	ELECTROCARDIOLOGY	381,417	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	629,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,180,838	73.00
76.97	07697	CARDIAC REHABILITATION	494,678	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	122,659	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	16,643	90.01
90.02	09002	ATHLETIC TRAINERS	-11,357	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	90.03
90.04	09004	WOUND CARE	1,238,326	90.04
91.00	09100	EMERGENCY	8,027,679	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,200,846	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,494	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	1,272,644	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,504,658	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	192.01
192.02	19202	HOSPITALIST	7,699	192.02
192.03	19203	INTENSIVIST	2,034	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	677,615	192.04
194.00	07950	PLYMOUTH MOB-4	80,165	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	186,094	194.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-252,834	201.00
202.00		TOTAL (sum lines 118 through 201)	57,716,415	202.00

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	3	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	GROSS REVE NUE	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	MEALS SERVED	10.00
11.00	CAFETERIA	6	MEALS SERVED	11.00
12.00	MAINTENANCE OF PERSONNEL	7	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	8	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	COSTED REQUIS.	14.00
15.00	PHARMACY	10	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	11	GROSS REVE NUE	16.00
17.00	SOCIAL SERVICE	12	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	13	ASSIGNED TIME	19.00
20.00	NURSING PROGRAM	14	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	15	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	16	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	17	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0076

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

Worksheet B
Part II
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	2.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	236,320	230,007	466,327 0 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	446,943	435,003	881,946 0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	8,002	7,789	15,791 0 8.00
9.00 00900	HOUSEKEEPING	0	3,961	3,856	7,817 0 9.00
10.00 01000	DIETARY	0	27,689	26,950	54,639 0 10.00
11.00 01100	CAFETERIA	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0 14.00
15.00 01500	PHARMACY	0	16,387	15,949	32,336 0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	33,196	32,309	65,505 0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	256,007	249,168	505,175 0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	49,094	47,783	96,877 0 31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0 34.00
43.00 04300	NURSERY	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	254,185	247,395	501,580 0 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	95,917	93,354	189,271 0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	119,500	116,308	235,808 0 55.00
57.00 05700	CT SCAN	0	5,532	5,384	10,916 0 57.00
59.00 05900	CARDIAC CATHETERIZATION	0	28,033	27,284	55,317 0 59.00
60.00 06000	LABORATORY	0	57,387	55,854	113,241 0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	43,799	42,629	86,428 0 65.00
65.01 06501	SLEEP LAB	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	77,206	75,144	152,350 0 66.00
66.01 06601	PHYSICAL THERAPY - LI FEPLEX	0	0	0	0 66.01
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0 73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	7,170	6,979	14,149 0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0 90.01
90.02 09002	ATHLETIC TRAINERS	0	0	0	0 90.02
90.03 09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0 90.03
90.04 09004	WOUND CARE	0	34,107	33,196	67,303 0 90.04
91.00 09100	EMERGENCY	0	108,371	105,476	213,847 0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	1,908,806	1,857,817	3,766,623 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,509	2,442	4,951 0 190.00
190.01 19001	LI FEPLEX FITNESS FORUM	0	0	0	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	193,881	188,702	382,583 0 192.00
192.01 19201	FOUNDATION ADMINISTRATION	0	0	0	0 192.01
192.02 19202	HOSPITALIST	0	0	0	0 192.02
192.03 19203	INTENSIVIST	0	0	0	0 192.03
192.04 19204	FOOT & ANKLE SPORTS MED PLY	0	0	0	0 192.04
194.00 07950	PLYMOUTH MOB-4	0	0	0	0 194.00
194.01 07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0 194.01
200.00	Cross Foot Adjustments				0 200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0076

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

Worksheet B
Part II
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	2,105,196	2,048,961	4,154,157	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 10/24/2024 1:46 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	466,327				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	32,074	0	914,020		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,110	0	5,144	23,045	8.00
9.00	00900	HOUSEKEEPING	6,271	0	2,546	0	16,634
10.00	01000	DIETARY	7,015	0	17,799	2	327
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,129	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	9,115	0	10,534	0	193
16.00	01600	MEDICAL RECORDS & LIBRARY	5,127	0	21,338	0	392
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	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	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,205	0	164,561	1,245	3,019
31.00	03100	INTENSIVE CARE UNIT	22,212	0	31,558	616	579
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	5,635	0	0	68	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,161	0	163,390	3,464	2,999
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,635	0	0	139	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,793	0	61,655	2,019	1,132
55.00	05500	RADIOLOGY-THERAPEUTIC	8,154	0	76,815	777	1,410
57.00	05700	CT SCAN	1,771	0	3,556	3,286	65
59.00	05900	CARDIAC CATHETERIZATION	1,613	0	18,020	137	331
60.00	06000	LABORATORY	45,138	0	36,888	4,586	677
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,345	0	28,154	267	517
65.01	06501	SLEEP LAB	241	0	0	36	0
66.00	06600	PHYSICAL THERAPY	12,413	0	49,628	311	911
66.01	06601	PHYSICAL THERAPY - LIFFLEX	7,572	0	0	343	0
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	166	0	0	5	0
67.00	06700	OCCUPATIONAL THERAPY	1,751	0	0	80	0
68.00	06800	SPEECH PATHOLOGY	914	0	0	22	0
69.00	06900	ELECTROCARDIOLOGY	2,723	0	0	743	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,995	0	0	188	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,317	0	0	1,791	0
76.97	07697	CARDIAC REHABILITATION	3,917	0	0	61	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	757	0	4,609	73	85
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	130	0	0	0	0
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0
90.04	09004	WOUND CARE	8,897	0	21,924	236	402
91.00	09100	EMERGENCY	60,126	0	69,661	2,191	1,278
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	434,422	0	787,780	22,686	14,317
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	234	0	1,613	0	30
190.01	19001	LIFFLEX FITNESS FORUM	9,693	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,593	0	124,627	68	2,287
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0
192.02	19202	HOSPITALIST	0	0	0	168	0
192.03	19203	INTENSIVIST	0	0	0	44	0
192.04	19204	FOOT & ANKLE SPORTS MED PLY	5,298	0	0	79	0
194.00	07950	PLYMOUTH MOB-4	645	0	0	0	0
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	1,442	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	466,327	0	914,020	23,045	16,634

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 10/24/2024 1:46 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	79,782					10.00
11.00	01100	CAFETERIA	0	0				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,129		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	180	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	152	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,077	0	0	839	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,796	0	0	304	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	85	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,204	0	0	707	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	85	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	367	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	116	0	55.00
57.00	05700	CT SCAN	0	0	0	38	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20	0	59.00
60.00	06000	LABORATORY	0	0	0	841	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	125	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	279	0	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	0	0	135	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	3	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	35	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	16	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	71	0	69.00
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	39	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	8	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	4	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	65	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	0	0	51	0	90.04
91.00	09100	EMERGENCY	705	0	0	621	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,782	0	0	5,186	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	0	0	0	541	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	250	0	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	0	0	192.02
192.03	19203	INTENSIVIST	0	0	0	0	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	0	0	97	0	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	55	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	79,782	0	0	6,129	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 10/24/2024 1:46 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	52,358				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	92,514			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
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	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,005	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,475	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
43.00	04300	NURSERY	0	273	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	13,925	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	559	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,118	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,125	0		55.00
57.00	05700	CT SCAN	0	13,211	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	550	0		59.00
60.00	06000	LABORATORY	0	18,306	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	1,073	0		65.00
65.01	06501	SLEEP LAB	0	146	0		65.01
66.00	06600	PHYSICAL THERAPY	0	1,249	0		66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	1,380	0		66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	22	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	323	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	89	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,986	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	757	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,080	7,199	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	245	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	294	0		76.98
76.99	07699	LI THOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0		90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0		90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0		90.03
90.04	09004	WOUND CARE	0	948	0		90.04
91.00	09100	EMERGENCY	5	8,809	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,085	91,067	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	19001	LI FEPLEX FITNESS FORUM	0	0	0		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	138	274	0		192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0		192.01
192.02	19202	HOSPITALIST	0	676	0		192.02
192.03	19203	INTENSIVIST	0	179	0		192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	135	318	0		192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0		194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0		194.01
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	52,358	92,514	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0076

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

Worksheet B
Part II
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				805,126	0 30.00
31.00 03100	INTENSIVE CARE UNIT				167,417	0 31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	0 34.00
43.00 04300	NURSERY				6,061	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				739,430	0 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				6,418	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				282,355	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				326,205	0 55.00
57.00 05700	CT SCAN				32,843	0 57.00
59.00 05900	CARDIAC CATHETERIZATION				75,988	0 59.00
60.00 06000	LABORATORY				219,677	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0 62.30
65.00 06500	RESPIRATORY THERAPY				124,909	0 65.00
65.01 06501	SLEEP LAB				423	0 65.01
66.00 06600	PHYSICAL THERAPY				217,141	0 66.00
66.01 06601	PHYSICAL THERAPY - LI FEPLEX				9,430	0 66.01
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY				196	0 66.02
67.00 06700	OCCUPATIONAL THERAPY				2,189	0 67.00
68.00 06800	SPEECH PATHOLOGY				1,041	0 68.00
69.00 06900	ELECTROCARDIOLOGY				6,523	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				5,940	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				92,387	0 73.00
76.97 07697	CARDIAC REHABILITATION				4,262	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				19,975	0 76.98
76.99 07699	LITHOTRIPSY				0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR				134	0 90.01
90.02 09002	ATHLETIC TRAINERS				65	0 90.02
90.03 09003	SAINT JOSEPH HEALTH CENTER				0	0 90.03
90.04 09004	WOUND CARE				99,761	0 90.04
91.00 09100	EMERGENCY				357,243	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	3,603,139	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				6,828	0 190.00
190.01 19001	LI FEPLEX FITNESS FORUM				10,234	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES				524,820	0 192.00
192.01 19201	FOUNDATION ADMINISTRATION				0	0 192.01
192.02 19202	HOSPITALIST				844	0 192.02
192.03 19203	INTENSIVIST				223	0 192.03
192.04 19204	FOOT & ANKLE SPORTS MED PLY				5,927	0 192.04
194.00 07950	PLYMOUTH MOB-4				645	0 194.00
194.01 07951	COMMUNITY OUTREACH & PARTNERSHIP				1,497	0 194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0076

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

Worksheet B
Part II
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00					23.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	0	0	0	4,154,157	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 10/24/2024 1:46 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
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	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	805,126	30.00
31.00	03100	INTENSIVE CARE UNIT	167,417	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
43.00	04300	NURSERY	6,061	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	739,430	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,418	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	282,355	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	326,205	55.00
57.00	05700	CT SCAN	32,843	57.00
59.00	05900	CARDIAC CATHETERIZATION	75,988	59.00
60.00	06000	LABORATORY	219,677	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	124,909	65.00
65.01	06501	SLEEP LAB	423	65.01
66.00	06600	PHYSICAL THERAPY	217,141	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	9,430	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	196	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,189	67.00
68.00	06800	SPEECH PATHOLOGY	1,041	68.00
69.00	06900	ELECTROCARDIOLOGY	6,523	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,387	73.00
76.97	07697	CARDIAC REHABILITATION	4,262	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,975	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	134	90.01
90.02	09002	ATHLETIC TRAINERS	65	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	90.03
90.04	09004	WOUND CARE	99,761	90.04
91.00	09100	EMERGENCY	357,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,603,139	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,828	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	10,234	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	524,820	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	192.01
192.02	19202	HOSPITALIST	844	192.02
192.03	19203	INTENSIVIST	223	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	5,927	192.04
194.00	07950	PLYMOUTH MOB-4	645	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	1,497	194.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,154,157	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,008,830				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,008,830			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	21,655,555		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	225,502	225,502	1,223,884	-14,304,791	43,683,892
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	426,483	426,483	286,749	0	3,004,578
8.00 00800	LAUNDRY & LINEN SERVICE	7,636	7,636	0	0	197,663
9.00 00900	HOUSEKEEPING	3,780	3,780	352,029	0	587,408
10.00 01000	DIETARY	26,422	26,422	367,601	0	657,184
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	436,634	0	574,107
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	15,637	15,637	737,310	0	853,855
16.00 01600	MEDICAL RECORDS & LIBRARY	31,676	31,676	327,325	0	480,313
17.00 01700	SOCIAL SERVICE	0	0	0	192,750	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	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	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	244,288	244,288	4,042,297	0	6,108,051
31.00 03100	INTENSIVE CARE UNIT	46,847	46,847	1,282,664	0	2,080,712
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	0	0	319,038	0	527,899
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	242,550	242,550	2,202,349	0	4,417,855
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	319,038	0	527,899
54.00 05400	RADIOLOGY-DIAGNOSTIC	91,526	91,526	1,158,724	0	1,854,192
55.00 05500	RADIOLOGY-THERAPEUTIC	114,030	114,030	438,798	0	763,829
57.00 05700	CT SCAN	5,279	5,279	96,472	0	165,910
59.00 05900	CARDIAC CATHETERIZATION	26,750	26,750	49,459	0	151,072
60.00 06000	LABORATORY	54,760	54,760	1,799,394	0	4,228,421
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	41,794	41,794	375,990	0	781,753
65.01 06501	SLEEP LAB	0	0	432	0	22,622
66.00 06600	PHYSICAL THERAPY	73,672	73,672	730,949	0	1,162,811
66.01 06601	PHYSICAL THERAPY - LIFFELEX	0	0	411,210	0	709,324
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	10,412	0	15,570
67.00 06700	OCCUPATIONAL THERAPY	0	0	137,035	0	164,051
68.00 06800	SPEECH PATHOLOGY	0	0	71,166	0	85,598
69.00 06900	ELECTROCARDIOLOGY	0	0	194,758	0	255,097
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	467,930
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,933,645
76.97 07697	CARDIAC REHABILITATION	0	0	239,810	0	366,912
76.98 07698	HYPERBARIC OXYGEN THERAPY	6,842	6,842	26,091	0	70,909
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	10,065	0	12,199
90.02 09002	ATHLETIC TRAINERS	0	0	115,430	19,434	0
90.03 09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0
90.04 09004	WOUND CARE	32,546	32,546	156,231	0	833,480
91.00 09100	EMERGENCY	103,410	103,410	1,844,038	0	5,632,397
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,821,430	1,821,430	19,763,382	-14,092,607	40,695,246
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,394	2,394	0	0	21,884
190.01 19001	LIFFELEX FITNESS FORUM	0	0	712,876	0	908,024
192.00 19200	PHYSICIANS' PRIVATE OFFICES	185,006	185,006	696,114	0	1,367,024
192.01 19201	FOUNDATION ADMINISTRATION	0	0	0	0	0
192.02 19202	HOSPITALIST	0	0	0	0	0
192.03 19203	INTENSIVIST	0	0	0	0	0
192.04 19204	FOOT & ANKLE SPORTS MED PLY	0	0	389,245	0	496,263
194.00 07950	PLYMOUTH MOB-4	0	0	0	0	60,390
194.01 07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	93,938	0	135,061

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	2,105,196	2,048,961	-60,084		14,304,791	202.00
203.00	1.047971	1.019977	0.000000		0.327461	203.00
204.00			0		466,327	204.00
205.00			0.000000		0.010675	205.00
206.00						206.00
207.00						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	1,356,845			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,636	232,398,393		8.00
9.00	00900	HOUSEKEEPING	0	3,780	0	1,345,429	9.00
10.00	01000	DIETARY	0	26,422	17,652	26,422	16,074
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	15,637	0	15,637	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,676	0	31,676	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	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	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	244,288	12,574,386	244,288	12,104
31.00	03100	INTENSIVE CARE UNIT	0	46,847	6,218,840	46,847	2,578
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	686,860	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	242,550	34,987,789	242,550	1,250
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,403,444	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	91,526	20,397,122	91,526	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	114,030	7,852,467	114,030	0
57.00	05700	CT SCAN	0	5,279	33,193,065	5,279	0
59.00	05900	CARDIAC CATHETERIZATION	0	26,750	1,381,975	26,750	0
60.00	06000	LABORATORY	0	54,760	45,934,019	54,760	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	41,794	2,694,892	41,794	0
65.01	06501	SLEEP LAB	0	0	366,016	0	0
66.00	06600	PHYSICAL THERAPY	0	73,672	3,138,694	73,672	0
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0	0	3,466,283	0	0
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	54,752	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	812,812	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	223,721	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	7,501,840	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,900,874	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,088,278	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	616,239	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,842	738,821	6,842	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0
90.04	09004	WOUND CARE	0	32,546	2,381,618	32,546	0
91.00	09100	EMERGENCY	0	103,410	22,132,012	103,410	142
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,169,445	228,764,471	1,158,029	16,074
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,394	0	2,394	0
190.01	19001	LI FEPLEX FITNESS FORUM	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	185,006	687,880	185,006	0
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0
192.02	19202	HOSPITALIST	0	0	1,698,801	0	0
192.03	19203	INTENSIVIST	0	0	448,954	0	0
192.04	19204	FOOT & ANKLE SPORTS MED PLY	0	0	798,287	0	0
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	3,988,460	284,836	790,872	965,607	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2.939510	0.001226	0.587821	60.072602	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	914,020	23,045	16,634	79,782	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.673636	0.000099	0.012363	4.963419	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: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	20,920					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	540	0	20,380			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	232,380,741		14.00
15.00	01500	PHARMACY	598	0	598	0	2,705,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	507	0	507	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,789	0	2,789	12,574,386	7	30.00
31.00	03100	INTENSIVE CARE UNIT	1,010	0	1,010	6,218,840	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	282	0	282	686,860	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,350	0	2,350	34,987,789	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	282	0	282	1,403,444	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,221	0	1,221	20,397,122	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	387	0	387	7,852,467	0	55.00
57.00	05700	CT SCAN	126	0	126	33,193,065	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	66	0	66	1,381,975	0	59.00
60.00	06000	LABORATORY	2,802	0	2,802	45,934,019	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	414	0	414	2,694,892	0	65.00
65.01	06501	SLEEP LAB	0	0	0	366,016	0	65.01
66.00	06600	PHYSICAL THERAPY	927	0	927	3,138,694	0	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	449	0	449	3,466,283	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	10	0	10	54,752	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	118	0	118	812,812	0	67.00
68.00	06800	SPEECH PATHOLOGY	52	0	52	223,721	0	68.00
69.00	06900	ELECTROCARDIOLOGY	235	0	235	7,501,840	0	69.00
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	1,900,874	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,088,278	2,691,395	73.00
76.97	07697	CARDIAC REHABILITATION	129	0	129	616,239	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	28	0	28	738,821	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	12	0	12	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	216	0	216	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	169	0	169	2,381,618	0	90.04
91.00	09100	EMERGENCY	2,064	0	2,064	22,132,012	258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,783	0	17,243	228,746,819	2,691,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	LI FEPLEX FITNESS FORUM	1,799	0	1,799	0	12	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	832	0	832	687,880	7,107	192.00
192.01	19201	FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02	19202	HOSPITALIST	0	0	0	1,698,801	0	192.02
192.03	19203	INTENSIVIST	0	0	0	448,954	0	192.03
192.04	19204	FOOT & ANKLE SPORTS MED PLY	324	0	324	798,287	6,952	192.04
194.00	07950	PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01	07951	COMMUNITY OUTREACH & PARTNERSHIP	182	0	182	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	762,105	0	1,210,978	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	37.394750	0.000000	0.447560	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	6,129	0	52,358	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.300736	0.000000	0.019351	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: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS	
	16.00	17.00	19.00	20.00	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	232,380,741					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		0		20.00
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				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,574,386	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	6,218,840	0	0	0	0	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00 04300 NURSERY	686,860	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	34,987,789	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,403,444	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,397,122	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	7,852,467	0	0	0	0	55.00
57.00 05700 CT SCAN	33,193,065	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,381,975	0	0	0	0	59.00
60.00 06000 LABORATORY	45,934,019	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	2,694,892	0	0	0	0	65.00
65.01 06501 SLEEP LAB	366,016	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	3,138,694	0	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY - LI FEPLEX	3,466,283	0	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	54,752	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	812,812	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	223,721	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	7,501,840	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,900,874	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	18,088,278	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	616,239	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	738,821	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02 09002 ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04 09004 WOUND CARE	2,381,618	0	0	0	0	90.04
91.00 09100 EMERGENCY	22,132,012	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	228,746,819	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 LI FEPLEX FITNESS FORUM	0	0	0	0	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	687,880	0	0	0	0	192.00
192.01 19201 FOUNDATION ADMINISTRATION	0	0	0	0	0	192.01
192.02 19202 HOSPITALIST	1,698,801	0	0	0	0	192.02
192.03 19203 INTENSIVIST	448,954	0	0	0	0	192.03
192.04 19204 FOOT & ANKLE SPORTS MED PLY	798,287	0	0	0	0	192.04
194.00 07950 PLYMOUTH MOB-4	0	0	0	0	0	194.00
194.01 07951 COMMUNITY OUTREACH & PARTNERSHIP	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1

Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
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)	768,288	-192,750	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003306	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	92,514	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000398	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00		
GENERAL SERVICE COST CENTERS			
1.00 00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00 00500	ADMINISTRATIVE & GENERAL		5.00
6.00 00600	MAINTENANCE & REPAIRS		6.00
7.00 00700	OPERATION OF PLANT		7.00
8.00 00800	LAUNDRY & LINEN SERVICE		8.00
9.00 00900	HOUSEKEEPING		9.00
10.00 01000	DIETARY		10.00
11.00 01100	CAFETERIA		11.00
12.00 01200	MAINTENANCE OF PERSONNEL		12.00
13.00 01300	NURSING ADMINISTRATION		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY		14.00
15.00 01500	PHARMACY		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY		16.00
17.00 01700	SOCIAL SERVICE		17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00 02000	NURSING PROGRAM		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000	ADULTS & PEDIATRICS	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
43.00 04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000	OPERATING ROOM	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00 05700	CT SCAN	0	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	59.00
60.00 06000	LABORATORY	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	65.00
65.01 06501	SLEEP LAB	0	65.01
66.00 06600	PHYSICAL THERAPY	0	66.00
66.01 06601	PHYSICAL THERAPY - LIFFELEX	0	66.01
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.97 07697	CARDIAC REHABILITATION	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99 07699	LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR	0	90.01
90.02 09002	ATHLETIC TRAINERS	0	90.02
90.03 09003	SAINT JOSEPH HEALTH CENTER	0	90.03
90.04 09004	WOUND CARE	0	90.04
91.00 09100	EMERGENCY	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01 19001	LIFFELEX FITNESS FORUM	0	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01 19201	FOUNDATION ADMINISTRATION	0	192.01
192.02 19202	HOSPITALIST	0	192.02
192.03 19203	INTENSIVIST	0	192.03
192.04 19204	FOOT & ANKLE SPORTS MED PLY	0	192.04
194.00 07950	PLYMOUTH MOB-4	0	194.00
194.01 07951	COMMUNITY OUTREACH & PARTNERSHIP	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0076

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

Worksheet B-1
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00		
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0076

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

Worksheet C
Part I
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	9,858,311		9,858,311	0	9,858,311	30.00
31.00	03100 INTENSIVE CARE UNIT	3,148,128		3,148,128	19,105	3,167,233	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
43.00	04300 NURSERY	714,423		714,423	0	714,423	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,041,618		7,041,618	0	7,041,618	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	717,671		717,671	0	717,671	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,922,310		2,922,310	0	2,922,310	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,466,233		1,466,233	245	1,466,478	55.00
57.00	05700 CT SCAN	394,003		394,003	0	394,003	57.00
59.00	05900 CARDIAC CATHETERIZATION	303,629		303,629	0	303,629	59.00
60.00	06000 LABORATORY	6,119,125		6,119,125	1,285	6,120,410	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,212,862	0	1,212,862	0	1,212,862	65.00
65.01	06501 SLEEP LAB	31,689	0	31,689	0	31,689	65.01
66.00	06600 PHYSICAL THERAPY	1,852,342	0	1,852,342	0	1,852,342	66.00
66.01	06601 PHYSICAL THERAPY - LI FEPLEX	974,100	0	974,100	0	974,100	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	21,291	0	21,291	0	21,291	66.02
67.00	06700 OCCUPATIONAL THERAPY	225,868	0	225,868	0	225,868	67.00
68.00	06800 SPEECH PATHOLOGY	116,587	0	116,587	0	116,587	68.00
69.00	06900 ELECTROCARDIOLOGY	381,417		381,417	0	381,417	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	629,773		629,773	0	629,773	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,180,838		5,180,838	0	5,180,838	73.00
76.97	07697 CARDIAC REHABILITATION	494,678		494,678	0	494,678	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	122,659		122,659	0	122,659	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	16,643		16,643	0	16,643	90.01
90.02	09002 ATHLETIC TRAINERS	0		0	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0		0	0	0	90.03
90.04	09004 WOUND CARE	1,238,326		1,238,326	0	1,238,326	90.04
91.00	09100 EMERGENCY	8,027,679		8,027,679	37,997	8,065,676	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,692,292		1,692,292		1,692,292	92.00
200.00	Subtotal (see instructions)	54,904,495	0	54,904,495	58,632	54,963,127	200.00
201.00	Less Observation Beds	1,692,292		1,692,292		1,692,292	201.00
202.00	Total (see instructions)	53,212,203	0	53,212,203	58,632	53,270,835	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0076

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

Worksheet C
Part I
Date/Time Prepared:
10/24/2024 1:46 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,846,388		9,846,388		30.00
31.00	03100	INTENSIVE CARE UNIT	6,218,840		6,218,840		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
43.00	04300	NURSERY	686,860		686,860		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,833,690	29,154,099	34,987,789	0.201259	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,334,339	69,105	1,403,444	0.511364	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,843,528	17,553,594	20,397,122	0.143271	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,822	7,830,645	7,852,467	0.186723	55.00
57.00	05700	CT SCAN	5,464,379	27,728,687	33,193,066	0.011870	57.00
59.00	05900	CARDIAC CATHETERIZATION	72,745	1,309,230	1,381,975	0.219707	59.00
60.00	06000	LABORATORY	9,797,790	36,136,229	45,934,019	0.133216	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	2,033,880	661,012	2,694,892	0.450060	65.00
65.01	06501	SLEEP LAB	0	366,016	366,016	0.086578	65.01
66.00	06600	PHYSICAL THERAPY	464,682	2,674,012	3,138,694	0.590163	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	882	3,465,401	3,466,283	0.281021	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	54,752	54,752	0.388863	66.02
67.00	06700	OCCUPATIONAL THERAPY	177,789	635,023	812,812	0.277885	67.00
68.00	06800	SPEECH PATHOLOGY	54,944	168,777	223,721	0.521127	68.00
69.00	06900	ELECTROCARDIOLOGY	1,804,378	5,697,462	7,501,840	0.050843	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	456,502	1,444,372	1,900,874	0.331307	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,964,066	11,124,212	18,088,278	0.286420	73.00
76.97	07697	CARDIAC REHABILITATION	0	616,239	616,239	0.802737	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	738,821	738,821	0.166020	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0.000000	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0.000000	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0.000000	90.03
90.04	09004	WOUND CARE	8,101	2,373,517	2,381,618	0.519952	90.04
91.00	09100	EMERGENCY	3,341,183	18,790,830	22,132,013	0.362718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	624,233	2,103,765	2,727,998	0.620342	92.00
200.00		Subtotal (see instructions)	58,051,021	170,695,800	228,746,821		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	58,051,021	170,695,800	228,746,821		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.201259		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511364		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.143271		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.186754		55.00
57.00	05700 CT SCAN	0.011870		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.219707		59.00
60.00	06000 LABORATORY	0.133244		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.450060		65.00
65.01	06501 SLEEP LAB	0.086578		65.01
66.00	06600 PHYSICAL THERAPY	0.590163		66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0.281021		66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0.388863		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.277885		67.00
68.00	06800 SPEECH PATHOLOGY	0.521127		68.00
69.00	06900 ELECTROCARDIOLOGY	0.050843		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.331307		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.286420		73.00
76.97	07697 CARDIAC REHABILITATION	0.802737		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.166020		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	0.000000		90.01
90.02	09002 ATHLETIC TRAINERS	0.000000		90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0.000000		90.03
90.04	09004 WOUND CARE	0.519952		90.04
91.00	09100 EMERGENCY	0.364435		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.620342		92.00
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: 15-0076

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

Worksheet C
Part I
Date/Time Prepared:
10/24/2024 1:46 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	9,858,311	9,858,311	0	9,858,311	30.00
31.00	03100 INTENSIVE CARE UNIT	3,148,128	3,148,128	19,105	3,167,233	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
43.00	04300 NURSERY	714,423	714,423	0	714,423	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,041,618	7,041,618	0	7,041,618	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	717,671	717,671	0	717,671	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,922,310	2,922,310	0	2,922,310	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,466,233	1,466,233	245	1,466,478	55.00
57.00	05700 CT SCAN	394,003	394,003	0	394,003	57.00
59.00	05900 CARDIAC CATHETERIZATION	303,629	303,629	0	303,629	59.00
60.00	06000 LABORATORY	6,119,125	6,119,125	1,285	6,120,410	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,212,862	1,212,862	0	1,212,862	65.00
65.01	06501 SLEEP LAB	31,689	31,689	0	31,689	65.01
66.00	06600 PHYSICAL THERAPY	1,852,342	1,852,342	0	1,852,342	66.00
66.01	06601 PHYSICAL THERAPY - LI FEPLEX	974,100	974,100	0	974,100	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	21,291	21,291	0	21,291	66.02
67.00	06700 OCCUPATIONAL THERAPY	225,868	225,868	0	225,868	67.00
68.00	06800 SPEECH PATHOLOGY	116,587	116,587	0	116,587	68.00
69.00	06900 ELECTROCARDIOLOGY	381,417	381,417	0	381,417	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	629,773	629,773	0	629,773	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,180,838	5,180,838	0	5,180,838	73.00
76.97	07697 CARDIAC REHABILITATION	494,678	494,678	0	494,678	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	122,659	122,659	0	122,659	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	16,643	16,643	0	16,643	90.01
90.02	09002 ATHLETIC TRAINERS	0	0	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	90.03
90.04	09004 WOUND CARE	1,238,326	1,238,326	0	1,238,326	90.04
91.00	09100 EMERGENCY	8,027,679	8,027,679	37,997	8,065,676	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,692,292	1,692,292		1,692,292	92.00
200.00	Subtotal (see instructions)	54,904,495	54,904,495	58,632	54,963,127	200.00
201.00	Less Observation Beds	1,692,292	1,692,292		1,692,292	201.00
202.00	Total (see instructions)	53,212,203	53,212,203	58,632	53,270,835	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 10/24/2024 1:46 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					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,846,388		9,846,388	30.00
31.00	03100	INTENSIVE CARE UNIT	6,218,840		6,218,840	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
43.00	04300	NURSERY	686,860		686,860	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,833,690	29,154,099	34,987,789	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,334,339	69,105	1,403,444	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,843,528	17,553,594	20,397,122	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,822	7,830,645	7,852,467	55.00
57.00	05700	CT SCAN	5,464,379	27,728,687	33,193,066	57.00
59.00	05900	CARDIAC CATHETERIZATION	72,745	1,309,230	1,381,975	59.00
60.00	06000	LABORATORY	9,797,790	36,136,229	45,934,019	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,033,880	661,012	2,694,892	65.00
65.01	06501	SLEEP LAB	0	366,016	366,016	65.01
66.00	06600	PHYSICAL THERAPY	464,682	2,674,012	3,138,694	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	882	3,465,401	3,466,283	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	54,752	54,752	66.02
67.00	06700	OCCUPATIONAL THERAPY	177,789	635,023	812,812	67.00
68.00	06800	SPEECH PATHOLOGY	54,944	168,777	223,721	68.00
69.00	06900	ELECTROCARDIOLOGY	1,804,378	5,697,462	7,501,840	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	456,502	1,444,372	1,900,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,964,066	11,124,212	18,088,278	73.00
76.97	07697	CARDIAC REHABILITATION	0	616,239	616,239	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	738,821	738,821	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	90.03
90.04	09004	WOUND CARE	8,101	2,373,517	2,381,618	90.04
91.00	09100	EMERGENCY	3,341,183	18,790,830	22,132,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	624,233	2,103,765	2,727,998	92.00
200.00		Subtotal (see instructions)	58,051,021	170,695,800	228,746,821	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	58,051,021	170,695,800	228,746,821	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 10/24/2024 1:46 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201259		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511364		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143271		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186754		55.00
57.00	05700	CT SCAN	0.011870		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.219707		59.00
60.00	06000	LABORATORY	0.133244		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.450060		65.00
65.01	06501	SLEEP LAB	0.086578		65.01
66.00	06600	PHYSICAL THERAPY	0.590163		66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0.281021		66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0.388863		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.277885		67.00
68.00	06800	SPEECH PATHOLOGY	0.521127		68.00
69.00	06900	ELECTROCARDIOLOGY	0.050843		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.331307		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286420		73.00
76.97	07697	CARDIAC REHABILITATION	0.802737		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.166020		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0.000000		90.01
90.02	09002	ATHLETIC TRAINERS	0.000000		90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0.000000		90.03
90.04	09004	WOUND CARE	0.519952		90.04
91.00	09100	EMERGENCY	0.364435		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.620342		92.00
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: 15-0076

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

Worksheet C Part II Date/Time Prepared: 10/24/2024 1:46 pm

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,041,618	739,430	6,302,188	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	717,671	6,418	711,253	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,922,310	282,355	2,639,955	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,466,233	326,205	1,140,028	0	0	55.00
57.00	05700 CT SCAN	394,003	32,843	361,160	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	303,629	75,988	227,641	0	0	59.00
60.00	06000 LABORATORY	6,119,125	219,677	5,899,448	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,212,862	124,909	1,087,953	0	0	65.00
65.01	06501 SLEEP LAB	31,689	423	31,266	0	0	65.01
66.00	06600 PHYSICAL THERAPY	1,852,342	217,141	1,635,201	0	0	66.00
66.01	06601 PHYSICAL THERAPY - LI FEPLEX	974,100	9,430	964,670	0	0	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	21,291	196	21,095	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	225,868	2,189	223,679	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	116,587	1,041	115,546	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	381,417	6,523	374,894	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	629,773	5,940	623,833	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,180,838	92,387	5,088,451	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	494,678	4,262	490,416	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	122,659	19,975	102,684	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	16,643	134	16,509	0	0	90.01
90.02	09002 ATHLETIC TRAINERS	0	65	-65	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004 WOUND CARE	1,238,326	99,761	1,138,565	0	0	90.04
91.00	09100 EMERGENCY	8,027,679	357,243	7,670,436	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,692,292	138,209	1,554,083	0	0	92.00
200.00	Subtotal (sum of lines 50 thru 199)	41,183,633	2,762,744	38,420,889	0	0	200.00
201.00	Less Observation Beds	1,692,292	138,209	1,554,083	0	0	201.00
202.00	Total (line 200 minus line 201)	39,491,341	2,624,535	36,866,806	0	0	202.00

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

Provider CCN: 15-0076

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

Worksheet C Part II Date/Time Prepared: 10/24/2024 1:46 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		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,041,618	34,987,789	0.201259		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	717,671	1,403,444	0.511364		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,922,310	20,397,122	0.143271		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,466,233	7,852,467	0.186723		55.00
57.00	05700 CT SCAN	394,003	33,193,066	0.011870		57.00
59.00	05900 CARDIAC CATHETERIZATION	303,629	1,381,975	0.219707		59.00
60.00	06000 LABORATORY	6,119,125	45,934,019	0.133216		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	1,212,862	2,694,892	0.450060		65.00
65.01	06501 SLEEP LAB	31,689	366,016	0.086578		65.01
66.00	06600 PHYSICAL THERAPY	1,852,342	3,138,694	0.590163		66.00
66.01	06601 PHYSICAL THERAPY - LI FEPLEX	974,100	3,466,283	0.281021		66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	21,291	54,752	0.388863		66.02
67.00	06700 OCCUPATIONAL THERAPY	225,868	812,812	0.277885		67.00
68.00	06800 SPEECH PATHOLOGY	116,587	223,721	0.521127		68.00
69.00	06900 ELECTROCARDIOLOGY	381,417	7,501,840	0.050843		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	629,773	1,900,874	0.331307		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,180,838	18,088,278	0.286420		73.00
76.97	07697 CARDIAC REHABILITATION	494,678	616,239	0.802737		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	122,659	738,821	0.166020		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	16,643	0	0.000000		90.01
90.02	09002 ATHLETIC TRAINERS	0	0	0.000000		90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0	0	0.000000		90.03
90.04	09004 WOUND CARE	1,238,326	2,381,618	0.519952		90.04
91.00	09100 EMERGENCY	8,027,679	22,132,013	0.362718		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,692,292	2,727,998	0.620342		92.00
200.00	Subtotal (sum of lines 50 thru 199)	41,183,633	211,994,733			200.00
201.00	Less Observation Beds	1,692,292	0			201.00
202.00	Total (line 200 minus line 201)	39,491,341	211,994,733			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part I Date/Time Prepared: 10/24/2024 1:46 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
Title XVIII		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	805,126	0	805,126	5,406	148.93	30.00
31.00	INTENSIVE CARE UNIT	167,417		167,417	1,161	144.20	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
43.00	NURSERY	6,061		6,061	393	15.42	43.00
200.00	Total (lines 30 through 199)	978,604		978,604	6,960		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,407	209,545				
31.00	INTENSIVE CARE UNIT	472	68,062				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	1,879	277,607				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0076

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

Worksheet D
Part II
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	739,430	34,987,789	0.021134	1,077,110	22,764	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,418	1,403,444	0.004573	7,775	36	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	282,355	20,397,122	0.013843	995,347	13,779	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	326,205	7,852,467	0.041542	0	0	55.00
57.00	05700	CT SCAN	32,843	33,193,066	0.000989	1,830,701	1,811	57.00
59.00	05900	CARDIAC CATHETERIZATION	75,988	1,381,975	0.054985	38,381	2,110	59.00
60.00	06000	LABORATORY	219,677	45,934,019	0.004782	3,206,466	15,333	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	124,909	2,694,892	0.046350	772,614	35,811	65.00
65.01	06501	SLEEP LAB	423	366,016	0.001156	0	0	65.01
66.00	06600	PHYSICAL THERAPY	217,141	3,138,694	0.069182	199,696	13,815	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	9,430	3,466,283	0.002720	481	1	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	196	54,752	0.003580	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,189	812,812	0.002693	78,610	212	67.00
68.00	06800	SPEECH PATHOLOGY	1,041	223,721	0.004653	29,924	139	68.00
69.00	06900	ELECTROCARDIOLOGY	6,523	7,501,840	0.000870	661,273	575	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,940	1,900,874	0.003125	96,417	301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,387	18,088,278	0.005108	1,920,037	9,808	73.00
76.97	07697	CARDIAC REHABILITATION	4,262	616,239	0.006916	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,975	738,821	0.027036	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	134	0	0.000000	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0.000000	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0.000000	0	0	90.03
90.04	09004	WOUND CARE	99,761	2,381,618	0.041888	1,888	79	90.04
91.00	09100	EMERGENCY	357,243	22,132,013	0.016141	1,090,653	17,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	138,209	2,727,998	0.050663	187,644	9,507	92.00
200.00		Total (lines 50 through 199)	2,762,679	211,994,733		12,195,017	143,685	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	5,406	0.00	1,407	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,161	0.00	472	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
43.00	04300	NURSERY	0	0	393	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	6,960	0.00	1,879	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
INPATIENT ROUTINE SERVICE COST CENTERS			9.00	13.00				
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
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
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	34,987,789	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,403,444	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	20,397,122	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	7,852,467	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	33,193,066	0.000000	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,381,975	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	45,934,019	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,694,892	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	366,016	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	3,138,694	0.000000	66.00
66.01 06601 PHYSICAL THERAPY - LI FEPLEX	0	0	0	3,466,283	0.000000	66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	54,752	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	812,812	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	223,721	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	7,501,840	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,900,874	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	18,088,278	0.000000	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	616,239	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	738,821	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0.000000	90.01
90.02 09002 ATHLETIC TRAINERS	0	0	0	0	0.000000	90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0.000000	90.03
90.04 09004 WOUND CARE	0	0	0	2,381,618	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	22,132,013	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,727,998	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	211,994,733		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description			Title XVIII				Hospital	PPS
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
	9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	1,077,110	0	5,590,649	0 50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	7,775	0	0	0 52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	995,347	0	3,083,208	0 54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	2,013,508	0 55.00	
57.00	05700	CT SCAN	0.000000	1,830,701	0	6,512,694	0 57.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	38,381	0	387,842	0 59.00	
60.00	06000	LABORATORY	0.000000	3,206,466	0	2,526,221	0 60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	772,614	0	150,142	0 65.00	
65.01	06501	SLEEP LAB	0.000000	0	0	36,885	0 65.01	
66.00	06600	PHYSICAL THERAPY	0.000000	199,696	0	996	0 66.00	
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0.000000	481	0	1,489	0 66.01	
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0.000000	0	0	0	0 66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	78,610	0	879	0 67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	29,924	0	3,161	0 68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	661,273	0	1,441,739	0 69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	96,417	0	230,176	0 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,920,037	0	3,213,009	0 73.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	127,221	0 76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	51,904	0 76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0 76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	0	0 90.01	
90.02	09002	ATHLETIC TRAINERS	0.000000	0	0	0	0 90.02	
90.03	09003	SAINT JOSEPH HEALTH CENTER	0.000000	0	0	0	0 90.03	
90.04	09004	WOUND CARE	0.000000	1,888	0	772,876	0 90.04	
91.00	09100	EMERGENCY	0.000000	1,090,653	0	2,854,034	0 91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	187,644	0	387,237	0 92.00	
200.00		Total (lines 50 through 199)		12,195,017	0	29,385,870	0 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
	Title XVIII		Hospital
	PPS		

Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
	21.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY - LIFEPLEX	0	0		66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0		66.02
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0		90.01
90.02 09002 ATHLETIC TRAINERS	0	0		90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0		90.03
90.04 09004 WOUND CARE	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.201259	5,590,649	0	0	1,125,168	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511364	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143271	3,083,208	0	0	441,734	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186723	2,013,508	0	0	375,968	55.00
57.00	05700	CT SCAN	0.011870	6,512,694	0	0	77,306	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.219707	387,842	0	0	85,212	59.00
60.00	06000	LABORATORY	0.133216	2,526,221	0	0	336,533	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.450060	150,142	0	0	67,573	65.00
65.01	06501	SLEEP LAB	0.086578	36,885	0	0	3,193	65.01
66.00	06600	PHYSICAL THERAPY	0.590163	996	0	0	588	66.00
66.01	06601	PHYSICAL THERAPY - LI FEPLEX	0.281021	1,489	0	0	418	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0.388863	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.277885	879	0	0	244	67.00
68.00	06800	SPEECH PATHOLOGY	0.521127	3,161	0	0	1,647	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050843	1,441,739	0	0	73,302	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.331307	230,176	0	0	76,259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286420	3,213,009	0	310,850	920,270	73.00
76.97	07697	CARDIAC REHABILITATION	0.802737	127,221	0	0	102,125	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.166020	51,904	0	0	8,617	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0.000000	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0.000000	0	0	0	0	90.03
90.04	09004	WOUND CARE	0.519952	772,876	0	0	401,858	90.04
91.00	09100	EMERGENCY	0.362718	2,854,034	0	0	1,035,210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.620342	387,237	0	0	240,219	92.00
200.00		Subtotal (see instructions)		29,385,870	0	310,850	5,373,444	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		29,385,870	0	310,850	5,373,444	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700	CT SCAN	0	0	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
65.01 06501	SLEEP LAB	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	PHYSICAL THERAPY - LIFEPLEX	0	0	66.01
66.02 06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	66.02
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
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	89,034	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	90.01
90.02 09002	ATHLETIC TRAINERS	0	0	90.02
90.03 09003	SAINT JOSEPH HEALTH CENTER	0	0	90.03
90.04 09004	WOUND CARE	0	0	90.04
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	0	89,034	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	89,034	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part I Date/Time Prepared: 10/24/2024 1:46 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
Title XIX		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	805,126	0	805,126	5,406	148.93	30.00
31.00	INTENSIVE CARE UNIT	167,417		167,417	1,161	144.20	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
43.00	NURSERY	6,061		6,061	393	15.42	43.00
200.00	Total (lines 30 through 199)	978,604		978,604	6,960		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	213	31,722				
31.00	INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	258	3,978				
200.00	Total (lines 30 through 199)	471	35,700				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	739,430	34,987,789	0.021134	1,372,580	29,008	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,418	1,403,444	0.004573	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	282,355	20,397,122	0.013843	360,161	4,986	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	326,205	7,852,467	0.041542	0	0	55.00
57.00	05700 CT SCAN	32,843	33,193,066	0.000989	829,168	820	57.00
59.00	05900 CARDIAC CATHETERIZATION	75,988	1,381,975	0.054985	1,826	100	59.00
60.00	06000 LABORATORY	219,677	45,934,019	0.004782	1,493,306	7,141	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	124,909	2,694,892	0.046350	480,572	22,275	65.00
65.01	06501 SLEEP LAB	423	366,016	0.001156	0	0	65.01
66.00	06600 PHYSICAL THERAPY	217,141	3,138,694	0.069182	32,968	2,281	66.00
66.01	06601 PHYSICAL THERAPY - LI FEPLEX	9,430	3,466,283	0.002720	0	0	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	196	54,752	0.003580	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,189	812,812	0.002693	9,372	25	67.00
68.00	06800 SPEECH PATHOLOGY	1,041	223,721	0.004653	2,641	12	68.00
69.00	06900 ELECTROCARDIOLOGY	6,523	7,501,840	0.000870	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,940	1,900,874	0.003125	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,387	18,088,278	0.005108	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	4,262	616,239	0.006916	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	19,975	738,821	0.027036	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	134	0	0.000000	0	0	90.01
90.02	09002 ATHLETIC TRAINERS	0	0	0.000000	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0	0	0.000000	0	0	90.03
90.04	09004 WOUND CARE	99,761	2,381,618	0.041888	1,457	61	90.04
91.00	09100 EMERGENCY	357,243	22,132,013	0.016141	652,461	10,531	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	138,209	2,727,998	0.050663	0	0	92.00
200.00	Total (lines 50 through 199)	2,762,679	211,994,733		5,236,512	77,240	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	5,406	0.00	213	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,161	0.00	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
43.00	04300	NURSERY	0	0	393	0.00	258	43.00
200.00		Total (lines 30 through 199)	0	0	6,960	0.00	471	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
INPATIENT ROUTINE SERVICE COST CENTERS			9.00	13.00				
30.00	03000	ADULTS & PEDIATRICS	0	0				
31.00	03100	INTENSIVE CARE UNIT	0	0				
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				
43.00	04300	NURSERY	0	0				
200.00		Total (lines 30 through 199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description	Title XIX				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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0	0	0	0	66.02
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
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0	90.01
90.02	09002	ATHLETIC TRAINERS	0	0	0	0	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0	0	0	0	90.03
90.04	09004	WOUND CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	34,987,789	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,403,444	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	20,397,122	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	7,852,467	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	33,193,066	0.000000	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,381,975	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	45,934,019	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,694,892	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	366,016	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	3,138,694	0.000000	66.00
66.01 06601 PHYSICAL THERAPY - LI FEPLEX	0	0	0	3,466,283	0.000000	66.01
66.02 06602 PHYSICAL THERAPY - CULVER MILITARY	0	0	0	54,752	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	812,812	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	223,721	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	7,501,840	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,900,874	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	18,088,278	0.000000	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	616,239	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	738,821	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT TREATMENT & INFUSION CTR	0	0	0	0	0.000000	90.01
90.02 09002 ATHLETIC TRAINERS	0	0	0	0	0.000000	90.02
90.03 09003 SAINT JOSEPH HEALTH CENTER	0	0	0	0	0.000000	90.03
90.04 09004 WOUND CARE	0	0	0	2,381,618	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	22,132,013	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,727,998	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	211,994,733		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,372,580	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	360,161	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	829,168	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,826	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,493,306	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	480,572	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	32,968	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0.000000	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	9,372	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,641	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	0	0	90.01
90.02	09002 ATHLETIC TRAINERS	0.000000	0	0	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0.000000	0	0	0	0	90.03
90.04	09004 WOUND CARE	0.000000	1,457	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	652,461	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		5,236,512	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0	0		66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0	0		66.02
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0	0		90.01
90.02	09002	ATHLETIC TRAINERS	0	0		90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0	0		90.03
90.04	09004	WOUND CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 10/24/2024 1:46 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,406	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,406	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,478	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,407	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,858,311	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)		9,858,311	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,858,311	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,823.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,565,791	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,565,791	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 10/24/2024 1:46 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,167,233	1,161	2,728.02	472	1,287,625	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					2,454,272	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					6,307,688	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)					277,607	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					143,685	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					421,292	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					5,886,396	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03 CAR T-cell amount paid as an interim payment					0	55.03
56.00 Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					928	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 10/24/2024 1:46 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description		1.00					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,823.59		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,692,292		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	805,126	9,858,311	0.081670	1,692,292	138,209	90.00
91.00	Nursing Program cost	0	9,858,311	0.000000	1,692,292	0	91.00
92.00	Allied health cost	0	9,858,311	0.000000	1,692,292	0	92.00
93.00	All other Medical Education	0	9,858,311	0.000000	1,692,292	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 10/24/2024 1:46 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,406	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,406	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,478	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)		213	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)		393	15.00
16.00	Nursery days (title V or XIX only)		258	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,858,311	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)		9,858,311	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,858,311	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,823.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		388,425	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)		388,425	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 10/24/2024 1:46 pm	
				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)	714,423	393	1,817.87	258	469,010	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	3,167,233	1,161	2,728.02	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,015,322	48.00	
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01	
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					1,872,757	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)					35,700	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					77,240	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					112,940	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,759,817	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
55.03 CAR T-cell amount paid as an interim payment					0	55.03	
56.00 Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					928	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 10/24/2024 1:46 pm	
Cost Center Description		Title XIX		Hospital		PPS	
						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,823.59	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,692,292	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	805,126	9,858,311	0.081670	1,692,292	138,209	90.00
91.00	Nursing Program cost	0	9,858,311	0.000000	1,692,292	0	91.00
92.00	Allied health cost	0	9,858,311	0.000000	1,692,292	0	92.00
93.00	All other Medical Education	0	9,858,311	0.000000	1,692,292	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		3,053,775	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		2,158,937	34.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201259	1,077,110	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511364	7,775	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143271	995,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186754	0	55.00
57.00	05700	CT SCAN	0.011870	1,830,701	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.219707	38,381	59.00
60.00	06000	LABORATORY	0.133244	3,206,466	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.450060	772,614	65.00
65.01	06501	SLEEP LAB	0.086578	0	65.01
66.00	06600	PHYSICAL THERAPY	0.590163	199,696	66.00
66.01	06601	PHYSICAL THERAPY - LIFEPLEX	0.281021	481	66.01
66.02	06602	PHYSICAL THERAPY - CULVER MILITARY	0.388863	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.277885	78,610	67.00
68.00	06800	SPEECH PATHOLOGY	0.521127	29,924	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050843	661,273	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.331307	96,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286420	1,920,037	73.00
76.97	07697	CARDIAC REHABILITATION	0.802737	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.166020	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	90.01
90.02	09002	ATHLETIC TRAINERS	0.000000	0	90.02
90.03	09003	SAINT JOSEPH HEALTH CENTER	0.000000	0	90.03
90.04	09004	WOUND CARE	0.519952	1,888	90.04
91.00	09100	EMERGENCY	0.364435	1,090,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.620342	187,644	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,195,017	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)		12,195,017	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 10/24/2024 1:46 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,878,257		30.00
31.00	03100 INTENSIVE CARE UNIT		1,026,060		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.201259	1,372,580	276,244	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511364	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.143271	360,161	51,601	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.186754	0	0	55.00
57.00	05700 CT SCAN	0.011870	829,168	9,842	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.219707	1,826	401	59.00
60.00	06000 LABORATORY	0.133244	1,493,306	198,974	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.450060	480,572	216,286	65.00
65.01	06501 SLEEP LAB	0.086578	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.590163	32,968	19,456	66.00
66.01	06601 PHYSICAL THERAPY - LIFEPLEX	0.281021	0	0	66.01
66.02	06602 PHYSICAL THERAPY - CULVER MILITARY	0.388863	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.277885	9,372	2,604	67.00
68.00	06800 SPEECH PATHOLOGY	0.521127	2,641	1,376	68.00
69.00	06900 ELECTROCARDIOLOGY	0.050843	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.331307	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.286420	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.802737	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.166020	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT TREATMENT & INFUSION CTR	0.000000	0	0	90.01
90.02	09002 ATHLETIC TRAINERS	0.000000	0	0	90.02
90.03	09003 SAINT JOSEPH HEALTH CENTER	0.000000	0	0	90.03
90.04	09004 WOUND CARE	0.519952	1,457	758	90.04
91.00	09100 EMERGENCY	0.364435	652,461	237,780	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.620342	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,236,512	1,015,322	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,236,512		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		1,054,499	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,087,933	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)		7,103	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		70,360	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		42.46	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.15	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.87	31.00
32.00	Sum of lines 30 and 31		23.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.21	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 10/24/2024 1:46 pm	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			85,024	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
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 UCP, including supplemental UCP (see instructions)		510,674	617,013	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		128,718	461,492	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		590,210		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		4,895,129		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			4,895,129	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			315,642	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			338,130	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			5,548,901	59.00
60.00	Primary payer payments			5,181	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			5,543,720	61.00
62.00	Deductibles billed to program beneficiaries			558,540	62.00
63.00	Coinurance billed to program beneficiaries			2,615	63.00
64.00	Allowable bad debts (see instructions)			81,177	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			52,765	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			13,244	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			5,035,330	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)			0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)			0	70.75
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-7,018	70.93
70.94	HRR adjustment amount (see instructions)			-3,664	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2021	188,703	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)	2022	607,171	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		5,820,522	71.00
71.01	Sequestration adjustment (see instructions)		14,551	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		5,617,399	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		170,995	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		17,577	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		10,591	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 10/24/2024 1:46 pm	
		PPS					
		Original mcrx Values	Adjusted mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.82	1.15	1.15	0.00	1.15	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.87	21.87			21.87	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	24.69	23.02			23.02	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Rural	Rural			Rural	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	42.46	42.46			42.46	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	9.58	8.21			8.21	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes	Yes			Yes	7.00
8.00	S-2, Line 22	Yes	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No	No			No	9.00
10.00	S-2, Line 45	No	No			No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	1.15	0.00	1.15	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No	No			No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	94	94			94	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	118	118			118	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	1	1			1	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,108	1,108			1,108	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	30	30			30	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	1,351	1,351			1,351	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	6,032	6,032			6,032	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	61	61			61	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	84	84			84	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	6,177	6,177			6,177	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.87	21.87			21.87	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0076		Period: From 07/01/2021 To 06/30/2022		Worksheet DSH Date/Time Prepared: 10/24/2024 1:46 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	9.58	True	8.21	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00	False	0.00	False	29.00
30.00	Line 28 or 29 as applicable		9.58		8.21		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		9.58		8.21		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False	False			False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False	False			False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False	False			False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False	False			False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural	Rural			Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet DSH Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	8.21		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	8.21		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	8.21		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0076

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/24/2024 1:46 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	1,054,499	0	1,054,499		1,054,499	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,087,933	0		3,087,933	3,087,933	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	7,103	0	7,103		7,103	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	70,360	0		70,360	70,360	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0821	0.0821	0.0821	0.0821		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	85,024	0	21,644	63,380	85,024	11.00
11.01	Uncompensated care payments	36.00	590,210	0	128,673	461,537	590,210	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	4,895,129	0	1,211,919	3,683,210	4,895,129	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,895,129	0	1,211,919	3,683,210	4,895,129	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0076

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/24/2024 1:46 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	315,642	0	79,795	235,847	315,642	16.00
17.00	Special add-on payments for new technologies	54.00	338,130	0	95,913	242,217	338,130	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	1,387,627	4,161,274	5,548,901	19.00
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	305,051	0	78,472	226,579	305,051	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	10,591	0	1,323	9,268	10,591	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	315,642	0	79,795	235,847	315,642	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.135990	0.145910			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		188,703			188,703	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97			607,171		607,171	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 10/24/2024 1:46 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	1,054,499	4,142,817		4,142,817	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,087,933		0	0	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	7,103	77,462		77,462	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	70,360		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	3,555,622	0	3,555,622	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0821	0.0821	0.0821		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	85,024	85,024	0	85,024	11.00
11.01	Uncompensated care payments	36.00	590,210	128,718	461,537	590,255	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	4,895,129	4,433,592	461,537	4,895,129	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	4,895,129	4,433,592	461,537	4,895,129	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	315,642	315,642	0	315,642	16.00
17.00	Special add-on payments for new technologies	54.00	338,130	338,130	0	338,130	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,087,364	461,537	5,548,901	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 10/24/2024 1:46 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	305,051	305,051	0	305,051	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	10,591	10,591	0	10,591	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	315,642	315,642	0	315,642	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	188,703	188,703		188,703	28.00
29.00	Low volume adjustment on or after October 1	70.97	607,171		607,171	607,171	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-7,018	-7,018	0	-7,018	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	-3,664	-3,664	0	-3,664	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: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		89,034	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		5,373,444	2.00
3.00	OPPTS or REH payments		4,784,962	3.00
4.00	Outlier payment (see instructions)		9,441	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		89,034	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		310,850	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)		310,850	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		310,850	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		221,816	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)		89,034	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)		4,794,403	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		825,225	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)		4,058,212	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		4,058,212	30.00
31.00	Primary payer payments		712	31.00
32.00	Subtotal (line 30 minus line 31)		4,057,500	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		106,384	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		69,150	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		65,153	36.00
37.00	Subtotal (see instructions)		4,126,650	37.00
38.00	MSP-LCC reconciliation amount from PS&R		108	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		4,126,542	40.00
40.01	Sequestration adjustment (see instructions)		10,316	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		4,144,147	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		-27,403	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-518	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		9,441	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0076

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

Worksheet E-1
Part I
Date/Time Prepared:
10/24/2024 1:46 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		5,583,099		4,144,147	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	03/23/2022	34,300		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)		34,300		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)		5,617,399		4,144,147	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	05/03/2023	170,995		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0	05/03/2023	27,403	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)		170,995		-27,403	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		17,577		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		518	6.02	
7.00	Total Medicare program liability (see instructions)		5,805,971		4,116,226	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Wisconsin Physician Services		08001	10/24/2024	8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet E-5 Date/Time Prepared: 10/24/2024 1:46 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		10,591	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0076

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

Worksheet G
Date/Time Prepared:
10/24/2024 1:46 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,270	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	164,521,995	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,589,403	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	45,777	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)	166,158,445	0	0	0	11.00
FIXED ASSETS						
12.00	Land	477,930	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,682,830	0	0	0	15.00
16.00	Accumulated depreciation	-33,989,683	0	0	0	16.00
17.00	Leasehold improvements	403,970	0	0	0	17.00
18.00	Accumulated depreciation	-403,970	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	146,274	0	0	0	21.00
22.00	Accumulated depreciation	-125,841	0	0	0	22.00
23.00	Major movable equipment	27,903,962	0	0	0	23.00
24.00	Accumulated depreciation	-26,417,530	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	12,677,942	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	22,758,849	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,758,849	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	201,595,236	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	110,426,686	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,109,517	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	951,711	0	0	0	40.00
41.00	Deferred income	137,180	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	42,668	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	122,667,762	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,523,424	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,523,424	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	130,191,186	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	71,404,050	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	71,404,050	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	201,595,236	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0076

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

Worksheet G-1

Date/Time Prepared:
10/24/2024 1:46 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		64,466,163			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,584,611				2.00
3.00	Total (sum of line 1 and line 2)		70,050,774			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INTRACO EQUITY TRANSFERS	1,271,000		0		0	5.00
6.00	UNREST NA REL FROM REST FOR CAP	82,278		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,353,278			0	10.00
11.00	Subtotal (line 3 plus line 10)		71,404,052			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TO BALANCE	2		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		71,404,050			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	INTRACO EQUITY TRANSFERS		0				5.00
6.00	UNREST NA REL FROM REST FOR CAP		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	TO BALANCE		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: 15-0076

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/24/2024 1:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,533,248		10,533,248	1.00
2.00	SUBPROVIDER - IPF				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)	10,533,248		10,533,248	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,218,840		6,218,840	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,218,840		6,218,840	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,752,088		16,752,088	17.00
18.00	Ancillary services	37,325,415	147,427,688	184,753,103	18.00
19.00	Outpatient services	3,973,517	23,268,111	27,241,628	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				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIANS PRIVATE OFFICES	725	517,290	518,015	27.00
27.02	HOSPITALIST	1,162,417	536,384	1,698,801	27.02
27.03	INTENSIVIST	434,528	14,426	448,954	27.03
27.04	FOOT & ANKLE SPORTS MED PLY	46,647	751,640	798,287	27.04
27.99	REVENUE ADJUSTMENTS	778,957	2,749,070	3,528,027	27.99
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	60,474,294	175,264,609	235,738,903	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		63,733,720		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)		63,733,720		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0076

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

Worksheet G-3

Date/Time Prepared:
10/24/2024 1:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	235,738,903	1.00
2.00	Less contractual allowances and discounts on patients' accounts	169,917,746	2.00
3.00	Net patient revenues (line 1 minus line 2)	65,821,157	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	63,733,720	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,087,437	5.00
OTHER INCOME			
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	202,285	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	34,120	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 SPECIFY	1,325,917	24.00
24.50	COVID-19 PHE Funding	1,934,852	24.50
25.00	Total other income (sum of lines 6-24)	3,497,174	25.00
26.00	Total (line 5 plus line 25)	5,584,611	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)	5,584,611	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0076	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 10/24/2024 1:46 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		305,051	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		10,591	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)		15.85	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		315,642	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00