

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: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 3/28/2023 2:20 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 3/28/2023	Time: 2:20 pm
	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 checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH FLOYD ( 15-0044 ) for the cost reporting period beginning 09/01/2020 and ending 08/31/2021 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	<b>Christopher Graff</b>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Christopher Graff		2
3	Signatory Title	SYSTEM VP, FINANCIAL OPERATIONS		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	-87,861	-106	0	1,469,760
2.00	SUBPROVIDER - IPF	0	0	0	0	0
3.00	SUBPROVIDER - IRF	0	0	0	0	0
4.00	SUBPROVIDER (OTHER)	0	0	0	0	0
5.00	SWING BED - SNF	0	0	0	0	0
6.00	SWING BED - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	TOTAL	0	-87,861	-106	0	1,469,760

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 674 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 3/28/2023 2:20 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47150-4990		County: FLOYD			
1.00 Street: 1850 STATE STREET		2.00 City: NEW ALBANY									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	BAPTIST HEALTH FLOYD		150044	31140	1	07/01/1966	N	P	O	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
17.10	Hospital-Based (CORF) I										17.10
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)						09/01/2020	08/31/2021		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim 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.					2	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044			Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 3/28/2023 2:20 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,108	202	34	0	6,020	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? 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 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	
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.								58.00	

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			V	XVIII	XIX
			1.00	2.00	3.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				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.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00

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

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00	2.00	3.00	4.00

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

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

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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
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			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		0 89.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		N 92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N 93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N 94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 3/28/2023 2:20 pm	
		V		XIX			
		1.00		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. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, 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. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
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
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00
<b>Miscellaneous Cost Reporting Information</b>							
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					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 3/28/2023 2:20 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	367,501	563,808
		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	
119.00	DO NOT USE THIS LINE			
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
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	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.00
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.			
<b>Certified Transplant Center Information</b>				
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	
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.			
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.			
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.			
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.			
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.			
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.			
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.			
133.00	Removed and reserved			
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.			
<b>All Providers</b>				
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	
		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: BAPTIST HEALTHCARE SYSTEM, INC.	Contractor's Name: CIGNA		Contractor's Number: 15101
142.00	Street: 2701 EASTPOINT PKWY	PO Box:		
143.00	City: LOUISVILLE	State: KY	Zip Code: 40223	
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?			Y
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	
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	



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 3/28/2023 2:20 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
161.10	CORF		N	N	N	N	161.10	
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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part II Date/Time Prepared: 3/28/2023 2:20 pm	
		Y/N	Date				
		1.00	2.00				
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
<b>Financial Data and Reports</b>							
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	12/07/2021			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		
<b>Approved Educational Activities</b>							
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.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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					
<b>Bad Debts</b>							
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
<b>Bed Complement</b>							
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		
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/10/2021	Y	12/10/2021		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: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part II Date/Time Prepared: 3/28/2023 2:20 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		KOTTAK	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTHCARE SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-489-8646		JULIE.KOTTAK@BHSI.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-2  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V	
	Line No.				Visits / Trips		
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
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	184	67,160	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)		184	67,160	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	32	11,680	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	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)		216	78,840	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		216				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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
<b>PART I - STATISTICAL DATA</b>						
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)	16,622	679	44,605		1.00
2.00	HMO and other (see instructions)	12,100	6,258			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)	16,622	679	44,605		7.00
8.00	INTENSIVE CARE UNIT	2,804	212	3,763		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		73	2,035		13.00
14.00	Total (see instructions)	19,426	964	50,403	0.00	1,320.46
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY	0	0	0	0.00	0.00
21.00	OTHER LONG TERM CARE	0	0	0	0.00	0.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00
24.00	HOSPICE	0	0	0	0.00	0.00
24.10	HOSPICE (non-distinct part)			478		24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,320.46
28.00	Observation Bed Days		0	11,977		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	142	320		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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 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
<b>PART I - STATISTICAL DATA</b>							
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	4,246	410	11,698	1.00
2.00	HMO and other (see instructions)			2,127	1,833		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)	0.00	0	4,246	410	11,698	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	89,176,707	0	89,176,707	2,746,560.53	32.47
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC 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)		1,424,203	112,190	1,536,393	45,895.24	33.48
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,689,436	0	3,689,436	33,651.50	109.64
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		112,238	0	112,238	888.53	126.32
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		21,896,914	0	21,896,914	531,728.00	41.18
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		23,394,845	0	23,394,845		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		401,725	0	401,725		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,091,246	0	5,091,246		
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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	479,879	-393,774	86,105	3,181.26	27.07	26.00
27.00	Administrative & General	6,745,117	-3,234,393	3,510,724	136,978.91	25.63	27.00
28.00	Administrative & General under contract (see inst.)	706,324	0	706,324	11,593.55	60.92	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,262,657	38,655	1,301,312	40,557.86	32.09	30.00
31.00	Laundry & Linen Service	85,557	840	86,397	5,650.45	15.29	31.00
32.00	Housekeeping	1,987,001	74,927	2,061,928	117,719.40	17.52	32.00
33.00	Housekeeping under contract (see instructions)	11,317	0	11,317	530.25	21.34	33.00
34.00	Dietary	2,437,061	-1,536,826	900,235	42,755.00	21.06	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,627,367	1,627,367	90,302.47	18.02	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,179,519	33,637	1,213,156	33,370.57	36.35	38.00
39.00	Central Services and Supply	599,306	15,694	615,000	32,018.38	19.21	39.00
40.00	Pharmacy	4,091,211	-14,567	4,076,644	85,322.34	47.78	40.00
41.00	Medical Records & Medical Records Library	2,833,485	117,735	2,951,220	74,953.30	39.37	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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/28/2023 2:20 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	89,894,348	0	89,894,348	2,758,684.33	32.59	1.00
2.00	Excluded area salaries (see instructions)	1,424,203	112,190	1,536,393	45,895.24	33.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,470,145	-112,190	88,357,955	2,712,789.09	32.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,698,588	0	25,698,588	566,268.03	45.38	4.00
5.00	Subtotal wage-related costs (see inst.)	28,486,091	0	28,486,091	0.00	32.24	5.00
6.00	Total (sum of lines 3 thru 5)	142,654,824	-112,190	142,542,634	3,279,057.12	43.47	6.00
7.00	Total overhead cost (see instructions)	22,418,434	-3,270,705	19,147,729	674,933.74	28.37	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part IV  
Date/Time Prepared:  
3/28/2023 2:20 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,738,970	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	98,699	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	14,034,018	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	64,241	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)	182,025	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	732,100	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,517,262	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	112,947	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	316,308	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,796,570	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet S-3 Part V Date/Time Prepared: 3/28/2023 2:20 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	3,689,863	23,796,570	1.00
2.00	Hospital	3,689,863	23,394,845	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	401,725	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet S-10 Date/Time Prepared: 3/28/2023 2:20 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.136454	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			27,068,296	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				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			249,383,954	6.00	
7.00	Medicaid cost (line 1 times line 6)			34,029,438	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)			6,961,142	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)			6,961,142	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)	14,354,083	217,084	14,571,167	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,958,672	217,084	2,175,756	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	1,958,672	217,084	2,175,756	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)			9,836,821	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			711,785	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,095,054	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			8,741,767	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,576,118	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,751,874	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,713,016	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet A Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	5,185,509	5,185,509	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	5,675,944	5,675,944	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	479,879	180,236	660,115	-393,672	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,745,117	95,986,570	102,731,687	-21,237,065	5.00
7.00	00700	OPERATION OF PLANT	1,262,657	5,618,108	6,880,765	19,970	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85,557	977,756	1,063,313	924	8.00
9.00	00900	HOUSEKEEPING	1,987,001	1,229,489	3,216,490	82,405	9.00
10.00	01000	DIETARY	2,437,061	2,076,607	4,513,668	-3,017,278	10.00
11.00	01100	CAFETERIA	0	0	0	3,115,033	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,179,519	748,908	1,928,427	36,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	599,306	1,216,435	1,815,741	-217,506	14.00
15.00	01500	PHARMACY	4,091,211	11,210,058	15,301,269	-9,538,016	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,833,485	918,197	3,751,682	121,480	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	329,642	61,681	391,323	137,043	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	26,005,951	20,446,056	46,452,007	-9,529,267	30.00
31.00	03100	INTENSIVE CARE UNIT	3,495,429	2,661,194	6,156,623	2,873,398	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	647,110	315,519	962,629	22,933	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,339,495	25,245,719	31,585,214	-13,987,617	50.00
51.00	05100	RECOVERY ROOM	803,374	294,238	1,097,612	1,761,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,606,003	905,511	2,511,514	135,436	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,286,721	3,595,087	7,881,808	-1,236,151	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	542,627	2,325,731	2,868,358	19,075	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	851,186	1,083,166	1,934,352	22,489	57.00
58.00	05800	MRI	432,506	408,343	840,849	-18,195	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,952,137	10,767,865	13,720,002	-8,620,435	59.00
60.00	06000	LABORATORY	4,043,419	7,278,603	11,322,022	3,207,827	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,066,280	1,066,280	19,021	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	554,519	325,991	880,510	3,503,867	64.00
65.00	06500	RESPIRATORY THERAPY	2,503,604	1,696,578	4,200,182	165,169	65.00
66.00	06600	PHYSICAL THERAPY	920,052	229,328	1,149,380	72,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	327,934	47,158	375,092	7,467	67.00
68.00	06800	SPEECH PATHOLOGY	428,742	111,104	539,846	10,570	68.00
69.00	06900	ELECTROCARDIOLOGY	1,527,424	764,561	2,291,985	-55,789	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	448,650	234,705	683,355	12,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,004,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,103,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,790,580	73.00
74.00	07400	RENAL DIALYSIS	0	-114,740	-114,740	1,230,399	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	339,087	1,586,853	1,925,940	-257,946	76.01
76.97	07697	CARDIAC REHABILITATION	391,587	194,493	586,080	11,003	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,100,597	164,768	1,265,365	12,866	90.00
91.00	09100	EMERGENCY	5,503,557	3,351,981	8,855,538	285,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A

Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,082,146	205,210,137	293,292,283	3,538,150	296,830,433	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	-738	-738	327	-411	190.00
191.00	19100	RESEARCH	95,203	23,728	118,931	1,535	120,466	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	195,037	54,147	249,184	324,739	573,923	192.00
192.01	19201	OTHER NRCC	17,090	412,606	429,696	0	429,696	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	410,085	3,973,910	4,383,995	-3,869,256	514,739	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	377,146	153,156	530,302	4,505	534,807	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	89,176,707	209,826,946	299,003,653	0	299,003,653	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-116	5,185,393	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,675,944	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	266,443	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-29,999,092	51,495,530	5.00
7.00	00700	OPERATION OF PLANT	0	6,900,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,064,237	8.00
9.00	00900	HOUSEKEEPING	0	3,298,895	9.00
10.00	01000	DIETARY	0	1,496,390	10.00
11.00	01100	CAFETERIA	-1,112,794	2,002,239	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,964,893	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,598,235	14.00
15.00	01500	PHARMACY	0	5,763,253	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,410	3,870,752	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	528,366	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-6,617,443	30,305,297	30.00
31.00	03100	INTENSIVE CARE UNIT	-125,333	8,904,688	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-98,650	886,912	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,384,344	15,213,253	50.00
51.00	05100	RECOVERY ROOM	0	2,859,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-120,056	2,526,894	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,645,657	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-280,843	2,606,590	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,956,841	57.00
58.00	05800	MRI	0	822,654	58.00
59.00	05900	CARDIAC CATHETERIZATION	-83,243	5,016,324	59.00
60.00	06000	LABORATORY	-13,524	14,516,325	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,085,301	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,384,377	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,365,351	65.00
66.00	06600	PHYSICAL THERAPY	0	1,221,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	382,559	67.00
68.00	06800	SPEECH PATHOLOGY	0	550,416	68.00
69.00	06900	ELECTROCARDIOLOGY	-342	2,235,854	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,833	690,483	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-97,751	7,907,127	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,103,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,790,580	73.00
74.00	07400	RENAL DIALYSIS	0	1,115,659	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.01	03020	WOUND CARE CENTER	-998	1,666,996	76.01
76.97	07697	CARDIAC REHABILITATION	0	597,083	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,278,231	90.00
91.00	09100	EMERGENCY	-485,874	8,654,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
99.10	09910	CORF	6.00	7.00	
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	0	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-41,428,646	255,401,787	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	-411	118.00
191.00	19100	RESEARCH	0	120,466	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	573,923	191.00
192.01	19201	OTHER NRCC	0	429,696	192.00
192.02	19202	LTC	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	192.02
194.00	07950	MARKETING	0	0	193.00
194.01	07951	PHARMACY RETAIL	0	514,739	194.00
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	534,807	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-41,428,646	257,575,007	194.02
					200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,480,569	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
0			0	15,480,569	
<b>B - SUPPLIES IMPLANTS AND DYES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	8,004,878	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,103,617	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	310,011	3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	0	53	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
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
0			0	28,418,559	
<b>C - PHARMACY RESIDENCY</b>					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	97,805	36,038	1.00
0			97,805	36,038	
<b>D - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,627,367	1,487,666	1.00
0			1,627,367	1,487,666	
<b>E - BLDG &amp; FIXT DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,508,873	1.00
0			0	5,508,873	
<b>F - MOVABLE DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,675,944	1.00
0			0	5,675,944	
<b>G - IP ANCILLARY COST RECLASS</b>					
1.00	INTENSIVE CARE UNIT	31.00	2,114,088	559,294	1.00
2.00	OPERATING ROOM	50.00	905,836	238,677	2.00
3.00	RECOVERY ROOM	51.00	5,258	1,386	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	97,426	25,673	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	4,332	1,127	5.00
6.00	CARDIAC CATHETERIZATION	59.00	54,454	14,349	6.00
7.00	LABORATORY	60.00	45,641	12,027	7.00
8.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	14,095	3,714	8.00
9.00	INTRAVENOUS THERAPY	64.00	12,952	3,411	9.00
10.00	RESPIRATORY THERAPY	65.00	49,238	12,975	10.00
11.00	ELECTROCARDIOLOGY	69.00	1,305	344	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	390	96	12.00
13.00	RENAL DIALYSIS	74.00	34,518	8,712	13.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-6

Date/Time Prepared:  
3/28/2023 2:20 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00	WOUND CARE CENTER	76.01	1,493	393	14.00
15.00	EMERGENCY	91.00	11,622	3,063	15.00
	O		3,352,648	885,241	
<b>H - OP ANCILLARY COST RECLASS</b>					
1.00	OPERATING ROOM	50.00	108,937	28,706	1.00
2.00	RECOVERY ROOM	51.00	1,361,299	358,671	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	678	179	3.00
4.00	CT SCAN	57.00	1,232	325	4.00
5.00	CARDIAC CATHETERIZATION	59.00	9,101	2,398	5.00
6.00	LABORATORY	60.00	2,958	779	6.00
7.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	959	253	7.00
8.00	INTRAVENOUS THERAPY	64.00	2,790,552	735,296	8.00
9.00	RESPIRATORY THERAPY	65.00	575	152	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	2,678	706	10.00
11.00	WOUND CARE CENTER	76.01	377	99	11.00
12.00	CLINIC	90.00	649	171	12.00
13.00	EMERGENCY	91.00	41,617	10,967	13.00
	O		4,321,612	1,138,702	
<b>I - COVID EXPENSES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,024	102	1.00
2.00	OPERATION OF PLANT	7.00	31,099	3,104	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	840	84	3.00
4.00	HOUSEKEEPING	9.00	74,927	7,478	4.00
5.00	DIETARY	10.00	72,798	7,265	5.00
6.00	NURSING ADMINISTRATION	13.00	28,342	2,829	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	15,694	1,566	7.00
8.00	PHARMACY	15.00	83,238	8,307	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	42,553	4,247	9.00
10.00	PARAMEDICAL PRGM-PHARMACY RESIDENCY	23.00	2,910	290	10.00
11.00	ADULTS & PEDIATRICS	30.00	1,229,627	1,097,219	11.00
12.00	INTENSIVE CARE UNIT	31.00	164,703	330,907	12.00
13.00	NURSERY	43.00	28,644	2,859	13.00
14.00	OPERATING ROOM	50.00	513,126	56,030	14.00
15.00	RECOVERY ROOM	51.00	32,973	3,291	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	83,739	8,357	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	118,247	11,801	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	4,758	475	18.00
19.00	CT SCAN	57.00	19,547	1,951	19.00
20.00	MRI	58.00	6,257	624	20.00
21.00	CARDIAC CATHETERIZATION	59.00	106,741	10,653	21.00
22.00	LABORATORY	60.00	92,711	3,045,993	22.00
23.00	INTRAVENOUS THERAPY	64.00	23,440	2,339	23.00
24.00	RESPIRATORY THERAPY	65.00	82,487	52,522	24.00
25.00	PHYSICAL THERAPY	66.00	19,555	1,952	25.00
26.00	OCCUPATIONAL THERAPY	67.00	6,789	678	26.00
27.00	SPEECH PATHOLOGY	68.00	11,566	1,154	27.00
28.00	ELECTROCARDIOLOGY	69.00	23,487	2,344	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	5,304	529	29.00
30.00	WOUND CARE CENTER	76.01	18,689	1,865	30.00
31.00	CARDIAC REHABILITATION	76.97	10,005	998	31.00
32.00	CLINIC	90.00	13,324	6,029	32.00
33.00	EMERGENCY	91.00	323,021	44,341	33.00
35.00	GIFT FLOWER COFFEE SHOP & CAN	190.00	297	30	35.00
36.00	RESEARCH	191.00	1,396	139	36.00
37.00	PHYSICIANS PRIVATE OFFICES	192.00	1,250	125	37.00
38.00	PHARMACY RETAIL	194.01	4,436	443	38.00
39.00	NON HOSP ENVIRON SVCS/PROPERTY MGMT	194.02	4,096	409	39.00
	O		3,303,640	4,721,329	
<b>J - PHYSICIAN OFFICE BLDG DEPRECIATION</b>					
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	323,364	1.00
	O		0	323,364	
<b>K - DIALYSIS EXPENSE</b>					
1.00	RENAL DIALYSIS	74.00	0	1,187,416	1.00
	O		0	1,187,416	
<b>L - EMPLOYEE BENEFITS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	69,247	0	1.00
2.00	OPERATION OF PLANT	7.00	7,556	0	2.00
3.00	DIETARY	10.00	17,743	0	3.00
4.00	NURSING ADMINISTRATION	13.00	5,295	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	75,182	0	5.00

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-6

Date/Time Prepared:  
3/28/2023 2:20 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	ADULTS & PEDIATRICS	30.00	29,052	0	6.00
7.00	OPERATING ROOM	50.00	57,276	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	5,331	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	17,689	0	9.00
10.00	LABORATORY	60.00	10,342	0	10.00
11.00	PHYSICAL THERAPY	66.00	50,628	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	38,145	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	3,205	0	13.00
14.00	EMERGENCY	91.00	8,107	0	14.00
	TOTALS		394,798	0	
500.00	Grand Total: Increases		13,097,870	64,863,701	500.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-6

Date/Time Prepared:  
3/28/2023 2:20 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - DRUGS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,096,514	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,477	0	2.00
3.00	PHARMACY	15.00	0	9,492,445	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	814	0	4.00
5.00	OPERATING ROOM	50.00	0	1,902	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	179	0	6.00
7.00	MRI	58.00	0	973	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	7,590	0	8.00
9.00	LABORATORY	60.00	0	1,043	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	1,034	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	19	0	11.00
12.00	WOUND CARE CENTER	76.01	0	2,444	0	12.00
13.00	PHARMACY RETAIL	194.01	0	3,874,135	0	13.00
0			0	15,480,569		
<b>B - SUPPLIES IMPLANTS AND DYES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12	0	1.00
2.00	OPERATION OF PLANT	7.00	0	21,789	0	2.00
3.00	DIETARY	10.00	0	51	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	233,289	0	4.00
5.00	PHARMACY	15.00	0	3,273	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	502	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,003,202	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	291,124	0	8.00
9.00	NURSERY	43.00	0	8,570	0	9.00
10.00	OPERATING ROOM	50.00	0	15,894,303	0	10.00
11.00	RECOVERY ROOM	51.00	0	1,365	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	79,759	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,377,846	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,668	0	14.00
15.00	CT SCAN	57.00	0	566	0	15.00
16.00	MRI	58.00	0	24,103	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	8,810,541	0	17.00
18.00	LABORATORY	60.00	0	1,581	0	18.00
20.00	INTRAVENOUS THERAPY	64.00	0	64,123	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	31,746	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	68	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	2,150	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	121,395	0	24.00
25.00	RENAL DIALYSIS	74.00	0	247	0	25.00
26.00	WOUND CARE CENTER	76.01	0	278,418	0	26.00
27.00	CLINIC	90.00	0	7,307	0	27.00
28.00	EMERGENCY	91.00	0	157,561	0	28.00
0			0	28,418,559		
<b>C - PHARMACY RESIDENCY</b>						
1.00	PHARMACY	15.00	97,805	36,038	0	1.00
0			97,805	36,038		
<b>D - CAFETERIA RECLASS</b>						
1.00	DIETARY	10.00	1,627,367	1,487,666	0	1.00
0			1,627,367	1,487,666		
<b>E - BLDG &amp; FIXT DEPRECIATION</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,508,873	9	1.00
0			0	5,508,873		
<b>F - MOVABLE DEPRECIATION</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,675,944	9	1.00
0			0	5,675,944		
<b>G - IP ANCILLARY COST RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	3,352,648	885,241	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
0			3,352,648	885,241		

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>H - OP ANCILLARY COST RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	4,317,995	1,137,849	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	3,617	853	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
0			4,321,612	1,138,702		
<b>I - COVID EXPENSES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,303,640	4,721,329	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
0			3,303,640	4,721,329		
<b>J - PHYSICIAN OFFICE BLDG DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	323,364	9	1.00
0			0	323,364		
<b>K - DIALYSIS EXPENSE</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	1,187,416	0	1.00
0			0	1,187,416		
<b>L - EMPLOYEE BENEFITS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	394,798	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-6

Date/Time Prepared:  
3/28/2023 2:20 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	TOTALS		394,798	0			
500.00	Grand Total: Decreases		13,097,870	64,863,701			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-7  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,111,661	0	0	0	1.00
2.00	Land Improvements	1,119,723	0	0	3,822	2.00
3.00	Buildings and Fixtures	137,779,379	2,106,414	0	2,106,414	3.00
4.00	Building Improvements	2,896,162	0	0	0	4.00
5.00	Fixed Equipment	1,214,702	1,155,048	0	1,155,048	5.00
6.00	Movable Equipment	45,346,939	4,066,197	0	4,066,197	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	190,468,566	7,327,659	0	7,327,659	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	190,468,566	7,327,659	0	7,327,659	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,111,661	0			1.00
2.00	Land Improvements	1,115,901	0			2.00
3.00	Buildings and Fixtures	139,885,793	0			3.00
4.00	Building Improvements	2,896,162	0			4.00
5.00	Fixed Equipment	2,329,734	0			5.00
6.00	Movable Equipment	48,472,223	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	196,811,474	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	196,811,474	0			10.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-7  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-7  
Part III  
Date/Time Prepared:  
3/28/2023 2:20 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	148,339,251	0	148,339,251	0.753712	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	48,472,223	0	48,472,223	0.246288	0	2.00
3.00	Total (sum of lines 1-2)	196,811,474	0	196,811,474	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,185,393	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,675,944	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,861,337	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,185,393	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,675,944	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,861,337	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-8

Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-116	CAP REL COSTS-BLDG & FIXT		1.00	9	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)	A	-286,226	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-79,463	ADMINISTRATIVE & GENERAL		5.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,237,562				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	-7,107,463				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,112,794	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	0			0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		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	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	A	-14,852	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 EDUCATION RECLASSES	B	-5,610	ADULTS & PEDIATRICS		30.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 MANAGEMENT FEE	B	-26,004	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 OTHER REVENUE	B	-41,529	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 LOBBYING DUES	B	-7,556	ADMINISTRATIVE & GENERAL		5.00	0 33.03
33.04 ADVERTISING & CHARITABLE DONATIONS	B	-47,281	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05 ADVERTISING	B	-342	ELECTROCARDIOLOGY		69.00	0 33.05
33.06 BAD DEBT EXPENSE	B	-268,659	ADMINISTRATIVE & GENERAL		5.00	0 33.06
33.07 AMORTIZATION OF GOODWILL	B	-538,104	ADMINISTRATIVE & GENERAL		5.00	0 33.07
33.08 PHYSICIAN RECRUITMENT	B	-18,823	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09 PROVIDER TAX	B	-21,636,262	ADMINISTRATIVE & GENERAL		5.00	0 33.09
33.10 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.10
33.11 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.11
33.12 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.12
33.13 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.13
33.14 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.14
33.15 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.15
33.16 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.16
33.17 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.17
33.18 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.18
33.19 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.19
33.20 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.20
33.21 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.21
33.22 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.22
33.23 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.23
33.24 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.24
33.25 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.25
33.26 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.26
33.27 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.27
33.28 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.28
33.29 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,428,646				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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:  
3/28/2023 2:20 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	45,770,373	52,780,085	1.00
2.00	71.00	MEDICAL SUPPLIES CHARGED TO	-97,751	0	2.00
3.00	0.00	SUPPLIES	0	0	3.00
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.		45,672,622	52,780,085	5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:  
3/28/2023 2:20 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-7,009,712	0		1.00
2.00	-97,751	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-7,107,463			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-8-2

Date/Time Prepared:  
3/28/2023 2:20 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	DR. A	41,608	39,058	2,550	211,500	21	1.00
2.00	16.00	DR. B	4,850	0	4,850	211,500	24	2.00
3.00	30.00	DR. C	6,596,981	6,596,981	0	211,500	0	3.00
4.00	31.00	DR. D	125,333	125,333	0	246,400	0	4.00
5.00	43.00	DR. E	98,650	98,650	0	211,500	0	5.00
6.00	50.00	DR. F	2,393,756	2,382,918	10,838	271,900	72	6.00
7.00	52.00	DR. G	120,056	120,056	0	211,500	0	7.00
8.00	55.00	DR. H	280,843	280,843	0	260,300	0	8.00
9.00	59.00	DR. I	83,243	83,243	0	211,500	0	9.00
10.00	60.00	DR. J	72,500	0	72,500	211,500	580	10.00
11.00	70.00	DR. K	8,375	5,000	3,375	211,500	25	11.00
12.00	76.01	DR. L	16,250	0	16,250	211,500	150	12.00
13.00	91.00	DR. M	487,399	485,524	1,875	211,500	15	13.00
200.00			10,329,844	10,217,606	112,238		887	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	DR. A	2,135	107	0	0	0	1.00
2.00	16.00	DR. B	2,440	122	0	0	0	2.00
3.00	30.00	DR. C	0	0	0	0	0	3.00
4.00	31.00	DR. D	0	0	0	0	0	4.00
5.00	43.00	DR. E	0	0	0	0	0	5.00
6.00	50.00	DR. F	9,412	471	0	0	0	6.00
7.00	52.00	DR. G	0	0	0	0	0	7.00
8.00	55.00	DR. H	0	0	0	0	0	8.00
9.00	59.00	DR. I	0	0	0	0	0	9.00
10.00	60.00	DR. J	58,976	2,949	0	0	0	10.00
11.00	70.00	DR. K	2,542	127	0	0	0	11.00
12.00	76.01	DR. L	15,252	763	0	0	0	12.00
13.00	91.00	DR. M	1,525	76	0	0	0	13.00
200.00			92,282	4,615	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	DR. A	0	2,135	415	39,473	1.00
2.00	16.00	DR. B	0	2,440	2,410	2,410	2.00
3.00	30.00	DR. C	0	0	0	6,596,981	3.00
4.00	31.00	DR. D	0	0	0	125,333	4.00
5.00	43.00	DR. E	0	0	0	98,650	5.00
6.00	50.00	DR. F	0	9,412	1,426	2,384,344	6.00
7.00	52.00	DR. G	0	0	0	120,056	7.00
8.00	55.00	DR. H	0	0	0	280,843	8.00
9.00	59.00	DR. I	0	0	0	83,243	9.00
10.00	60.00	DR. J	0	58,976	13,524	13,524	10.00
11.00	70.00	DR. K	0	2,542	833	5,833	11.00
12.00	76.01	DR. L	0	15,252	998	998	12.00
13.00	91.00	DR. M	0	1,525	350	485,874	13.00
200.00			0	92,282	19,956	10,237,562	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2023 2: 20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,185,393	5,185,393			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,675,944		5,675,944		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	266,443	112,694	324	379,461	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	51,495,530	368,836	123,266	14,952	52,002,584 5.00
7.00 00700	OPERATION OF PLANT	6,900,735	72,106	185,657	5,542	7,164,040 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,064,237	68,396	2,336	368	1,135,337 8.00
9.00 00900	HOUSEKEEPING	3,298,895	17,284	7,740	8,782	3,332,701 9.00
10.00 01000	DIETARY	1,496,390	34,673	73,862	3,834	1,608,759 10.00
11.00 01100	CAFETERIA	2,002,239	149,980	0	6,931	2,159,150 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,964,893	15,194	206,330	5,167	2,191,584 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,598,235	170,357	39,007	2,619	1,810,218 14.00
15.00 01500	PHARMACY	5,763,253	103,393	360,384	17,362	6,244,392 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,870,752	88,126	786	12,569	3,972,233 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	528,366	4,849	0	1,833	535,048 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	30,305,297	1,524,069	332,325	83,476	32,245,167 30.00
31.00 03100	INTENSIVE CARE UNIT	8,904,688	138,046	104,107	24,577	9,171,418 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	886,912	40,233	14,120	2,878	944,143 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	15,213,253	643,537	1,731,850	33,751	17,622,391 50.00
51.00 05100	RECOVERY ROOM	2,859,125	0	35,800	9,382	2,904,307 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,526,894	271,242	63,306	7,612	2,869,054 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,645,657	297,702	640,051	18,805	7,602,215 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,606,590	0	539,090	2,407	3,148,087 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	1,956,841	37,547	55,646	3,714	2,053,748 57.00
58.00 05800	MRI	822,654	17,180	35,083	1,869	876,786 58.00
59.00 05900	CARDIAC CATHETERIZATION	5,016,324	117,595	579,948	13,298	5,727,165 59.00
60.00 06000	LABORATORY	14,516,325	212,116	30,268	17,867	14,776,576 60.00
60.01 06001	LABORATORY - PATHOLOGY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	1,085,301	4,076	0	64	1,089,441 62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	4,384,377	0	2,077	14,402	4,400,856 64.00
65.00 06500	RESPIRATORY THERAPY	4,365,351	24,777	33,742	11,226	4,435,096 65.00
66.00 06600	PHYSICAL THERAPY	1,221,447	7,117	0	4,217	1,232,781 66.00
67.00 06700	OCCUPATIONAL THERAPY	382,559	1,724	0	1,426	385,709 67.00
68.00 06800	SPEECH PATHOLOGY	550,416	0	23,030	1,875	575,321 68.00
69.00 06900	ELECTROCARDIOLOGY	2,235,854	125,913	148,977	6,773	2,517,517 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	690,483	115,421	8,872	1,960	816,736 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	7,907,127	0	0	0	7,907,127 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,103,617	0	0	0	20,103,617 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,790,580	0	0	0	15,790,580 73.00
74.00 07400	RENAL DIALYSIS	1,115,659	0	0	147	1,115,806 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0 76.00
76.01 03020	WOUND CARE CENTER	1,666,996	0	2,062	1,532	1,670,590 76.01
76.97 07697	CARDIAC REHABILITATION	597,083	37,547	11,531	1,710	647,871 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	1,278,231	59,252	215,507	4,747	1,557,737 90.00
91.00 09100	EMERGENCY	8,654,841	302,112	63,307	25,077	9,045,337 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 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			
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	255,401,787	5,183,094	5,670,391	374,751	255,389,225	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	-411	0	0	1	-410	190.00
191.00 19100 RESEARCH	120,466	0	0	411	120,877	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	573,923	0	0	836	574,759	192.00
192.01 19201 OTHER NRCC	429,696	0	0	73	429,769	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	0	2,299	0	0	2,299	194.00
194.01 07951 PHARMACY RETAIL	514,739	0	5,553	1,765	522,057	194.01
194.02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	534,807	0	0	1,624	536,431	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	257,575,007	5,185,393	5,675,944	379,461	257,575,007	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet B Part I Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,002,584					5.00
7.00	00700	OPERATION OF PLANT	1,812,244	8,976,284				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	287,199	132,550	1,555,086			8.00
9.00	00900	HOUSEKEEPING	843,053	33,497	0	4,209,251		9.00
10.00	01000	DIETARY	406,958	67,197	0	32,104	2,115,018	10.00
11.00	01100	CAFETERIA	546,187	290,658	0	138,867	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	554,392	29,447	0	14,069	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	457,920	330,150	0	157,735	0	14.00
15.00	01500	PHARMACY	1,579,606	200,374	0	95,733	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,004,832	170,786	0	81,596	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	135,348	9,397	0	4,490	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,156,925	2,953,629	727,713	1,411,149	1,993,485	30.00
31.00	03100	INTENSIVE CARE UNIT	2,320,039	267,530	129,154	127,818	57,615	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	238,834	77,971	0	37,252	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,457,831	1,247,166	223,143	595,856	24,985	50.00
51.00	05100	RECOVERY ROOM	734,685	0	0	0	1,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	725,767	525,664	0	251,145	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,923,087	576,942	115,771	275,645	375	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	796,353	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	519,524	72,766	2,611	34,765	0	57.00
58.00	05800	MRI	221,795	33,294	24,395	15,907	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,448,767	227,897	89,028	108,882	10,732	59.00
60.00	06000	LABORATORY	3,737,942	411,077	0	196,400	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	275,589	7,898	0	3,774	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,113,258	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,121,920	48,018	0	22,941	0	65.00
66.00	06600	PHYSICAL THERAPY	311,849	13,792	0	6,589	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,570	3,342	0	1,597	0	67.00
68.00	06800	SPEECH PATHOLOGY	145,536	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	636,841	244,018	0	116,584	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206,605	223,685	7,927	106,869	898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,000,218	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,085,491	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,994,448	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	282,259	0	3,343	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	422,599	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	163,888	72,766	0	34,765	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	394,051	114,829	0	54,862	0	90.00
91.00	09100	EMERGENCY	2,288,145	585,489	232,001	279,728	25,202	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,449,555	8,971,829	1,555,086	4,207,122	2,115,018	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	30,578	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	145,393	0	0	0	0	192.00
192.01	19201	OTHER NRCC	108,716	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	582	4,455	0	2,129	0	194.00
194.01	07951	PHARMACY RETAIL	132,062	0	0	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	135,698	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	52,002,584	8,976,284	1,555,086	4,209,251	2,115,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part I Date/Time Prepared: 3/28/2023 2:20 pm		
Cost Center Description				CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
				11.00	12.00	13.00	14.00	15.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,134,862					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	45,305	0	2,834,797			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,468	0	0	2,799,491		14.00
15.00	01500	PHARMACY	115,835	0	0	23,720	8,259,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	101,758	0	0	146	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	14,339	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	796,513	0	1,120,168	216,238	0	30.00
31.00	03100	INTENSIVE CARE UNIT	225,232	0	319,471	50,568	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	23,130	0	32,351	566	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	310,036	0	396,305	223,130	0	50.00
51.00	05100	RECOVERY ROOM	84,659	0	121,318	2,195	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,611	0	97,054	15,311	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	172,714	0	20,220	14,767	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,759	0	8,088	1,242	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	30,525	0	0	18,472	0	57.00
58.00	05800	MRI	12,914	0	0	2,103	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	116,129	0	121,318	55,459	0	59.00
60.00	06000	LABORATORY	202,503	0	4,044	8,101	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	642	0	0	71,229	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	198,153	5,760	0	64.00
65.00	06500	RESPIRATORY THERAPY	142,507	0	4,044	33,636	0	65.00
66.00	06600	PHYSICAL THERAPY	111,619	0	0	75	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,462	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,410	0	0	226	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,651	0	8,088	3,419	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,425	0	0	1,886	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	21,471	0	0	560,221	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,406,956	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,259,660	73.00
74.00	07400	RENAL DIALYSIS	1,381	0	0	72	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	15,049	0	20,220	3,124	0	76.01
76.97	07697	CARDIAC REHABILITATION	15,254	0	16,176	235	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	37,894	0	24,264	734	0	90.00
91.00	09100	EMERGENCY	236,697	0	323,515	79,900	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,086,892	0	2,834,797	2,799,491	8,259,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	3,685	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	6,088	0	0	0	0	192.00
192.01	19201	OTHER NRCC	265	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	13,427	0	0	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	24,505	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,134,862	0	2,834,797	2,799,491	8,259,660	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	5,331,351				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	698,622		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	906,330	0	698,622	51,225,939	0 30.00
31.00	03100	INTENSIVE CARE UNIT	213,254	0	0	12,882,099	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	106,627	0	0	1,460,874	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	479,822	0	0	25,580,665	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,848,890	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,553,606	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	373,195	0	0	11,074,931	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,974,529	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	106,627	0	0	2,839,038	0 57.00
58.00	05800	MRI	53,314	0	0	1,240,508	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	159,941	0	0	8,065,318	0 59.00
60.00	06000	LABORATORY	1,386,149	0	0	20,722,792	0 60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	1,448,573	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,718,027	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,808,162	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,676,705	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	520,680	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	733,493	0 68.00
69.00	06900	ELECTROCARDIOLOGY	319,881	0	0	3,861,999	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,423,031	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	10,489,037	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,596,064	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,044,688	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,402,861	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0 76.00
76.01	03020	WOUND CARE CENTER	53,314	0	0	2,184,896	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	950,955	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	2,184,371	0 90.00
91.00	09100	EMERGENCY	1,172,897	0	0	14,268,911	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,331,351	0	698,622	254,781,642	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	-410	0	190.00
191.00	19100	RESEARCH	0	0	0	155,140	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	726,240	0	192.00
192.01	19201	OTHER NRCC	0	0	0	538,750	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	9,465	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	667,546	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	696,634	0	194.02
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,331,351	0	698,622	257,575,007	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part I Date/Time Prepared: 3/28/2023 2:20 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	51,225,939	30.00
31.00	03100 INTENSIVE CARE UNIT	12,882,099	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,460,874	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	25,580,665	50.00
51.00	05100 RECOVERY ROOM	3,848,890	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,553,606	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,074,931	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,974,529	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	2,839,038	57.00
58.00	05800 MRI	1,240,508	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,065,318	59.00
60.00	06000 LABORATORY	20,722,792	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	1,448,573	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	5,718,027	64.00
65.00	06500 RESPIRATORY THERAPY	5,808,162	65.00
66.00	06600 PHYSICAL THERAPY	1,676,705	66.00
67.00	06700 OCCUPATIONAL THERAPY	520,680	67.00
68.00	06800 SPEECH PATHOLOGY	733,493	68.00
69.00	06900 ELECTROCARDIOLOGY	3,861,999	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,423,031	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	10,489,037	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	26,596,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,044,688	73.00
74.00	07400 RENAL DIALYSIS	1,402,861	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03950 NUTRITION/DIABETES	0	76.00
76.01	03020 WOUND CARE CENTER	2,184,896	76.01
76.97	07697 CARDIAC REHABILITATION	950,955	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	2,184,371	90.00
91.00	09100 EMERGENCY	14,268,911	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		Total	
		26.00	
101.00	10100 HOME HEALTH AGENCY	0	101.00
	SPECIAL PURPOSE COST CENTERS		
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	254,781,642	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	-410	190.00
191.00	19100 RESEARCH	155,140	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	726,240	192.00
192.01	19201 OTHER NRCC	538,750	192.01
192.02	19202 LTC	0	192.02
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 MARKETING	9,465	194.00
194.01	07951 PHARMACY RETAIL	667,546	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	696,634	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	257,575,007	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 3/28/2023 2: 20 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	112,694	324	113,018	113,018 4. 00
5. 00 00500	ADMINISTRATIVE & GENERAL	10,299,880	368,836	123,266	10,791,982	4,455 5. 00
7. 00 00700	OPERATION OF PLANT	74,059	72,106	185,657	331,822	1,651 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	68,396	2,336	70,732	110 8. 00
9. 00 00900	HOUSEKEEPING	0	17,284	7,740	25,024	2,617 9. 00
10. 00 01000	DIETARY	0	34,673	73,862	108,535	1,142 10. 00
11. 00 01100	CAFETERIA	0	149,980	0	149,980	2,065 11. 00
12. 00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12. 00
13. 00 01300	NURSING ADMINISTRATION	0	15,194	206,330	221,524	1,539 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	3,000	170,357	39,007	212,364	780 14. 00
15. 00 01500	PHARMACY	0	103,393	360,384	463,777	5,173 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	88,126	786	88,912	3,745 16. 00
17. 00 01700	SOCIAL SERVICE	0	0	0	0	0 17. 00
23. 00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	4,849	0	4,849	546 23. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDIATRICS	89	1,524,069	332,325	1,856,483	24,827 30. 00
31. 00 03100	INTENSIVE CARE UNIT	5,509	138,046	104,107	247,662	7,323 31. 00
32. 00 03200	CORONARY CARE UNIT	0	0	0	0	0 32. 00
33. 00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33. 00
34. 00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34. 00
40. 00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40. 00
41. 00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	0 42. 00
43. 00 04300	NURSERY	0	40,233	14,120	54,353	858 43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44. 00
45. 00 04500	NURSING FACILITY	0	0	0	0	0 45. 00
46. 00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00 05000	OPERATING ROOM	206,889	643,537	1,731,850	2,582,276	10,056 50. 00
51. 00 05100	RECOVERY ROOM	0	0	35,800	35,800	2,795 51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	10,858	271,242	63,306	345,406	2,268 52. 00
53. 00 05300	ANESTHESIOLOGY	0	0	0	0	0 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	203,725	297,702	640,051	1,141,478	5,603 54. 00
55. 00 05500	RADIOLOGY-THERAPEUTIC	921,610	0	539,090	1,460,700	717 55. 00
56. 00 05600	RADIOISOTOPE	0	0	0	0	0 56. 00
57. 00 05700	CT SCAN	0	37,547	55,646	93,193	1,107 57. 00
58. 00 05800	MRI	0	17,180	35,083	52,263	557 58. 00
59. 00 05900	CARDIAC CATHETERIZATION	12,616	117,595	579,948	710,159	3,962 59. 00
60. 00 06000	LABORATORY	7,699	212,116	30,268	250,083	5,324 60. 00
60. 01 06001	LABORATORY - PATHOLOGY	0	0	0	0	0 60. 01
61. 00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0 61. 00
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	4,076	0	4,076	19 62. 00
63. 00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0 63. 00
64. 00 06400	INTRAVENOUS THERAPY	0	0	2,077	2,077	4,291 64. 00
65. 00 06500	RESPIRATORY THERAPY	130,632	24,777	33,742	189,151	3,345 65. 00
66. 00 06600	PHYSICAL THERAPY	0	7,117	0	7,117	1,257 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	1,724	0	1,724	425 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	0	23,030	23,030	559 68. 00
69. 00 06900	ELECTROCARDIOLOGY	103,622	125,913	148,977	378,512	2,018 69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	38,320	115,421	8,872	162,613	584 70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
74. 00 07400	RENAL DIALYSIS	0	0	0	0	44 74. 00
75. 00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75. 00
76. 00 03950	NUTRITION/DIABETES	0	0	0	0	0 76. 00
76. 01 03020	WOUND CARE CENTER	561,602	0	2,062	563,664	456 76. 01
76. 97 07697	CARDIAC REHABILITATION	42,044	37,547	11,531	91,122	510 76. 97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88. 00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88. 00
89. 00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89. 00
90. 00 09000	CLINIC	5,618	59,252	215,507	280,377	1,414 90. 00
91. 00 09100	EMERGENCY	10,812	302,112	63,307	376,231	7,472 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92. 00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94. 00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94. 00
95. 00 09500	AMBULANCE SERVICES	0	0	0	0	0 95. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	2A			
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	12,638,584	5,183,094	5,670,391	23,492,069		111,614	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	123	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	249	192.00
192.01 19201 OTHER NRCC	0	0	0	0	0	22	192.01
192.02 19202 LTC	0	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 07950 MARKETING	0	2,299	0	2,299	0	0	194.00
194.01 07951 PHARMACY RETAIL	0	0	5,553	5,553	0	526	194.01
194.02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	0	0	484	194.02
200.00 Cross Foot Adjustments					0		200.00
201.00 Negative Cost Centers		0	0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	12,638,584	5,185,393	5,675,944	23,499,921		113,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 3/28/2023 2:20 pm		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,796,437					5.00
7.00	00700	OPERATION OF PLANT	376,248	709,721				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	59,627	10,480	140,949			8.00
9.00	00900	HOUSEKEEPING	175,030	2,648	0	205,319		9.00
10.00	01000	DIETARY	84,490	5,313	0	1,566	201,046	10.00
11.00	01100	CAFETERIA	113,396	22,981	0	6,774	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	115,100	2,328	0	686	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	95,071	26,104	0	7,694	0	14.00
15.00	01500	PHARMACY	327,949	15,843	0	4,670	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	208,618	13,503	0	3,980	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	28,100	743	0	219	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,693,443	233,535	65,959	68,832	189,493	30.00
31.00	03100	INTENSIVE CARE UNIT	481,674	21,153	11,706	6,235	5,477	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	49,585	6,165	0	1,817	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	925,510	98,609	20,225	29,065	2,375	50.00
51.00	05100	RECOVERY ROOM	152,531	0	0	0	164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150,680	41,562	0	12,250	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	399,261	45,617	10,493	13,445	36	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	165,334	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	107,861	5,753	237	1,696	0	57.00
58.00	05800	MRI	46,048	2,632	2,211	776	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	300,785	18,019	8,069	5,311	1,020	59.00
60.00	06000	LABORATORY	776,051	32,502	0	9,580	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	57,216	624	0	184	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	231,129	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	232,927	3,797	0	1,119	0	65.00
66.00	06600	PHYSICAL THERAPY	64,744	1,090	0	321	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,257	264	0	78	0	67.00
68.00	06800	SPEECH PATHOLOGY	30,215	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	132,217	19,294	0	5,687	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,894	17,686	718	5,213	85	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	415,274	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,055,822	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	829,305	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	58,601	0	303	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	87,738	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	34,026	5,753	0	1,696	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	81,811	9,079	0	2,676	0	90.00
91.00	09100	EMERGENCY	475,052	46,292	21,028	13,645	2,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,681,620	709,369	140,949	205,215	201,046	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	6,348	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	30,186	0	0	0	0	192.00
192.01	19201	OTHER NRCC	22,571	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	121	352	0	104	0	194.00
194.01	07951	PHARMACY RETAIL	27,418	0	0	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	28,173	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,796,437	709,721	140,949	205,319	201,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet B Part II Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	295,196					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,266	0	345,443			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,093	0	0	346,106		14.00
15.00	01500	PHARMACY	10,908	0	0	2,932	831,252	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,582	0	0	18	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	1,350	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	75,004	0	136,499	26,733	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,209	0	38,930	6,252	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,178	0	3,942	70	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	29,195	0	48,293	27,585	0	50.00
51.00	05100	RECOVERY ROOM	7,972	0	14,784	271	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,555	0	11,827	1,893	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,264	0	2,464	1,826	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,955	0	986	154	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,874	0	0	2,284	0	57.00
58.00	05800	MRI	1,216	0	0	260	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,935	0	14,784	6,856	0	59.00
60.00	06000	LABORATORY	19,069	0	493	1,002	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	60	0	0	8,806	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	24,147	712	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,419	0	493	4,158	0	65.00
66.00	06600	PHYSICAL THERAPY	10,511	0	0	9	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,057	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,169	0	0	28	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,474	0	986	423	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,502	0	0	233	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,022	0	0	69,258	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	173,950	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	831,252	73.00
74.00	07400	RENAL DIALYSIS	130	0	0	9	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	1,417	0	2,464	386	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,436	0	1,971	29	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,568	0	2,957	91	0	90.00
91.00	09100	EMERGENCY	22,289	0	39,423	9,878	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	290,679	0	345,443	346,106	831,252	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	347	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	573	0	0	0	0	192.00
192.01	19201	OTHER NRCC	25	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	1,264	0	0	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	2,308	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	295,196	0	345,443	346,106	831,252	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			16.00	17.00	23.00	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	328,358				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	35,807		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	55,821	0		4,426,629	0 30.00
31.00	03100	INTENSIVE CARE UNIT	13,134	0		860,755	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0		0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0		0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0		0	0 41.00
42.00	04200	SUBPROVIDER	0	0		0	0 42.00
43.00	04300	NURSERY	6,567	0		125,535	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	0 44.00
45.00	04500	NURSING FACILITY	0	0		0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0		0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,552	0		3,802,741	0 50.00
51.00	05100	RECOVERY ROOM	0	0		214,317	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		572,441	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,985	0		1,659,472	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		1,629,846	0 55.00
56.00	05600	RADIOISOTOPE	0	0		0	0 56.00
57.00	05700	CT SCAN	6,567	0		221,572	0 57.00
58.00	05800	MRI	3,284	0		109,247	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	9,851	0		1,089,751	0 59.00
60.00	06000	LABORATORY	85,373	0		1,179,477	0 60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0		0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0		0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0		70,985	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0		0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		262,356	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0		448,409	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0		85,049	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		25,805	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0		55,001	0 68.00
69.00	06900	ELECTROCARDIOLOGY	19,701	0		560,312	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		235,528	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		486,554	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		1,229,772	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		1,660,557	0 73.00
74.00	07400	RENAL DIALYSIS	0	0		59,087	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		0	0 75.00
76.00	03950	NUTRITION/DIABETES	0	0		0	0 76.00
76.01	03020	WOUND CARE CENTER	3,284	0		659,409	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	0		136,543	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0		0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0 89.00
90.00	09000	CLINIC	0	0		381,973	0 90.00
91.00	09100	EMERGENCY	72,239	0		1,085,945	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0		0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0		0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		0	0 96.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	328,358	0	0	23,335,068	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	6,818	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	31,008	0	192.00
192.01	19201	OTHER NRCC	0	0	0	22,618	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	2,876	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	34,761	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	30,965	0	194.02
200.00		Cross Foot Adjustments	0	0	35,807	35,807	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	328,358	0	35,807	23,499,921	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 3/28/2023 2:20 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	4,426,629	30.00
31.00	03100 INTENSIVE CARE UNIT	860,755	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	125,535	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	3,802,741	50.00
51.00	05100 RECOVERY ROOM	214,317	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	572,441	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,659,472	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,629,846	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	221,572	57.00
58.00	05800 MRI	109,247	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,089,751	59.00
60.00	06000 LABORATORY	1,179,477	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	70,985	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	262,356	64.00
65.00	06500 RESPIRATORY THERAPY	448,409	65.00
66.00	06600 PHYSICAL THERAPY	85,049	66.00
67.00	06700 OCCUPATIONAL THERAPY	25,805	67.00
68.00	06800 SPEECH PATHOLOGY	55,001	68.00
69.00	06900 ELECTROCARDIOLOGY	560,312	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	235,528	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	486,554	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,229,772	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,660,557	73.00
74.00	07400 RENAL DIALYSIS	59,087	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03950 NUTRITION/DIABETES	0	76.00
76.01	03020 WOUND CARE CENTER	659,409	76.01
76.97	07697 CARDIAC REHABILITATION	136,543	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	381,973	90.00
91.00	09100 EMERGENCY	1,085,945	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		Total	
		26.00	
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	23,335,068	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	190.00
191.00	19100 RESEARCH	6,818	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	31,008	192.00
192.01	19201 OTHER NRCC	22,618	192.01
192.02	19202 LTC	0	192.02
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 MARKETING	2,876	194.00
194.01	07951 PHARMACY RETAIL	34,761	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	30,965	194.02
200.00	Cross Foot Adjustments	35,807	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	23,499,921	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
3/28/2023 2: 20 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	496,206				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,675,946			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,784	324	89,090,602		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,295	123,266	3,510,724	-52,002,584	205,572,833
7.00 00700	OPERATION OF PLANT	6,900	185,657	1,301,312	0	7,164,040
8.00 00800	LAUNDRY & LINEN SERVICE	6,545	2,336	86,397	0	1,135,337
9.00 00900	HOUSEKEEPING	1,654	7,740	2,061,928	0	3,332,701
10.00 01000	DIETARY	3,318	73,862	900,235	0	1,608,759
11.00 01100	CAFETERIA	14,352	0	1,627,367	0	2,159,150
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,454	206,330	1,213,156	0	2,191,584
14.00 01400	CENTRAL SERVICES & SUPPLY	16,302	39,007	615,000	0	1,810,218
15.00 01500	PHARMACY	9,894	360,384	4,076,644	0	6,244,392
16.00 01600	MEDICAL RECORDS & LIBRARY	8,433	786	2,951,220	0	3,972,233
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	464	0	430,357	0	535,048
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	145,843	332,325	19,593,987	0	32,245,167
31.00 03100	INTENSIVE CARE UNIT	13,210	104,107	5,770,603	0	9,171,418
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	3,850	14,120	675,754	0	944,143
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	61,582	1,731,852	7,924,670	0	17,622,391
51.00 05100	RECOVERY ROOM	0	35,800	2,202,904	0	2,904,307
52.00 05200	DELIVERY ROOM & LABOR ROOM	25,956	63,306	1,787,168	0	2,869,054
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,488	640,051	4,415,309	0	7,602,215
55.00 05500	RADIOLOGY-THERAPEUTIC	0	539,090	565,074	0	3,148,087
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	3,593	55,646	871,965	0	2,053,748
58.00 05800	MRI	1,644	35,083	438,763	0	876,786
59.00 05900	CARDIAC CATHETERIZATION	11,253	579,948	3,122,433	0	5,727,165
60.00 06000	LABORATORY	20,298	30,268	4,195,071	0	14,776,576
60.01 06001	LABORATORY - PATHOLOGY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	390	0	15,054	0	1,089,441
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	2,077	3,381,463	0	4,400,856
65.00 06500	RESPIRATORY THERAPY	2,371	33,742	2,635,904	0	4,435,096
66.00 06600	PHYSICAL THERAPY	681	0	990,235	0	1,232,781
67.00 06700	OCCUPATIONAL THERAPY	165	0	334,723	0	385,709
68.00 06800	SPEECH PATHOLOGY	0	23,030	440,308	0	575,321
69.00 06900	ELECTROCARDIOLOGY	12,049	148,977	1,590,361	0	2,517,517
70.00 07000	ELECTROENCEPHALOGRAPHY	11,045	8,872	460,227	0	816,736
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	7,907,127
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	20,103,617
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,790,580
74.00 07400	RENAL DIALYSIS	0	0	34,518	0	1,115,806
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0
76.01 03020	WOUND CARE CENTER	0	2,062	359,646	0	1,670,590
76.97 07697	CARDIAC REHABILITATION	3,593	11,531	401,592	0	647,871
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	5,670	215,507	1,114,570	0	1,557,737
91.00 09100	EMERGENCY	28,910	63,307	5,887,924	0	9,045,337
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	495,986	5,670,393	87,984,566	-52,002,584	203,386,641	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	297	410	0	190.00
191.00 19100 RESEARCH	0	0	96,599	0	120,877	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	196,287	0	574,759	192.00
192.01 19201 OTHER NRCC	0	0	17,090	0	429,769	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	220	0	0	0	2,299	194.00
194.01 07951 PHARMACY RETAIL	0	5,553	414,521	0	522,057	194.01
194.02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	381,242	0	536,431	194.02
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)	5,185,393	5,675,944	379,461		52,002,584	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.450081	1.000000	0.004259		0.252964	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			113,018		10,796,437	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001269		0.052519	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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	443,227				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,545	1,441,107			8.00	
9.00	00900	HOUSEKEEPING	1,654	0	435,028		9.00	
10.00	01000	DIETARY	3,318	0	3,318	214,422	10.00	
11.00	01100	CAFETERIA	14,352	0	14,352	0	2,309,077	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,454	0	1,454	0	33,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,302	0	16,302	0	32,018	14.00
15.00	01500	PHARMACY	9,894	0	9,894	0	85,322	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,433	0	8,433	0	74,953	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	464	0	464	0	10,562	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	145,843	674,374	145,843	202,101	586,696	30.00
31.00	03100	INTENSIVE CARE UNIT	13,210	119,688	13,210	5,841	165,901	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,850	0	3,850	0	17,037	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	61,582	206,788	61,582	2,533	228,366	50.00
51.00	05100	RECOVERY ROOM	0	0	0	175	62,358	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,956	0	25,956	0	51,274	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,488	107,286	28,488	38	127,218	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	15,291	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,593	2,420	3,593	0	22,484	57.00
58.00	05800	MRI	1,644	22,607	1,644	0	9,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,253	82,503	11,253	1,088	85,538	59.00
60.00	06000	LABORATORY	20,298	0	20,298	0	149,160	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	390	0	390	0	473	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,371	0	2,371	0	104,968	65.00
66.00	06600	PHYSICAL THERAPY	681	0	681	0	82,216	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	0	165	0	23,911	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	9,141	68.00
69.00	06900	ELECTROCARDIOLOGY	12,049	0	12,049	0	11,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,045	7,346	11,045	91	43,035	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	15,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,098	0	0	1,017	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	0	0	0	11,085	76.01
76.97	07697	CARDIAC REHABILITATION	3,593	0	3,593	0	11,236	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,670	0	5,670	0	27,912	90.00
91.00	09100	EMERGENCY	28,910	214,997	28,910	2,555	174,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	443,007	1,441,107	434,808	214,422	2,273,744	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	2,714	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	4,484	192.00
192.01	19201	OTHER NRCC	0	0	0	0	195	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	220	0	220	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	0	9,890	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	0	18,050	194.02
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)	8,976,284	1,555,086	4,209,251	2,115,018	3,134,862	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.252115	1.079091	9.675816	9.863811	1.357626	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	709,721	140,949	205,319	201,046	295,196	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.601258	0.097806	0.471967	0.937618	0.127842	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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	701				13.00
14.00	01400	0	0	40,001,213			14.00
15.00	01500	0	0	338,935	100		15.00
16.00	01600	0	0	2,080	0	100	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	277	3,089,770	0	17	30.00
31.00	03100	0	79	722,550	0	4	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	8	8,084	0	2	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	98	3,188,250	0	9	50.00
51.00	05100	0	30	31,369	0	0	51.00
52.00	05200	0	24	218,772	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	5	210,996	0	7	54.00
55.00	05500	0	2	17,745	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	263,936	0	2	57.00
58.00	05800	0	0	30,044	0	1	58.00
59.00	05900	0	30	792,439	0	3	59.00
60.00	06000	0	1	115,757	0	26	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	1,017,770	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	49	82,299	0	0	64.00
65.00	06500	0	1	480,621	0	0	65.00
66.00	06600	0	0	1,076	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	3,231	0	0	68.00
69.00	06900	0	2	48,849	0	6	69.00
70.00	07000	0	0	26,948	0	0	70.00
71.00	07100	0	0	8,004,878	0	0	71.00
72.00	07200	0	0	20,103,617	0	0	72.00
73.00	07300	0	0	0	100	0	73.00
74.00	07400	0	0	1,031	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.01	03020	0	5	44,640	0	1	76.01
76.97	07697	0	4	3,358	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	6	10,495	0	0	90.00
91.00	09100	0	80	1,141,673	0	22	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	701	40,001,213	100	100
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	0	194.02
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	2,834,797	2,799,491	8,259,660	5,331,351
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,043.932953	0.069985	82,596.600000	53,313.510000
204.00		Cost to be allocated (per Wkst. B, Part II)	0	345,443	346,106	831,252	328,358
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	492.786020	0.008652	8,312.520000	3,283.580000
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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION/DIABETES	0	76.00
76.01	03020	WOUND CARE CENTER	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		17.00	23.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201 OTHER NRCC	0	0	192.01
192.02	19202 LTC	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	0	194.00
194.01	07951 PHARMACY RETAIL	0	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	194.02
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	698,622	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	6,986.220000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	35,807	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	358.070000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	51,225,939		51,225,939	0	51,225,939	30.00
31.00	03100	INTENSIVE CARE UNIT	12,882,099		12,882,099	0	12,882,099	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,460,874		1,460,874	0	1,460,874	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	25,580,665		25,580,665	1,426	25,582,091	50.00
51.00	05100	RECOVERY ROOM	3,848,890		3,848,890	0	3,848,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,553,606		4,553,606	0	4,553,606	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,074,931		11,074,931	0	11,074,931	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,974,529		3,974,529	0	3,974,529	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,839,038		2,839,038	0	2,839,038	57.00
58.00	05800	MRI	1,240,508		1,240,508	0	1,240,508	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,065,318		8,065,318	0	8,065,318	59.00
60.00	06000	LABORATORY	20,722,792		20,722,792	13,524	20,736,316	60.00
60.01	06001	LABORATORY - PATHOLOGY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,448,573		1,448,573	0	1,448,573	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,718,027		5,718,027	0	5,718,027	64.00
65.00	06500	RESPIRATORY THERAPY	5,808,162	0	5,808,162	0	5,808,162	65.00
66.00	06600	PHYSICAL THERAPY	1,676,705	0	1,676,705	0	1,676,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	520,680	0	520,680	0	520,680	67.00
68.00	06800	SPEECH PATHOLOGY	733,493	0	733,493	0	733,493	68.00
69.00	06900	ELECTROCARDIOLOGY	3,861,999		3,861,999	0	3,861,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423,031		1,423,031	833	1,423,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	10,489,037		10,489,037	0	10,489,037	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,596,064		26,596,064	0	26,596,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,044,688		28,044,688	0	28,044,688	73.00
74.00	07400	RENAL DIALYSIS	1,402,861		1,402,861	0	1,402,861	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0		0	0	0	76.00
76.01	03020	WOUND CARE CENTER	2,184,896		2,184,896	998	2,185,894	76.01
76.97	07697	CARDIAC REHABILITATION	950,955		950,955	0	950,955	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,184,371		2,184,371	0	2,184,371	90.00
91.00	09100	EMERGENCY	14,268,911		14,268,911	350	14,269,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	10,843,257		10,843,257	0	10,843,257	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 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				
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	265,624,899	0	265,624,899	17,131	265,642,030	200.00
201.00		Less Observation Beds	10,843,257		10,843,257		10,843,257	201.00
202.00		Total (see instructions)	254,781,642	0	254,781,642	17,131	254,798,773	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet C Part I Date/Time Prepared: 3/28/2023 2:20 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	75,247,741		75,247,741				30.00
31.00	03100	INTENSIVE CARE UNIT	42,079,994		42,079,994				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	3,868,961		3,868,961				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	93,096,928	130,249,776	223,346,704	0.114533	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,051,672	17,529,022	22,580,694	0.170450	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,959,703	703,280	9,662,983	0.471242	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,647,412	122,672,191	154,319,603	0.071766	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,106,636	63,177,903	65,284,539	0.060880	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	35,792,072	83,706,495	119,498,567	0.023758	0.000000		57.00
58.00	05800	MRI	5,920,570	20,571,916	26,492,486	0.046825	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	88,246,590	124,330,755	212,577,345	0.037941	0.000000		59.00
60.00	06000	LABORATORY	64,231,543	98,471,361	162,702,904	0.127366	0.000000		60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	7,038,026	1,420,311	8,458,337	0.171260	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	282,895	28,285,774	28,568,669	0.200150	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	20,463,621	12,765,319	33,228,940	0.174792	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,972,604	1,574,448	7,547,052	0.222167	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,978,823	622,850	3,601,673	0.144566	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,151,993	1,394,204	4,546,197	0.161342	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	27,998,902	77,333,550	105,332,452	0.036665	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	598,470	11,078,621	11,677,091	0.121865	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	22,997,361	18,638,100	41,635,461	0.251926	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	83,859,795	94,695,993	178,555,788	0.148951	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,579,722	56,548,934	144,128,656	0.194581	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,917,537	0	4,917,537	0.285277	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	0.000000		76.00
76.01	03020	WOUND CARE CENTER	28,691	6,429,852	6,458,543	0.338295	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	347	1,675,924	1,676,271	0.567304	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	616	1,140,900	1,141,516	1.913570	0.000000		90.00
91.00	09100	EMERGENCY	18,976,540	88,758,968	107,735,508	0.132444	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	14,228,094	46,066,114	60,294,208	0.179839	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		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	
200.00	Subtotal (see instructions)	757,323,859	1,109,842,561	1,867,166,420			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	757,323,859	1,109,842,561	1,867,166,420			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 3/28/2023 2:20 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.114540		50.00
51.00	05100	RECOVERY ROOM	0.170450		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.471242		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071766		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060880		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.023758		57.00
58.00	05800	MRI	0.046825		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037941		59.00
60.00	06000	LABORATORY	0.127449		60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.171260		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.200150		64.00
65.00	06500	RESPIRATORY THERAPY	0.174792		65.00
66.00	06600	PHYSICAL THERAPY	0.222167		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.144566		67.00
68.00	06800	SPEECH PATHOLOGY	0.161342		68.00
69.00	06900	ELECTROCARDIOLOGY	0.036665		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121937		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.251926		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.148951		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194581		73.00
74.00	07400	RENAL DIALYSIS	0.285277		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0.000000		76.00
76.01	03020	WOUND CARE CENTER	0.338450		76.01
76.97	07697	CARDIAC REHABILITATION	0.567304		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	1.913570		90.00
91.00	09100	EMERGENCY	0.132447		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179839		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 3/28/2023 2:20 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	51,225,939		51,225,939	0	51,225,939	30.00
31.00	03100 INTENSIVE CARE UNIT	12,882,099		12,882,099	0	12,882,099	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,460,874		1,460,874	0	1,460,874	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	25,580,665		25,580,665	1,426	25,582,091	50.00
51.00	05100 RECOVERY ROOM	3,848,890		3,848,890	0	3,848,890	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,553,606		4,553,606	0	4,553,606	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,074,931		11,074,931	0	11,074,931	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,974,529		3,974,529	0	3,974,529	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	2,839,038		2,839,038	0	2,839,038	57.00
58.00	05800 MRI	1,240,508		1,240,508	0	1,240,508	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,065,318		8,065,318	0	8,065,318	59.00
60.00	06000 LABORATORY	20,722,792		20,722,792	13,524	20,736,316	60.00
60.01	06001 LABORATORY - PATHOLOGY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	1,448,573		1,448,573	0	1,448,573	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	5,718,027		5,718,027	0	5,718,027	64.00
65.00	06500 RESPIRATORY THERAPY	5,808,162	0	5,808,162	0	5,808,162	65.00
66.00	06600 PHYSICAL THERAPY	1,676,705	0	1,676,705	0	1,676,705	66.00
67.00	06700 OCCUPATIONAL THERAPY	520,680	0	520,680	0	520,680	67.00
68.00	06800 SPEECH PATHOLOGY	733,493	0	733,493	0	733,493	68.00
69.00	06900 ELECTROCARDIOLOGY	3,861,999		3,861,999	0	3,861,999	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,423,031		1,423,031	833	1,423,864	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	10,489,037		10,489,037	0	10,489,037	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	26,596,064		26,596,064	0	26,596,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,044,688		28,044,688	0	28,044,688	73.00
74.00	07400 RENAL DIALYSIS	1,402,861		1,402,861	0	1,402,861	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0		0	0	0	76.00
76.01	03020 WOUND CARE CENTER	2,184,896		2,184,896	998	2,185,894	76.01
76.97	07697 CARDIAC REHABILITATION	950,955		950,955	0	950,955	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,184,371		2,184,371	0	2,184,371	90.00
91.00	09100 EMERGENCY	14,268,911		14,268,911	350	14,269,261	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	10,843,257		10,843,257	0	10,843,257	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

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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	
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	265,624,899	0	265,624,899	17,131	265,642,030	200.00
201.00		Less Observation Beds	10,843,257		10,843,257		10,843,257	201.00
202.00		Total (see instructions)	254,781,642	0	254,781,642	17,131	254,798,773	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
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3/28/2023 2:20 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	75,247,741		75,247,741				30.00
31.00	03100	INTENSIVE CARE UNIT	42,079,994		42,079,994				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	3,868,961		3,868,961				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	93,096,928	130,249,776	223,346,704	0.114533	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,051,672	17,529,022	22,580,694	0.170450	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,959,703	703,280	9,662,983	0.471242	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,647,412	122,672,191	154,319,603	0.071766	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,106,636	63,177,903	65,284,539	0.060880	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	35,792,072	83,706,495	119,498,567	0.023758	0.000000		57.00
58.00	05800	MRI	5,920,570	20,571,916	26,492,486	0.046825	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	88,246,590	124,330,755	212,577,345	0.037941	0.000000		59.00
60.00	06000	LABORATORY	64,231,543	98,471,361	162,702,904	0.127366	0.000000		60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	7,038,026	1,420,311	8,458,337	0.171260	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	282,895	28,285,774	28,568,669	0.200150	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	20,463,621	12,765,319	33,228,940	0.174792	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,972,604	1,574,448	7,547,052	0.222167	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,978,823	622,850	3,601,673	0.144566	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,151,993	1,394,204	4,546,197	0.161342	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	27,998,902	77,333,550	105,332,452	0.036665	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	598,470	11,078,621	11,677,091	0.121865	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	22,997,361	18,638,100	41,635,461	0.251926	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	83,859,795	94,695,993	178,555,788	0.148951	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,579,722	56,548,934	144,128,656	0.194581	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,917,537	0	4,917,537	0.285277	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	0.000000		76.00
76.01	03020	WOUND CARE CENTER	28,691	6,429,852	6,458,543	0.338295	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	347	1,675,924	1,676,271	0.567304	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	616	1,140,900	1,141,516	1.913570	0.000000		90.00
91.00	09100	EMERGENCY	18,976,540	88,758,968	107,735,508	0.132444	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	14,228,094	46,066,114	60,294,208	0.179839	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
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Cost Center Description		Title XIX			Hospital	Cost	
		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			
200.00	Subtotal (see instructions)	757,323,859	1,109,842,561	1,867,166,420			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	757,323,859	1,109,842,561	1,867,166,420			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	NUTRITION/DIABETES	0.000000			76.00
76.01	03020	WOUND CARE CENTER	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 3/28/2023 2:20 pm
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part I Date/Time Prepared: 3/28/2023 2:20 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,426,629	0	4,426,629	56,582	78.23	30.00	
31.00	INTENSIVE CARE UNIT	860,755		860,755	3,763	228.74	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	125,535		125,535	2,035	61.69	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	5,412,919		5,412,919	62,380		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	16,622	1,300,339					30.00
31.00	INTENSIVE CARE UNIT	2,804	641,387					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	19,426	1,941,726					200.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part II Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,802,741	223,346,704	0.017026	35,180,776	598,988	50.00
51.00	05100	RECOVERY ROOM	214,317	22,580,694	0.009491	1,859,011	17,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	572,441	9,662,983	0.059241	12,315	730	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,659,472	154,319,603	0.010753	13,913,264	149,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,629,846	65,284,539	0.024965	998,306	24,923	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	221,572	119,498,567	0.001854	16,084,565	29,821	57.00
58.00	05800	MRI	109,247	26,492,486	0.004124	2,379,890	9,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,089,751	212,577,345	0.005126	36,895,163	189,125	59.00
60.00	06000	LABORATORY	1,179,477	162,702,904	0.007249	26,062,996	188,931	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	70,985	8,458,337	0.008392	2,972,627	24,946	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	262,356	28,568,669	0.009183	128,534	1,180	64.00
65.00	06500	RESPIRATORY THERAPY	448,409	33,228,940	0.013495	8,580,324	115,791	65.00
66.00	06600	PHYSICAL THERAPY	85,049	7,547,052	0.011269	2,837,382	31,974	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,805	3,601,673	0.007165	1,211,750	8,682	67.00
68.00	06800	SPEECH PATHOLOGY	55,001	4,546,197	0.012098	1,644,622	19,897	68.00
69.00	06900	ELECTROCARDIOLOGY	560,312	105,332,452	0.005319	12,434,281	66,138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235,528	11,677,091	0.020170	224,709	4,532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	486,554	41,635,461	0.011686	8,357,452	97,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,229,772	178,555,788	0.006887	34,617,633	238,412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,660,557	144,128,656	0.011521	33,342,126	384,135	73.00
74.00	07400	RENAL DIALYSIS	59,087	4,917,537	0.012016	2,484,902	29,859	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0.000000	0	0	76.00
76.01	03020	WOUND CARE CENTER	659,409	6,458,543	0.102099	16,724	1,708	76.01
76.97	07697	CARDIAC REHABILITATION	136,543	1,676,271	0.081456	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	381,973	1,141,516	0.334619	616	206	90.00
91.00	09100	EMERGENCY	1,085,945	107,735,508	0.010080	8,640,363	87,095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	937,009	60,294,208	0.015541	8,316,689	129,250	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	18,859,158	1,745,969,724		259,197,020	2,451,056	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 3/28/2023 2:20 pm		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	698,622	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	698,622	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		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	698,622	56,582	12.35	16,622	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,763	0.00	2,804	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	2,035	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	698,622	62,380		19,426	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	205,282						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	205,282						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part IV Date/Time Prepared: 3/28/2023 2:20 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	147,880	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	147,880	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part IV Date/Time Prepared: 3/28/2023 2:20 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	223,346,704	0.000000		50.00
51.00 05100 RECOVERY ROOM	0	0	0	22,580,694	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	9,662,983	0.000000		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	154,319,603	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	65,284,539	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000		56.00
57.00 05700 CT SCAN	0	0	0	119,498,567	0.000000		57.00
58.00 05800 MRI	0	0	0	26,492,486	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	212,577,345	0.000000		59.00
60.00 06000 LABORATORY	0	0	0	162,702,904	0.000000		60.00
60.01 06001 LABORATORY - PATHOLOGY	0	0	0	0	0.000000		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0.000000		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	8,458,337	0.000000		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	28,568,669	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	33,228,940	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,547,052	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,601,673	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,546,197	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	105,332,452	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	11,677,091	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	41,635,461	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	178,555,788	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	144,128,656	0.000000		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,917,537	0.000000		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000		75.00
76.00 03950 NUTRITION/DIABETES	0	0	0	0	0.000000		76.00
76.01 03020 WOUND CARE CENTER	0	0	0	6,458,543	0.000000		76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,676,271	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000		89.00
90.00 09000 CLINIC	0	0	0	1,141,516	0.000000		90.00
91.00 09100 EMERGENCY	0	0	0	107,735,508	0.000000		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	147,880	147,880	60,294,208	0.002453		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000		97.00
200.00 Total (lines 50 through 199)	0	147,880	147,880	1,745,969,724			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part IV Date/Time Prepared: 3/28/2023 2:20 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	35,180,776	0	35,452,524	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,859,011	0	4,751,819	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	12,315	0	1,064	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,913,264	0	32,696,371	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	998,306	0	24,576,009	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	16,084,565	0	20,638,325	0	57.00
58.00	05800 MRI	0.000000	2,379,890	0	5,226,544	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	36,895,163	0	44,960,275	0	59.00
60.00	06000 LABORATORY	0.000000	26,062,996	0	11,164,572	0	60.00
60.01	06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	2,972,627	0	558,368	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	128,534	0	7,515,637	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	8,580,324	0	3,209,705	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,837,382	0	148,551	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,211,750	0	58,231	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,644,622	0	136,435	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,434,281	0	26,985,937	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	224,709	0	2,690,118	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	8,357,452	0	5,095,527	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	34,617,633	0	33,603,742	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	33,342,126	0	24,338,061	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,484,902	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.01	03020 WOUND CARE CENTER	0.000000	16,724	0	2,490,394	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	668,351	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	616	0	206,607	0	90.00
91.00	09100 EMERGENCY	0.000000	8,640,363	0	16,545,934	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.002453	8,316,689	20,401	12,212,115	29,956	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		259,197,020	20,401	315,931,216	29,956	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part V Date/Time Prepared: 3/28/2023 2:20 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.114533	35,452,524	0	0	4,060,484	50.00
51.00	05100	RECOVERY ROOM	0.170450	4,751,819	0	0	809,948	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.471242	1,064	0	0	501	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071766	32,696,371	50	0	2,346,488	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060880	24,576,009	0	0	1,496,187	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.023758	20,638,325	0	0	490,325	57.00
58.00	05800	MRI	0.046825	5,226,544	0	0	244,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037941	44,960,275	0	0	1,705,838	59.00
60.00	06000	LABORATORY	0.127366	11,164,572	0	0	1,421,987	60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.171260	558,368	0	0	95,626	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.200150	7,515,637	0	4	1,504,255	64.00
65.00	06500	RESPIRATORY THERAPY	0.174792	3,209,705	0	0	561,031	65.00
66.00	06600	PHYSICAL THERAPY	0.222167	148,551	0	0	33,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.144566	58,231	0	0	8,418	67.00
68.00	06800	SPEECH PATHOLOGY	0.161342	136,435	0	0	22,013	68.00
69.00	06900	ELECTROCARDIOLOGY	0.036665	26,985,937	0	0	989,439	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121865	2,690,118	0	0	327,831	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.251926	5,095,527	0	0	1,283,696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.148951	33,603,742	0	0	5,005,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194581	24,338,061	0	75,443	4,735,724	73.00
74.00	07400	RENAL DIALYSIS	0.285277	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0.338295	2,490,394	0	0	842,488	76.01
76.97	07697	CARDIAC REHABILITATION	0.567304	668,351	0	0	379,158	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	1.913570	206,607	0	0	395,357	90.00
91.00	09100	EMERGENCY	0.132444	16,545,934	0	155	2,191,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179839	12,212,115	0	0	2,196,215	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		315,931,216	50	75,602	33,147,466	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		315,931,216	50	75,602	33,147,466	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part V Date/Time Prepared: 3/28/2023 2:20 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 LABORATORY - PATHOLOGY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	1		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,680		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.01 03020 WOUND CARE CENTER	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	21		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	4	14,702		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	4	14,702		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part V Date/Time Prepared: 3/28/2023 2:20 pm
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		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.114533	0	0	1,152,415	0	50.00
51.00	05100 RECOVERY ROOM	0.170450	0	0	234,558	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.471242	0	0	20,014	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.071766	0	0	1,477,239	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.060880	0	0	775,001	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.023758	0	0	1,349,851	0	57.00
58.00	05800 MRI	0.046825	0	0	244,430	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.037941	0	0	1,125,572	0	59.00
60.00	06000 LABORATORY	0.127366	0	0	144,218	0	60.00
60.01	06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.171260	0	0	13,346	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.200150	0	0	759,585	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.174792	0	0	197,288	0	65.00
66.00	06600 PHYSICAL THERAPY	0.222167	0	0	14,370	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.144566	0	0	6,037	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.161342	0	0	29,054	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.036665	0	0	591,807	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.121865	0	0	110,733	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.251926	0	0	113,822	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.148951	0	0	961,176	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194581	0	0	474,064	0	73.00
74.00	07400 RENAL DIALYSIS	0.285277	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.01	03020 WOUND CARE CENTER	0.338295	0	0	211,146	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.567304	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	1.913570	0	0	7,412	0	90.00
91.00	09100 EMERGENCY	0.132444	0	0	2,198,450	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.179839	0	0	872,740	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		0	0	13,084,328	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	13,084,328	0	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part V Date/Time Prepared: 3/28/2023 2:20 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	131,990	50.00
51.00	05100	RECOVERY ROOM	0	39,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,431	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	106,016	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	47,182	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	32,070	57.00
58.00	05800	MRI	0	11,445	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,705	59.00
60.00	06000	LABORATORY	0	18,368	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	2,286	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	152,031	64.00
65.00	06500	RESPIRATORY THERAPY	0	34,484	65.00
66.00	06600	PHYSICAL THERAPY	0	3,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	873	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,688	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,494	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	28,675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	143,168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	92,244	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	71,430	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	14,183	90.00
91.00	09100	EMERGENCY	0	291,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	156,953	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Subtotal (see instructions)	0	1,469,760	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,469,760	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/28/2023 2:20 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,582	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,582	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)		44,605	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)		16,622	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		51,225,939	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)		51,225,939	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		51,225,939	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		905.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,048,561	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)		15,048,561	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet D-1	
Date/Time Prepared: 3/28/2023 2:20 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	12,882,099	3,763	3,423.36	2,804	9,599,101		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					31,320,774		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)					55,968,436		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,147,008		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,471,457		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,618,465		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					51,349,971		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
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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)					11,977		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					905.34		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,843,257		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2020 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,426,629	51,225,939	0.086414	10,843,257	937,009	90.00
91.00	Nursing Program cost	0	51,225,939	0.000000	10,843,257	0	91.00
92.00	Allied health cost	698,622	51,225,939	0.013638	10,843,257	147,880	92.00
93.00	All other Medical Education	0	51,225,939	0.000000	10,843,257	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		30,240,129	30.00
31.00	03100	INTENSIVE CARE UNIT		16,211,360	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.114540	35,180,776	4,029,606 50.00
51.00	05100	RECOVERY ROOM	0.170450	1,859,011	316,868 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.471242	12,315	5,803 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071766	13,913,264	998,499 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060880	998,306	60,777 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.023758	16,084,565	382,137 57.00
58.00	05800	MRI	0.046825	2,379,890	111,438 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037941	36,895,163	1,399,839 59.00
60.00	06000	LABORATORY	0.127449	26,062,996	3,321,703 60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.171260	2,972,627	509,092 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.200150	128,534	25,726 64.00
65.00	06500	RESPIRATORY THERAPY	0.174792	8,580,324	1,499,772 65.00
66.00	06600	PHYSICAL THERAPY	0.222167	2,837,382	630,373 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.144566	1,211,750	175,178 67.00
68.00	06800	SPEECH PATHOLOGY	0.161342	1,644,622	265,347 68.00
69.00	06900	ELECTROCARDIOLOGY	0.036665	12,434,281	455,903 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121937	224,709	27,400 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.251926	8,357,452	2,105,459 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.148951	34,617,633	5,156,331 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194581	33,342,126	6,487,744 73.00
74.00	07400	RENAL DIALYSIS	0.285277	2,484,902	708,885 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0 76.00
76.01	03020	WOUND CARE CENTER	0.338450	16,724	5,660 76.01
76.97	07697	CARDIAC REHABILITATION	0.567304	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	1.913570	616	1,179 90.00
91.00	09100	EMERGENCY	0.132447	8,640,363	1,144,390 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179839	8,316,689	1,495,665 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		259,197,020	31,320,774 200.00
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)		259,197,020	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 3/28/2023 2:20 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,038,168	30.00
31.00	03100	INTENSIVE CARE UNIT		700,704	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		145,379	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.114533	1,645,018	188,409 50.00
51.00	05100	RECOVERY ROOM	0.170450	109,597	18,681 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.471242	160,082	75,437 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071766	690,944	49,586 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060880	35,305	2,149 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.023758	774,374	18,398 57.00
58.00	05800	MRI	0.046825	119,823	5,611 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037941	1,327,200	50,355 59.00
60.00	06000	LABORATORY	0.127366	1,396,550	177,873 60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.171260	137,625	23,570 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.200150	18,788	3,760 64.00
65.00	06500	RESPIRATORY THERAPY	0.174792	512,835	89,639 65.00
66.00	06600	PHYSICAL THERAPY	0.222167	102,310	22,730 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.144566	48,902	7,070 67.00
68.00	06800	SPEECH PATHOLOGY	0.161342	58,408	9,424 68.00
69.00	06900	ELECTROCARDIOLOGY	0.036665	501,322	18,381 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121865	19,217	2,342 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.251926	303,319	76,414 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.148951	1,797,517	267,742 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194581	2,002,451	389,639 73.00
74.00	07400	RENAL DIALYSIS	0.285277	135,657	38,700 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0 76.00
76.01	03020	WOUND CARE CENTER	0.338295	2,476	838 76.01
76.97	07697	CARDIAC REHABILITATION	0.567304	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	1.913570	0	0 90.00
91.00	09100	EMERGENCY	0.132444	414,485	54,896 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179839	358,040	64,390 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,672,245	1,656,034 200.00
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)		12,672,245	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 3/28/2023 2:20 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,585,167	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		40,477,555	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)		266,877	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,930,779	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)		181.88	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.52	31.00
32.00	Sum of lines 30 and 31		17.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.13	33.00
34.00	Disproportionate share adjustment (see instructions)		454,948	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 3/28/2023 2:20 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	<b>Uncompensated Care Payment Adjustment</b>			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,487,296	946,394	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	121,909	868,608	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	990,517		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	47,705,843		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)		47,705,843	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,609,412	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		37,443	53.00
54.00	Special add-on payments for new technologies		606,422	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).		205,282	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		20,401	58.00
59.00	Total (sum of amounts on lines 49 through 58)		52,184,803	59.00
60.00	Primary payer payments		11,184	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		52,173,619	61.00
62.00	Deductibles billed to program beneficiaries		4,344,240	62.00
63.00	Coinurance billed to program beneficiaries		152,503	63.00
64.00	Allowable bad debts (see instructions)		399,216	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		259,490	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		116,654	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		47,936,366	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		3,209	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-497,904	70.93
70.94	HRR adjustment amount (see instructions)		-115,456	70.94
70.95	Recovery of accelerated depreciation		0	70.95



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 3/28/2023 2:20 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)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		47,319,797	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	71.03
72.00	Interim payments		47,407,658	72.00
72.01	Interim payments-PARHM or CHART			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-87,861	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,342,436	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/28/2023 2:20 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	3,585,167	0	3,585,167		3,585,167	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	40,477,555	0		40,477,555	40,477,555	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	266,877	0	266,877		266,877	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,930,779	0		1,930,779	1,930,779	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
<b>Indirect Medical Education Adjustment</b>								
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	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
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0413	0.0413	0.0413	0.0413		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	454,948	0	37,017	417,931	454,948	11.00
11.01	Uncompensated care payments	36.00	990,517	0	121,909	868,608	990,517	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	47,705,843	0	4,010,970	43,694,873	47,705,843	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	47,705,843	0	4,010,970	43,694,873	47,705,843	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,609,412	0	305,689	3,303,723	3,609,412	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/28/2023 2:20 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	606,422	0	2,182	604,239	606,421	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	3,209	0	0	3,209	3,209	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	4,318,841	47,606,044	51,924,885	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,343,642	0	278,077	3,065,565	3,343,642	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	145,065	0	17,573	127,492	145,065	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	0.0361	0.0361	0.0361	0.0361		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	120,705	0	10,039	110,666	120,705	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,609,412	0	305,689	3,303,723	3,609,412	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2023 2:20 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 (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,585,167	3,585,167		3,585,167	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	40,477,555		40,477,555	40,477,555	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	266,877	266,877		266,877	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,930,779		1,930,779	1,930,779	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	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
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0413	0.0413	0.0413		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	454,948	37,017	417,931	454,948	11.00
11.01	Uncompensated care payments	36.00	990,517	121,909	868,608	990,517	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	47,705,843	4,010,970	43,694,873	47,705,843	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	47,705,843	4,010,970	43,694,873	47,705,843	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,609,412	305,689	3,303,723	3,609,412	16.00
17.00	Special add-on payments for new technologies	54.00	606,422	2,182	604,240	606,422	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	3,209	0	3,209	3,209	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			4,318,841	47,606,045	51,924,886	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
3/28/2023 2:20 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,343,642	278,077	3,065,565	3,343,642	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	145,065	17,573	127,492	145,065	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	0.0361	0.0361	0.0361		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	120,705	10,039	110,666	120,705	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,609,412	305,689	3,303,723	3,609,412	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-497,904	-12,303	-485,601	-497,904	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	-115,456	-16,861	-98,595	-115,456	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: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 3/28/2023 2:20 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		14,706	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,117,510	2.00
3.00	OPPS payments		27,418,138	3.00
4.00	Outlier payment (see instructions)		588,979	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		29,956	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,706	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		75,652	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)		75,652	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		75,652	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60,946	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)		14,706	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)		28,037,073	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		4,641,961	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)		23,409,818	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		23,409,818	30.00
31.00	Primary payer payments		8,861	31.00
32.00	Subtotal (line 30 minus line 31)		23,400,957	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		695,838	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		452,295	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		502,978	36.00
37.00	Subtotal (see instructions)		23,853,252	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-169	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		3,308	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,853,421	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		23,853,527	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-106	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 3/28/2023 2:20 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/28/2023 2:20 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		47,054,275		23,753,510	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	05/12/2021	100,500	04/28/2022	298,917	3.01	
3.02		04/28/2022	252,883		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	05/12/2021	198,900	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)		353,383		100,017	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)		47,407,658		23,853,527	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		87,861		106	6.02	
7.00	Total Medicare program liability (see instructions)		47,319,797		23,853,421	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E-1 Part II Date/Time Prepared: 3/28/2023 2:20 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 IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 3/28/2023 2: 20 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			1,469,760	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,469,760	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	1,469,760	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		12,672,245	13,084,328	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		12,672,245	13,084,328	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		12,672,245	13,084,328	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		12,672,245	11,614,568	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	1,469,760	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	1,469,760	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	1,469,760	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	1,469,760	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	1,469,760	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	1,469,760	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	1,469,760	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet E-5 Date/Time Prepared: 3/28/2023 2:20 pm
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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. I, line 2		0	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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G  
Date/Time Prepared:  
3/28/2023 2:20 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	480,319	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	290,259,764	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-235,782,956	0	0	0	6.00
7.00	Inventory	7,558,118	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	654,418	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)	63,169,663	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,111,661	0	0	0	12.00
13.00	Land improvements	1,115,901	0	0	0	13.00
14.00	Accumulated depreciation	-573,350	0	0	0	14.00
15.00	Buildings	139,885,793	0	0	0	15.00
16.00	Accumulated depreciation	-22,506,735	0	0	0	16.00
17.00	Leasehold improvements	2,896,162	0	0	0	17.00
18.00	Accumulated depreciation	-1,447,995	0	0	0	18.00
19.00	Fixed equipment	2,329,734	0	0	0	19.00
20.00	Accumulated depreciation	-584,000	0	0	0	20.00
21.00	Automobiles and trucks	24,095	0	0	0	21.00
22.00	Accumulated depreciation	-16,063	0	0	0	22.00
23.00	Major movable equipment	48,472,223	0	0	0	23.00
24.00	Accumulated depreciation	-29,124,260	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)	142,583,166	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	18,476,425	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,476,425	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	224,229,254	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,942,312	0	0	0	37.00
38.00	Salaries, wages, and fees payable	98,872	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,077,261	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,118,445	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	67,798,583	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	67,798,583	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	78,917,028	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	145,312,226				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	145,312,226	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	224,229,254	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G-1

Date/Time Prepared:  
3/28/2023 2:20 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		170,711,324		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-23,917,260			2.00
3.00	Total (sum of line 1 and line 2)		146,794,064		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFERS	39,840		0		5.00
6.00	OTHER MARKET EXPENSES	27,773,207		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		27,813,047		0	10.00
11.00	Subtotal (line 3 plus line 10)		174,607,111		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS	29,294,885		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		29,294,885		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		145,312,226		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	TRANSFERS		0			5.00
6.00	OTHER MARKET EXPENSES		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	TRANSFERS		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: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
3/28/2023 2:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	75,247,741		75,247,741	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	75,247,741		75,247,741	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	42,039,278		42,039,278	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	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)	42,039,278		42,039,278	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,287,019		117,287,019	17.00
18.00	Ancillary services	602,962,630	973,883,254	1,576,845,884	18.00
19.00	Outpatient services	33,208,621	135,960,860	169,169,481	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	3,868,961	0	3,868,961	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	757,327,231	1,109,844,114	1,867,171,345	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		299,003,653		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OTHER MARKET EXPENSES	27,773,207			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)		27,773,207		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)		326,776,860		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G-3

Date/Time Prepared:  
3/28/2023 2:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,867,171,345	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,571,601,677	2.00
3.00	Net patient revenues (line 1 minus line 2)	295,569,668	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	326,776,860	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-31,207,192	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	116	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,043,111	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	4,518,316	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	69,683	20.00
21.00	Rental of vending machines	1,701	21.00
22.00	Rental of hospital space	1,405,137	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	365,543	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	7,403,607	25.00
26.00	Total (line 5 plus line 25)	-23,803,585	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	113,675	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	113,675	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-23,917,260	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 09/01/2020 To 08/31/2021	Worksheet L Parts I-III Date/Time Prepared: 3/28/2023 2:20 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,343,642	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		145,065	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)		133.39	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)		2.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.52	8.00
9.00	Sum of lines 7 and 8		17.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.61	10.00
11.00	Disproportionate share adjustment (see instructions)		120,705	11.00
12.00	Total prospective capital payments (see instructions)		3,609,412	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00