

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all inter-  
 payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).  
 OMB NO. 0938-0050  
 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet S Parts I-III Date/Time Prepared: 1/30/2023 6:48 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report	Date: 1/30/2023 Time: 6:48 pm	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**  
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE 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 09/01/2021 and ending 08/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	258,700	-229,117	0	1,445,304	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	258,700	-229,117	0	1,445,304	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA 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 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 09/01/2021 To 08/31/2022	Worksheet S-2 Part 1 Date/Time Prepared: 1/30/2023 6:48 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1850 STATE STREET	PO Box:	Zip Code: 47150-4990	County: FLOYD
2.00	City: NEW ALBANY	State: IN		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital -Based Component Identification:										
3.00	Hospital	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)	09/01/2021	08/31/2022	20.00
21.00	Type of Control (see instructions)	2		21.00
		1.00	2.00	3.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2021 To 08/31/2022		Worksheet S-2 Part I Date/Time Prepared: 1/30/2023 6:48 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.	1,277	774	7	0	7,341	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		25.00	
						Urban/Rural Status	Date of Geographic Classification		
						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 OPDS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					With	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.					With	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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					or "N"			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					or "N"			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N		59.00

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

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

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			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.				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.				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.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(E)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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.			Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	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	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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
<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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part I Date/Time Prepared: 1/30/2023 6:48 pm
		V	XIX	
		1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
				1.00
				2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
				1.00
				2.00
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	300,001	764,712
				1.00
				2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §312N 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		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part I Date/Time Prepared: 1/30/2023 6:48 pm			
		1.00	2.00				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BAPTIST HEALTHCARE SYSTEM, INC.	Contractor's Name: CIGNA		Contractor's Number: 15101		141.00	
142.00	Street: 2701 EASTPOINT PKWY	PO Box:				142.00	
143.00	City: LOUISVILLE	State: KY		Zip Code: 40223		143.00	
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
					1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
165.00	Multi campus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					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
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part 1 Date/Time Prepared: 1/30/2023 6:48 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet S-2 Part II Date/Time Prepared: 1/30/2023 6:48 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/07/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	12/05/2022	Y	12/05/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	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 09/01/2021 To 08/31/2022	Worksheet S-2 Part II Date/Time Prepared: 1/30/2023 6:48 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				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 09/01/2021 To 08/31/2022	Worksheet S-2 Part 11 Date/Time Prepared: 1/30/2023 6:48 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position here 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 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	216	78,840	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)		216	78,840	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)		248	90,520	0.00	0	14.00
15.00 CAH visits						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)		248				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,857	781	52,635			1.00
2.00 HMO and other (see instructions)	14,865	8,197				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)	18,857	781	52,635			7.00
8.00 INTENSIVE CARE UNIT	2,499	162	3,732			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		90	2,232			13.00
14.00 Total (see instructions)	21,356	1,033	58,599	0.00	1,346.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			432			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,346.38	27.00
28.00 Observation Bed Days		219	11,497			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	169	363			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet S-3 Part I Date/Time Prepared: 1/30/2023 6:48 pm
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,511	938	11,777	1.00
2.00 HMO and other (see instructions)				2,470	1,130		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	4,511	938	11,777		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/30/2023 6:48 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	114,257,995	0	114,257,995	2,808,157.51	40.69
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,334,125	55,150	1,389,275	43,327.11	32.06
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		9,678,709	0	9,678,709	72,823.14	132.91
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		42,375	0	42,375	428.50	98.89
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		23,548,512	0	23,548,512	573,159.00	41.09
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)		24,859,562	0	24,859,562		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		357,867	0	357,867		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		6,171,299	0	6,171,299		
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 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part 11  
Date/Time Prepared:  
1/30/2023 6:48 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	45,890	321	46,211	1,864.29	24.79	26.00
27.00	Administrative & General	4,012,885	-785,235	3,227,650	102,180.33	31.59	27.00
28.00	Administrative & General under contract (see inst.)	520,512	0	520,512	9,130.49	57.01	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,398,566	7,056	1,405,622	42,076.83	33.41	30.00
31.00	Laundry & Linen Service	82,273	0	82,273	4,587.56	17.93	31.00
32.00	Housekeeping	2,203,090	25,979	2,229,069	105,373.00	21.15	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,796,850	-1,521,457	1,275,393	59,555.22	21.42	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,542,545	1,542,545	72,707.60	21.22	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,535,069	14,896	1,549,965	45,229.71	34.27	38.00
39.00	Central Services and Supply	843,096	1,714	844,810	35,213.98	23.99	39.00
40.00	Pharmacy	4,762,588	-41,479	4,721,109	84,623.66	55.79	40.00
41.00	Medical Records & Medical Records Library	3,359,108	1,962	3,361,070	75,007.81	44.81	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 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/30/2023 6:48 pm

	Worksheet A	Amount Reported	Reclassification	Adjusted	Paid Hours	Average Hourly	
	Line Number		of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	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)	114,778,507	0	114,778,507	2,817,288.00	40.74	1.00
2.00	Excluded area salaries (see instructions)	1,334,125	55,150	1,389,275	43,327.11	32.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)	113,444,382	-55,150	113,389,232	2,773,960.89	40.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,269,596	0	33,269,596	646,410.64	51.47	4.00
5.00	Subtotal wage-related costs (see inst.)	31,030,861	0	31,030,861	0.00	27.37	5.00
6.00	Total (sum of lines 3 thru 5)	177,744,839	-55,150	177,689,689	3,420,371.53	51.95	6.00
7.00	Total overhead cost (see instructions)	21,559,927	-753,698	20,806,229	637,550.48	32.63	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-3  
Part IV  
Date/Time Prepared:  
1/30/2023 6:48 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	2,827,283	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	84,456	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)	12,760,077	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)	62,733	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)	158,835	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	682,311	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106 cumulative portion)	Non 0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	8,398,152	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-4,793	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	248,375	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,217,429	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 09/01/2021 To 08/31/2022	Worksheet S-3 Part V Date/Time Prepared: 1/30/2023 6:48 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		9,678,709	25,217,429 1.00
2.00	Hospital		9,678,709	24,859,562 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	357,867 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet S-10

Date/Time Prepared:  
1/30/2023 6:48 pm

		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)	0.143584	1.00		
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid	37,154,608	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	300,958,585	6.00		
7.00	Medicaid cost (line 1 times line 6)	43,212,837	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)	< 6,058,229	8.00		
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP	0	9.00		
10.00	Stand-alone CHIP charges	0	10.00		
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00		
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00		
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00		
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00		
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 6, 10, 58, 229 and 16)	1058,229	19.00		
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	20,094,634	321,911	20,416,545	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,885,268	321,911	3,207,179	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)	2,885,268	321,911	3,207,179	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)			13,926,905	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			454,124	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			698,653	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,228,252	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,143,894	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,351,073	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,409,302	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A  
Date/Time Prepared:  
1/30/2023 6:48 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	0	5,499,267	5,499,267	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	5,489,711	5,489,711	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	45,890	96,349	142,239	142,636	4.00
5.00	00500	ADMINI STRATIVE & GENERAL	4,012,885	100,043,467	104,056,352	-19,717,653	84,338,699
7.00	00700	OPERATION OF PLANT	1,398,566	7,731,539	9,130,105	8,469	9,138,574
8.00	00800	LAUNDRY & LINEN SERVICE	82,273	1,161,219	1,243,492	0	1,243,492
9.00	00900	HOUSEKEEPING	2,203,090	1,171,220	3,374,310	32,097	3,406,407
10.00	01000	DIETARY	2,796,850	2,231,220	5,028,070	-2,807,764	2,220,306
11.00	01100	CAFETERIA	0	0	0	2,833,639	2,833,639
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINI STRATION	1,535,069	906,019	2,441,088	18,322	2,459,410
14.00	01400	CENTRAL SERVICES & SUPPLY	843,096	2,036,305	2,879,401	671,376	3,550,777
15.00	01500	PHARMACY	4,762,588	12,409,477	17,172,065	-11,119,894	6,052,171
16.00	01600	MEDICAL RECORDS & LIBRARY	3,359,108	1,108,910	4,468,018	2,424	4,470,442
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	359,552	70,552	430,104	141,372	571,476
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	40,176,946	26,504,070	66,681,016	-14,690,188	51,990,828
31.00	03100	INTENSIVE CARE UNIT	5,129,330	3,129,623	8,258,953	3,973,403	12,232,356
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	852,219	270,794	1,123,013	4,251	1,127,264
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	7,626,739	32,161,806	39,788,545	-17,543,832	22,244,713
51.00	05100	RECOVERY ROOM	1,016,845	275,839	1,292,684	2,563,437	3,856,121
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,310,701	1,028,742	3,339,443	134,985	3,474,428
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,076,302	3,870,052	8,946,354	-1,293,112	7,653,242
55.00	05500	RADIOLOGY-THERAPEUTIC	557,255	1,956,604	2,513,859	-4,177	2,509,682
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,136,124	1,204,302	2,340,426	10,685	2,351,111
58.00	05800	MRI	569,209	522,844	1,092,053	-12,188	1,079,865
59.00	05900	CARDIAC CATHETERIZATION	3,302,727	14,211,232	17,513,959	-11,936,129	5,577,830
60.00	06000	LABORATORY	4,401,185	7,915,034	12,316,219	3,630,012	15,946,231
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	0	978,314	978,314	80,540	1,058,854
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	674,056	361,534	1,035,590	3,830,836	4,866,426
65.00	06500	RESPIRATORY THERAPY	3,732,313	2,301,324	6,033,637	346,963	6,380,600
66.00	06600	PHYSICAL THERAPY	1,135,842	278,183	1,414,025	11,487	1,425,512
67.00	06700	OCCUPATIONAL THERAPY	419,908	64,854	484,762	3,698	488,460
68.00	06800	SPEECH PATHOLOGY	504,380	156,747	661,127	-5,134	655,993
69.00	06900	ELECTROCARDIOLOGY	1,836,243	797,571	2,633,814	-119,547	2,514,267
70.00	07000	ELECTROENCEPHALOGRAPHY	365,339	192,089	557,428	1,296	558,724
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	13,802,069	13,802,069
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,103,617	20,103,617
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,841,533	20,841,533
74.00	07400	RENAL DIALYSIS	0	1,019	1,019	1,256,835	1,257,854
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	331,027	1,655,082	1,986,109	-352,833	1,633,276
76.97	07697	CARDIAC REHABILITATION	433,363	176,426	609,789	4,416	614,205
<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	1,072,008	353,287	1,425,295	312,733	1,738,028
91.00	09100	EMERGENCY	9,224,394	5,016,303	14,240,697	24,930	14,265,627
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
95.00	09500	AMBULANCE SERVICES	52,089	35,544	87,633	0	87,633
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A  
Date/Time Prepared:  
1/30/2023 6:48 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		<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	<b>113,335,511</b>	<b>234,385,496</b>	<b>347,721,007</b>	<b>6,032,349</b>	<b>353,753,356</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	93,433	25,609	119,042	0	119,042	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	648,022	648,022	323,364	971,386	192.00
192.01	19201	OTHER NRCC	0	0	0	-1,279	-1,279	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	412,014	6,499,230	6,911,244	-6,354,434	556,810	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	417,037	217,829	634,866	0	634,866	194.02
200.00		<b>TOTAL (SUM OF LINES 118 through 199)</b>	<b>114,257,995</b>	<b>241,776,186</b>	<b>356,034,181</b>	<b>0</b>	<b>356,034,181</b>	<b>200.00</b>

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A  
Date/Time Prepared:  
1/30/2023 6:48 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	0	5,499,267	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0	5,489,711	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	142,636	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-24,587,719	59,750,980	5.00
7.00	00700 OPERATION OF PLANT	0	9,138,574	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,243,492	8.00
9.00	00900 HOUSEKEEPING	0	3,406,407	9.00
10.00	01000 DIETARY	-54,421	2,165,885	10.00
11.00	01100 CAFETERIA	-1,299,840	1,533,799	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	2,459,410	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	3,550,777	14.00
15.00	01500 PHARMACY	-1,408	6,050,763	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-173,706	4,296,736	16.00
17.00	01700 SOCIAL SERVICE	0	0	17.00
23.00	02300 PARAMED PRGM-PHARMACY RESIDENCY	0	571,476	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-8,774,175	43,216,653	30.00
31.00	03100 INTENSIVE CARE UNIT	0	12,232,356	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	-65,137	1,062,127	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	-3,391,822	18,852,891	50.00
51.00	05100 RECOVERY ROOM	0	3,856,121	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-159,833	3,314,595	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,653,242	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,000	2,519,682	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	2,351,111	57.00
58.00	05800 MRI	0	1,079,865	58.00
59.00	05900 CARDIAC CATHETERIZATION	-114,167	5,463,663	59.00
60.00	06000 LABORATORY	-15,809	15,930,422	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	1,058,854	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	4,866,426	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,380,600	65.00
66.00	06600 PHYSICAL THERAPY	0	1,425,512	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	488,460	67.00
68.00	06800 SPEECH PATHOLOGY	0	655,993	68.00
69.00	06900 ELECTROCARDIOLOGY	-3,446	2,510,821	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-8,670	550,054	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	32,561	13,834,630	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	20,103,617	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,841,533	73.00
74.00	07400 RENAL DIALYSIS	0	1,257,854	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	-9,082	1,624,194	76.01
76.97	07697 CARDIAC REHABILITATION	0	614,205	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	1,738,028	90.00
91.00	09100 EMERGENCY	-612,792	13,652,835	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	-6,000	81,633	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 09/01/2021  
To 08/31/2022

Worksheet A  
Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
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	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	<b>-39,235,466</b>	<b>314,517,890</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	119,042	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	971,386	192.00
192.01	19201	OTHER NRCC	0	-1,279	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	556,810	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	634,866	194.02
200.00		<b>TOTAL (SUM OF LINES 118 through 199)</b>	<b>-39,235,466</b>	<b>316,798,715</b>	<b>200.00</b>

		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	20,531,522	1.00
3.00		0.00	0	0	3.00
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
0			0	20,531,522	
<b>B - SUPPLIES IMPLANTS AND DYES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00		13,802,069	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		20,103,617	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00		310,011	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00		1,039,655	4.00
5.00	PHARMACY	15.00		789	5.00
6.00	CLINIC	90.00		438	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
0			0	35,256,579	
<b>C - PHARMACY RESIDENCY</b>					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	50,283	91,089	1.00
0			50,283	91,089	
<b>D - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,542,545	1,291,094	1.00
0			1,542,545	1,291,094	
<b>E - BLDG &amp; FIXT DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,822,631	1.00
0			0	5,822,631	
<b>F - MOVABLE DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,489,711	1.00
0			0	5,489,711	
<b>G - IP ANCILLARY COST RECLASS</b>					
1.00	INTENSIVE CARE UNIT	31.00	3,334,222	645,150	1.00
2.00	OPERATING ROOM	50.00	1,306,610	252,701	2.00
3.00	RECOVERY ROOM	51.00	2,054	397	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	159,191	30,789	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	3,396	657	5.00
6.00	CARDIAC CATHETERIZATION	59.00	92,310	17,853	6.00
7.00	LABORATORY	60.00	115,717	22,381	7.00
8.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	63,811	12,322	8.00
9.00	INTRAVENOUS THERAPY	64.00	17,506	3,384	9.00
10.00	RESPIRATORY THERAPY	65.00	86,449	16,720	10.00
11.00	RENAL DIALYSIS	74.00	104,749	20,231	11.00
12.00	WOUND CARE CENTER	76.01	2,116	409	12.00
13.00	EMERGENCY	91.00	25,677	4,966	13.00
0			5,313,808	1,027,960	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>H - OP ANCI LLARY COST RECLASS</b>						
1.00	OPERATING ROOM	50.00	109,063	21,091	1.00	
2.00	RECOVERY ROOM	51.00	2,139,514	413,801	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	4,022	778	3.00	
4.00	CT SCAN	57.00	1,402	271	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	2,771	536	5.00	
6.00	LABORATORY	60.00	20,278	3,922	6.00	
7.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	3,693	714	7.00	
8.00	INTRAVENOUS THERAPY	64.00	3,246,006	627,811	8.00	
9.00	RESPIRATORY THERAPY	65.00	76	15	9.00	
10.00	ELECTROENCEPHALOGRAPHY	70.00	1,086	210	10.00	
11.00	WOUND CARE CENTER	76.01	2,574	498	11.00	
12.00	CLINIC	90.00	263,605	50,984	12.00	
	<b>O</b>		<b>5,794,090</b>	<b>1,120,631</b>		
<b>I - COVID EXPENSES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	321	76	1.00	
2.00	OPERATION OF PLANT	7.00	7,056	1,662	2.00	
4.00	HOUSEKEEPING	9.00	25,979	6,118	4.00	
5.00	DIETARY	10.00	21,088	4,966	5.00	
6.00	NURSING ADMINISTRATION	13.00	14,896	3,508	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,714	404	7.00	
8.00	PHARMACY	15.00	8,804	2,073	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	1,962	462	9.00	
11.00	ADULTS & PEDIATRICS	30.00	292,093	708,214	11.00	
12.00	INTENSIVE CARE UNIT	31.00	34,790	303,557	12.00	
13.00	NURSERY	43.00	5,572	1,312	13.00	
14.00	OPERATING ROOM	50.00	64,774	15,254	14.00	
15.00	RECOVERY ROOM	51.00	6,684	1,574	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	17,042	4,013	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	60,387	14,221	17.00	
19.00	CT SCAN	57.00	8,481	1,997	19.00	
20.00	MRI	58.00	4,182	985	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	25,230	5,942	21.00	
22.00	LABORATORY	60.00	57,471	3,416,594	22.00	
23.00	INTRAVENOUS THERAPY	64.00	5,491	1,293	23.00	
24.00	RESPIRATORY THERAPY	65.00	25,739	253,783	24.00	
25.00	PHYSICAL THERAPY	66.00	9,323	2,195	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	2,993	705	26.00	
27.00	SPEECH PATHOLOGY	68.00	3,334	785	27.00	
28.00	ELECTROCARDIOLOGY	69.00	1,767	416	28.00	
30.00	WOUND CARE CENTER	76.01	2,982	702	30.00	
31.00	CARDIAC REHABILITATION	76.97	3,589	845	31.00	
33.00	EMERGENCY	91.00	66,624	111,869	33.00	
34.00	PHARMACY RETAIL	194.01	4,867	1,146	34.00	
	<b>O</b>		<b>785,235</b>	<b>4,866,671</b>		
<b>J - PHYSICIAN OFFICE BLDG DEPRECIATION</b>						
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	323,364	1.00	
	<b>O</b>		<b>0</b>	<b>323,364</b>		
<b>K - DIALYSIS EXPENSE</b>						
1.00	RENAL DIALYSIS	74.00	0	1,132,167	1.00	
	<b>O</b>		<b>0</b>	<b>1,132,167</b>		
<b>L - OVERHEAD EXPENSES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	685,188	1.00	
	<b>TOTALS</b>		<b>0</b>	<b>685,188</b>		
500.00	Grand Total: Increases		13,485,961	77,638,607	500.00	

		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	3,107,872	0		1.00
3.00	PHARMACY	15.00	0	10,990,188	0		3.00
5.00	OPERATING ROOM	50.00	0	6,138	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,198	0		6.00
7.00	MRI	58.00	0	614	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	33,711	0		8.00
9.00	INTRAVENOUS THERAPY	64.00	0	45	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	3,029	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	64	0		11.00
12.00	WOUND CARE CENTER	76.01	0	2,643	0		12.00
13.00	CLINIC	90.00	0	2,294	0		13.00
14.00	OTHER NRCC	192.01	0	1,279	0		14.00
15.00	PHARMACY RETAIL	194.01	0	6,360,447	0		15.00
0			0	20,531,522			
<b>B - SUPPLIES IMPLANTS AND DYES</b>							
1.00	OPERATION OF PLANT	7.00		249	0		1.00
2.00	DIETARY	10.00		179	0		2.00
3.00	NURSING ADMINISTRATION	13.00		82	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00		15,930	0		4.00
5.00					0		5.00
6.00	ADULTS & PEDIATRICS	30.00		1,314,540	0		6.00
7.00	INTENSIVE CARE UNIT	31.00		331,615	0		7.00
8.00	NURSERY	43.00		2,633	0		8.00
9.00	OPERATING ROOM	50.00		19,307,187	0		9.00
10.00	RECOVERY ROOM	51.00		587	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00		76,050	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		1,353,375	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		4,177	0		13.00
14.00	CT SCAN	57.00		1,466	0		14.00
15.00	MRI	58.00		16,741	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00		12,047,060	0		16.00
17.00	LABORATORY	60.00		6,351	0		17.00
18.00	INTRAVENOUS THERAPY	64.00		70,610	0		18.00
19.00	RESPIRATORY THERAPY	65.00		32,790	0		19.00
20.00	PHYSICAL THERAPY	66.00		31	0		20.00
21.00	SPEECH PATHOLOGY	68.00		9,253	0		21.00
22.00	ELECTROCARDIOLOGY	69.00		121,666	0		22.00
23.00	RENAL DIALYSIS	74.00		312	0		23.00
24.00	WOUND CARE CENTER	76.01		359,471	0		24.00
25.00	CARDIAC REHABILITATION	76.97		18	0		25.00
26.00	WOUND CARE CENTER				0		26.00
27.00	EMERGENCY	91.00		184,206	0		27.00
0			0	35,256,579			
<b>C - PHARMACY RESIDENCY</b>							
1.00	PHARMACY	15.00	50,283	91,089	0		1.00
0			50,283	91,089			
<b>D - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	1,542,545	1,291,094	0		1.00
0			1,542,545	1,291,094			
<b>E - BLDG &amp; FIXT DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,822,631	9		1.00
0			0	5,822,631			
<b>F - MOVABLE DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,489,711	9		1.00
0			0	5,489,711			
<b>G - IP ANCILLARY COST RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	5,313,808	1,027,960	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
0			5,313,808	1,027,960			

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	5,783,439	1,118,581	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	10,651	2,050	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
0			5,794,090	1,120,631		
<b>I - COVID EXPENSES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	785,235	4,866,671	0	1.00
2.00		0.00	0	0	0	2.00
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
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
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
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
0			785,235	4,866,671		
<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	1,132,167	0	1.00
0			0	1,132,167		
<b>L - OVERHEAD EXPENSES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	685,188	0	1.00
TOTALS			0	685,188		
500.00	Grand Total: Decreases		13,485,961	77,638,607		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-7  
Part 1  
Date/Time Prepared:  
1/30/2023 6:48 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	1,115,901	0	0	0	2.00
3.00	Buildings and Fixtures	139,885,793	3,263,641	0	3,263,641	3.00
4.00	Building Improvements	2,896,162	0	0	0	4.00
5.00	Fixed Equipment	2,329,734	2,265,512	0	2,265,512	5.00
6.00	Movable Equipment	48,472,223	4,832,633	0	4,832,633	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	196,811,474	10,361,786	0	10,361,786	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	196,811,474	10,361,786	0	10,361,786	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	143,149,434	0			3.00
4.00	Building Improvements	2,896,162	0			4.00
5.00	Fixed Equipment	4,595,246	0			5.00
6.00	Movable Equipment	53,092,836	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	206,961,240	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	206,961,240	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/30/2023 6:48 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 09/01/2021  
To 08/31/2022

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/30/2023 6:48 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	153,868,404	0	153,868,404	0.743465	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	53,092,836	0	53,092,836	0.256535	0	2.00
3.00	Total (sum of lines 1-2)	206,961,240	0	206,961,240	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	5,499,267	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,489,711	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,988,978	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. 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	5,499,267	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,489,711	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,988,978	3.00



Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-143,924		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-55,550		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	-12,943,254				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	-2,213,546				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,299,840		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			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	B	-54,421		DIETARY	10.00	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	-385,059		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	-2,322		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	4.00
33.01	MANAGEMENT FEE	B	-26,004	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	OTHER REVENUE	B	-154,953	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	LOBBYING DUES	B	-8,281	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	ADVERTISING & CHARITABLE DONATIONS	B	-64,479	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	ADVERTISING	B	-3,446	ELECTROCARDIOLOGY	69.00	0	33.05
33.06	BAD DEBT EXPENSE	B	-347,170	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	-2,019	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	PROVIDER TAX	B	-20,991,686	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	OTHER REVENUE PHARMACY	B	-1,408	PHARMACY	15.00	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.)		-39,235,466				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 09/01/2021 To 08/31/2022  
 Worksheet A-8-1  
 Date/Time Prepared: 1/30/2023 6:48 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	5.00	ADMINISTRATIVE & GENERAL	53,224,219	55,470,326
2.00	71.00	MEDICAL SUPPLIES CHARGED TO SUPPLIES	32,561	0
3.00	0.00		0	0
4.00	0.00		0	0
5.00	TOTALS (sum of lines 1-4):		53,256,780	55,470,326
Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that 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	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 09/01/2021 To 08/31/2022	Worksheet A-8-1 Date/Time Prepared: 1/30/2023 6:48 pm
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	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	-2,246,107	0	1.00
2.00	32,561	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	-2,213,546		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 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 09/01/2021  
To 08/31/2022

Worksheet A-8-2

Date/Time Prepared:  
1/30/2023 6:48 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	47,878	0	47,878	211,500	378	1.00
2.00	16.00	DR. B	229,530	120,000	109,530	211,500	549	2.00
3.00	30.00	DR. C	8,391,065	8,384,137	6,928	211,500	42	3.00
4.00	43.00	DR. D	65,950	64,750	1,200	211,500	8	4.00
5.00	50.00	DR. E	3,407,901	3,389,451	18,450	271,900	123	5.00
6.00	52.00	DR. F	159,833	159,833	0	211,500	0	6.00
7.00	55.00	DR. G	-10,000	-10,000	0	260,300	0	7.00
8.00	59.00	DR. H	114,167	114,167	0	211,500	0	8.00
9.00	60.00	DR. I	84,750	0	84,750	211,500	678	9.00
10.00	70.00	DR. J	24,431	5,000	19,431	211,500	155	10.00
11.00	76.01	DR. K	19,250	6,750	12,500	211,500	100	11.00
12.00	95.00	DR. L	6,000	6,000	0	211,500	0	12.00
13.00	91.00	DR. M	655,167	612,792	42,375	211,500	429	13.00
200.00			13,195,922	12,852,880	343,042		2,462	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	38,436	1,922	0	0	0	1.00
2.00	16.00	DR. B	55,824	2,791	0	0	0	2.00
3.00	30.00	DR. C	4,271	214	0	0	0	3.00
4.00	43.00	DR. D	813	41	0	0	0	4.00
5.00	50.00	DR. E	16,079	804	0	0	0	5.00
6.00	52.00	DR. F	0	0	0	0	0	6.00
7.00	55.00	DR. G	0	0	0	0	0	7.00
8.00	59.00	DR. H	0	0	0	0	0	8.00
9.00	60.00	DR. I	68,941	3,447	0	0	0	9.00
10.00	70.00	DR. J	15,761	788	0	0	0	10.00
11.00	76.01	DR. K	10,168	508	0	0	0	11.00
12.00	95.00	DR. L	0	0	0	0	0	12.00
13.00	91.00	DR. M	43,622	2,181	0	0	0	13.00
200.00			253,915	12,696	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	38,436	9,442	9,442	1.00
2.00	16.00	DR. B	0	55,824	53,706	173,706	2.00
3.00	30.00	DR. C	0	4,271	2,657	8,386,794	3.00
4.00	43.00	DR. D	0	813	387	65,137	4.00
5.00	50.00	DR. E	0	16,079	2,371	3,391,822	5.00
6.00	52.00	DR. F	0	0	0	159,833	6.00
7.00	55.00	DR. G	0	0	0	-10,000	7.00
8.00	59.00	DR. H	0	0	0	114,167	8.00
9.00	60.00	DR. I	0	68,941	15,809	15,809	9.00
10.00	70.00	DR. J	0	15,761	3,670	8,670	10.00
11.00	76.01	DR. K	0	10,168	2,332	9,082	11.00
12.00	95.00	DR. L	0	0	0	6,000	12.00
13.00	91.00	DR. M	0	43,622	0	612,792	13.00
200.00			0	253,915	90,374	12,943,254	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 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			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,499,267	5,499,267			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,489,711		5,489,711		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	142,636	119,515	81	262,232	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	59,750,980	391,161	101,247	7,411	60,250,799
7.00 00700	OPERATION OF PLANT	9,138,574	76,470	141,319	3,227	9,359,590
8.00 00800	LAUNDRY & LINEN SERVICE	1,243,492	72,536	2,154	189	1,318,371
9.00 00900	HOUSEKEEPING	3,406,407	18,331	4,717	5,118	3,434,573
10.00 01000	DIETARY	2,165,885	36,772	54,825	2,928	2,260,410
11.00 01100	CAFETERIA	1,533,799	159,058	0	3,542	1,696,399
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,459,410	16,114	211,893	3,559	2,690,976
14.00 01400	CENTRAL SERVICES & SUPPLY	3,550,777	180,669	37,337	1,940	3,770,723
15.00 01500	PHARMACY	6,050,763	109,652	356,850	10,840	6,528,105
16.00 01600	MEDICAL RECORDS & LIBRARY	4,296,736	93,460	956	7,717	4,398,869
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	571,476	5,142	0	941	577,559
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	43,216,653	1,616,322	310,712	67,438	45,211,125
31.00 03100	INTENSIVE CARE UNIT	12,232,356	146,402	251,936	19,488	12,650,182
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	1,062,127	42,668	20,033	1,969	1,126,797
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	18,852,891	682,490	1,583,960	20,910	21,140,251
51.00 05100	RECOVERY ROOM	3,856,121	0	9,199	7,267	3,872,587
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,314,595	287,661	63,946	5,710	3,671,912
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,653,242	315,722	701,562	11,811	8,682,337
55.00 05500	RADIOLOGY-THERAPEUTIC	2,519,682	0	463,913	1,279	2,984,874
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	2,351,111	39,820	66,350	2,631	2,459,912
58.00 05800	MRI	1,079,865	18,220	68,938	1,317	1,168,340
59.00 05900	CARDIAC CATHETERIZATION	5,463,663	124,713	450,742	7,859	6,046,977
60.00 06000	LABORATORY	15,930,422	224,955	25,827	10,549	16,191,753
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	1,058,854	4,322	0	155	1,063,331
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	4,866,426	0	2,657	9,053	4,878,136
65.00 06500	RESPIRATORY THERAPY	6,380,600	26,277	46,827	8,827	6,462,531
66.00 06600	PHYSICAL THERAPY	1,425,512	7,547	0	2,629	1,435,688
67.00 06700	OCCUPATIONAL THERAPY	488,460	1,829	0	971	491,260
68.00 06800	SPEECH PATHOLOGY	655,993	0	23,030	1,166	680,189
69.00 06900	ELECTROCARDIOLOGY	2,510,821	133,535	153,583	4,220	2,802,159
70.00 07000	ELECTROENCEPHALOGRAPHY	550,054	122,408	9,481	841	682,784
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	13,834,630	0	0	0	13,834,630
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,103,617	0	0	0	20,103,617
73.00 07300	DRUGS CHARGED TO PATIENTS	20,841,533	0	0	0	20,841,533
74.00 07400	RENAL DIALYSIS	1,257,854	0	0	241	1,258,095
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	1,624,194	0	1,929	778	1,626,901
76.97 07697	CARDIAC REHABILITATION	614,205	39,820	6,216	1,003	661,244
<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	1,738,028	62,839	249,840	3,067	2,053,774
91.00 09100	EMERGENCY	13,652,835	320,399	56,992	21,391	14,051,617
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 - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part 1  
Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description	Net Expenses for Cost Allocation (From Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
95.00 09500 AMBULANCE SERVICES	81,633	0	0	120	81,753	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)	314,517,890	5,496,829	5,479,052	260,102	314,502,663	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	119,042	0	0	215	119,257	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	971,386	0	0	0	971,386	192.00
192.01 19201 OTHER NRCC	-1,279	0	0	0	-1,279	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	2,438	0	0	2,438	194.00
194.01 07951 PHARMACY RETAIL	556,810	0	10,659	957	568,426	194.01
194.02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	634,866	0	0	958	635,824	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	316,798,715	5,499,267	5,489,711	262,232	316,798,715	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2023 6: 48 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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	60,250,799					5.00
7.00	00700	2,198,109	11,557,699				7.00
8.00	00800	309,621	170,669	1,798,661			8.00
9.00	00900	806,613	43,130		4,284,316		9.00
10.00	01000	530,860	86,521		32,677	2,910,468	10.00
11.00	01100	398,401	374,246		141,344		11.00
12.00	01200	0	0		0		12.00
13.00	01300	631,978	37,915		14,320		13.00
14.00	01400	885,558	425,095		160,548		14.00
15.00	01500	1,533,132	257,998		97,440		15.00
16.00	01600	1,033,079	219,901		83,051		16.00
17.00	01700	0	0		0		17.00
23.00	02300	135,640	12,099		4,570		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	10,617,839	3,803,040	853,803	1,436,316	2,719,141	30.00
31.00	03100	2,970,908	344,467	154,025	130,097	63,329	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	264,629	100,394	0	37,916	0	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	4,964,809	1,605,828	192,814	606,482	22,764	50.00
51.00	05100	909,481	0	0	0	1,506	51.00
52.00	05200	862,352	676,835	43,070	255,624	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	2,039,056	742,860	145,956	280,560	446	54.00
55.00	05500	701,001	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	577,713	93,692	0	35,385	0	57.00
58.00	05800	274,386	42,869	0	16,191	0	58.00
59.00	05900	1,420,139	293,436	11,798	110,824	12,407	59.00
60.00	06000	3,802,649	529,296	6	199,902	0	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	249,724	10,170	0	3,841	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	1,145,635	0	0	0	0	64.00
65.00	06500	1,517,732	61,827	0	23,350	0	65.00
66.00	06600	337,173	17,758	0	6,707	0	66.00
67.00	06700	115,373	4,303	0	1,625	0	67.00
68.00	06800	159,743	0	0	0	0	68.00
69.00	06900	658,090	314,193	94,264	118,663	0	69.00
70.00	07000	160,353	288,012	5,722	108,775	2,565	70.00
71.00	07100	3,249,077	0	0	0	0	71.00
72.00	07200	4,721,355	0	0	0	0	72.00
73.00	07300	4,894,655	0	0	0	0	73.00
74.00	07400	295,465	0	2,242	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	382,079	0	0	0	0	76.01
76.97	07697	155,294	93,692	0	35,385	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	482,331	147,852	0	55,840	0	90.00
91.00	09100	3,300,036	753,864	294,961	284,716	88,310	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	19,200	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part 1  
Date/Time Prepared:  
1/30/2023 6:48 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	0100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	0101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	0105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	0106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	0107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	0108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	0113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0115.00
116.00	11600 HOSPICE	0	0	0	0	0	0116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	59,711,268	11,551,962	1,798,661	4,282,149	2,910,468	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	0190.00
191.00	19100 RESEARCH	28,008	0	0	0	0	0191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	228,131	0	0	0	0	0192.00
192.01	19201 OTHER NRCC	0	0	0	0	0	0192.01
192.02	19202 LTC	0	0	0	0	0	0192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	0193.00
194.00	07950 MARKETING	573	5,737	0	2,167	0	0194.00
194.01	07951 PHARMACY RETAIL	133,495	0	0	0	0	0194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	149,324	0	0	0	0	0194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0201.00
202.00	TOTAL (sum lines 118 through 201)	60,250,799	11,557,699	1,798,661	4,284,316	2,910,468	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 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						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	2,610,390					11.00
12.00	01200		0				12.00
13.00	01300	48,792	0	3,423,981			13.00
14.00	01400	37,987	0	0	5,279,911		14.00
15.00	01500	91,289	0	0	63,542	8,571,506	15.00
16.00	01600	80,915	0	0	1,533	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	9,556	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	700,984	0	1,407,177	1,490,515	0	30.00
31.00	03100	194,041	0	394,193	338,510	0	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	18,383	0	36,669	4,488	0	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	244,759	0	462,948	1,628,454	0	50.00
51.00	05100	72,858	0	146,677	17,486	0	51.00
52.00	05200	60,094	0	123,758	112,987	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	143,358	0	27,502	101,366	0	54.00
55.00	05500	16,082	0	4,584	9,724	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	27,112	0	0	118,644	0	57.00
58.00	05800	13,369	0	0	15,173	0	58.00
59.00	05900	85,491	0	123,758	422,208	0	59.00
60.00	06000	151,314	0	4,584	59,178	0	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	1,573	0	4,584	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	95,543	0	187,929	47,470	0	64.00
65.00	06500	93,756	0	4,584	205,031	0	65.00
66.00	06600	29,979	0	0	248	0	66.00
67.00	06700	11,999	0	0	0	0	67.00
68.00	06800	13,367	0	0	545	0	68.00
69.00	06900	46,569	0	9,167	17,565	0	69.00
70.00	07000	13,366	0	0	6,806	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	8,571,506	73.00
74.00	07400	2,470	0	4,584	320	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	9,889	0	18,335	20,324	0	76.01
76.97	07697	11,839	0	18,335	1,697	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	27,534	0	22,918	3,184	0	90.00
91.00	09100	218,940	0	421,695	579,084	0	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	2,243	0	0	1,141	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
99.00	09900	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part 1  
Date/Time Prepared:  
1/30/2023 6:48 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
<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)	2,575,451	0	3,423,981	5,267,223	8,571,506	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	2,703	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	60	0	192.00
192.01	19201	OTHER NRCC	0	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	12,167	0	0	12,535	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	20,069	0	0	93	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)	2,610,390	0	3,423,981	5,279,911	8,571,506	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part I Date/Time Prepared: 1/30/2023 6:48 pm		
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED 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	5,817,348				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	739,424		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,057,700	0	739,424	70,037,064	30.00
31.00	03100	INTENSIVE CARE UNIT	176,283	0	0	17,416,035	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	117,522	0	0	1,706,798	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	528,850	0	0	31,397,959	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,020,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,806,632	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	411,328	0	0	12,574,769	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,716,265	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	176,283	0	0	3,488,741	57.00
58.00	05800	MRI	58,761	0	0	1,589,089	58.00
59.00	05900	CARDIAC CATHETERIZATION	117,522	0	0	8,644,560	59.00
60.00	06000	LABORATORY	1,469,027	0	0	22,407,709	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	1,333,223	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,354,713	64.00
65.00	06500	RESPIRATORY THERAPY	58,761	0	0	8,427,572	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,827,553	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	624,560	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	853,844	68.00
69.00	06900	ELECTROCARDIOLOGY	352,567	0	0	4,413,237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,268,383	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	17,083,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,824,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,307,694	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,563,176	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	58,761	0	0	2,116,289	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	977,486	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	2,793,433	90.00
91.00	09100	EMERGENCY	1,233,983	0	0	21,227,206	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	104,337	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part 1  
Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED 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	11800 SUBTOTALS (SUM OF LINES 1 through 117)	5,817,348	0	739,424	313,907,601	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	149,968	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	1,199,577	0	192.00
192.01	19201 OTHER NRCC	0	0	0	-1,279	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	10,915	0	194.00
194.01	07951 PHARMACY RETAIL	0	0	0	726,623	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	805,310	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)	5,817,348	0	739,424	316,798,715	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 pm

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	70,037,064	30.00
31.00	03100 INTENSIVE CARE UNIT	17,416,035	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	1,706,798	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	31,397,959	50.00
51.00	05100 RECOVERY ROOM	5,020,595	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,806,632	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,574,769	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,716,265	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	3,488,741	57.00
58.00	05800 MRI	1,589,089	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,644,560	59.00
60.00	06000 LABORATORY	22,407,709	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	1,333,223	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	6,354,713	64.00
65.00	06500 RESPIRATORY THERAPY	8,427,572	65.00
66.00	06600 PHYSICAL THERAPY	1,827,553	66.00
67.00	06700 OCCUPATIONAL THERAPY	624,560	67.00
68.00	06800 SPEECH PATHOLOGY	853,844	68.00
69.00	06900 ELECTROCARDIOLOGY	4,413,237	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,268,383	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	17,083,707	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	24,824,972	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	34,307,694	73.00
74.00	07400 RENAL DIALYSIS	1,563,176	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	2,116,289	76.01
76.97	07697 CARDIAC REHABILITATION	977,486	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	2,793,433	90.00
91.00	09100 EMERGENCY	21,227,206	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	104,337	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 09/01/2021  
To 08/31/2022

Worksheet B  
Part 1  
Date/Time Prepared:  
1/30/2023 6:48 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)	313,907,601	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	190.00
191.00	19100 RESEARCH	149,968	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	1,199,577	192.00
192.01	19201 OTHER NRCC	-1,279	192.01
192.02	19202 LTC	0	192.02
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 MARKETING	10,915	194.00
194.01	07951 PHARMACY RETAIL	726,623	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	805,310	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)	316,798,715	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
<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	119,515	81	119,596	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,389,621	391,161	101,247	11,882,029	5.00
7.00	00700	OPERATION OF PLANT	24,967	76,470	141,319	242,756	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	72,536	2,154	74,690	8.00
9.00	00900	HOUSEKEEPING	0	18,331	4,717	23,048	9.00
10.00	01000	DIETARY	213	36,772	54,825	91,810	10.00
11.00	01100	CAFETERIA	0	159,058	0	159,058	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	16,114	211,893	228,007	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	180,669	37,337	218,006	14.00
15.00	01500	PHARMACY	0	109,652	356,850	466,502	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	93,460	956	94,416	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	5,142	0	5,142	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	1,616,322	310,712	1,927,034	30.00
31.00	03100	INTENSIVE CARE UNIT	0	146,402	251,936	398,338	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	0	42,668	20,033	62,701	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	283,008	682,490	1,583,960	2,549,458	50.00
51.00	05100	RECOVERY ROOM	0	0	9,199	9,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,113	287,661	63,946	364,720	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,733	315,722	701,562	1,192,017	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	986,191	0	463,913	1,450,104	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	39,820	66,350	106,170	57.00
58.00	05800	MRI	0	18,220	68,938	87,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,912	124,713	450,742	590,367	59.00
60.00	06000	LABORATORY	1,539	224,955	25,827	252,321	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	4,322	0	4,322	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,657	2,657	64.00
65.00	06500	RESPIRATORY THERAPY	13,247	26,277	46,827	86,351	65.00
66.00	06600	PHYSICAL THERAPY	0	7,547	0	7,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,829	0	1,829	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	23,030	23,030	68.00
69.00	06900	ELECTROCARDIOLOGY	98,699	133,535	153,583	385,817	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,415	122,408	9,481	166,304	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	501,076	0	1,929	503,005	76.01
76.97	07697	CARDIAC REHABILITATION	42,302	39,820	6,216	88,338	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	5,971	62,839	249,840	318,650	90.00
91.00	09100	EMERGENCY	54,887	320,399	56,992	432,278	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	55	95.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part 11  
Date/Time Prepared:  
1/30/2023 6:48 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	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		<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	13,638,894	5,496,829	5,479,052	24,614,775	118,625	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	0	0	98191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	44,272	0	0	44,272	0	192.00
192.01	19201	OTHER NRCC	0	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	2,438	0	2,438	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	10,659	10,659	0	436194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	0	0	437194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		<b>TOTAL (sum lines 118 through 201)</b>	13,683,166	5,499,267	5,489,711	24,672,144	119,596	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part II Date/Time Prepared: 1/30/2023 6:48 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	11,885,408					5.00
7.00	00700	OPERATION OF PLANT	433,611	677,839				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61,077	10,009	145,862			8.00
9.00	00900	HOUSEKEEPING	159,117	2,530	0	187,029		9.00
10.00	01000	DIETARY	104,720	5,074	0	1,426	204,365	10.00
11.00	01100	CAFETERIA	78,591	21,949	0	6,170	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	124,668	2,224	0	625	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	174,690	24,931	0	7,009	0	14.00
15.00	01500	PHARMACY	302,434	15,131	0	4,254	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	203,791	12,897	0	3,626	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	26,757	710	0	199	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,094,540	223,044	69,238	62,699	190,931	30.00
31.00	03100	INTENSIVE CARE UNIT	586,058	20,202	12,491	5,679	4,447	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	52,202	5,888	0	1,655	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	979,386	94,179	15,636	26,476	1,598	50.00
51.00	05100	RECOVERY ROOM	179,409	0	0	0	106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	170,112	39,695	3,493	11,159	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	402,235	43,567	11,836	12,248	31	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	138,283	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	113,963	5,495	0	1,545	0	57.00
58.00	05800	MRI	54,127	2,514	0	707	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	280,144	17,210	957	4,838	871	59.00
60.00	06000	LABORATORY	750,132	31,042	1	8,727	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	49,262	596	0	168	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	225,994	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	299,396	3,626	0	1,019	0	65.00
66.00	06600	PHYSICAL THERAPY	66,513	1,041	0	293	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,759	252	0	71	0	67.00
68.00	06800	SPEECH PATHOLOGY	31,512	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	129,818	18,427	7,644	5,180	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,632	16,891	464	4,749	180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	640,931	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	931,360	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	965,547	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	58,285	0	182	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	75,371	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	30,634	5,495	0	1,545	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	95,147	8,671	0	2,438	0	90.00
91.00	09100	EMERGENCY	650,983	44,213	23,920	12,429	6,201	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	3,787	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 09/01/2021  
To 08/31/2022

Worksheet B  
Part 11  
Date/Time Prepared:  
1/30/2023 6:48 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	0100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	0101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	0105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	0106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	0107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	0108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0111.00
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	0115.00
116.00	11600 HOSPICE	0	0	0	0	0	0116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	11,778,978	677,503	145,862	186,934	204,365	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	0190.00
191.00	19100 RESEARCH	5,525	0	0	0	0	0191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	45,002	0	0	0	0	0192.00
192.01	19201 OTHER NRCC	0	0	0	0	0	0192.01
192.02	19202 LTC	0	0	0	0	0	0192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	0193.00
194.00	07950 MARKETING	113	336	0	95	0	0194.00
194.01	07951 PHARMACY RETAIL	26,334	0	0	0	0	0194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	29,456	0	0	0	0	0194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0201.00
202.00	TOTAL (sum lines 118 through 201)	11,885,408	677,839	145,862	187,029	204,365	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2023 6:48 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						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	267,383					11.00
12.00	01200	0	0				12.00
13.00	01300	4,998	0	362,145			13.00
14.00	01400	3,891	0	0	429,412		14.00
15.00	01500	9,351	0	0	5,168	807,783	15.00
16.00	01600	8,288	0	0	125	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	979	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	71,803	0	148,830	121,222	0	30.00
31.00	03100	19,876	0	41,693	27,531	0	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	1,883	0	3,878	365	0	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	25,071	0	48,965	132,441	0	50.00
51.00	05100	7,463	0	15,514	1,422	0	51.00
52.00	05200	6,155	0	13,090	9,189	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	14,684	0	2,909	8,244	0	54.00
55.00	05500	1,647	0	485	791	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	2,777	0	0	9,649	0	57.00
58.00	05800	1,369	0	0	1,234	0	58.00
59.00	05900	8,757	0	13,090	34,338	0	59.00
60.00	06000	15,499	0	485	4,813	0	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	161	0	485	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	9,786	0	19,877	3,861	0	64.00
65.00	06500	9,603	0	485	16,675	0	65.00
66.00	06600	3,071	0	0	20	0	66.00
67.00	06700	1,229	0	0	0	0	67.00
68.00	06800	1,369	0	0	44	0	68.00
69.00	06900	4,770	0	970	1,429	0	69.00
70.00	07000	1,369	0	0	554	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	807,783	73.00
74.00	07400	253	0	485	26	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	1,013	0	1,939	1,653	0	76.01
76.97	07697	1,213	0	1,939	138	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	2,820	0	2,424	259	0	90.00
91.00	09100	22,426	0	44,602	47,096	0	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	230	0	0	93	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
99.00	09900	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part 11  
Date/Time Prepared:  
1/30/2023 6:48 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
<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)	263,804	0	362,145	428,380	807,783	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	277	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	5	0	192.00
192.01	19201	OTHER NRCC	0	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	1,246	0	0	1,019	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	2,056	0	0	8	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)	267,383	0	362,145	429,412	807,783	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part II Date/Time Prepared: 1/30/2023 6:48 pm
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED 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	326,662		16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	34,216	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	59,393	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,899	0	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	6,599	0	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	29,697	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	23,097	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	9,899	0	57.00
58.00	05800	MRI	3,300	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,599	0	59.00
60.00	06000	LABORATORY	82,489	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	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,300	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	19,798	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	0	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	3,300	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	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	0	90.00
91.00	09100	EMERGENCY	69,292	0	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B  
Part 11  
Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED 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	11800 SUBTOTALS (SUM OF LINES 1 through 117)	326,662	0	0	24,468,116	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	5,900	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	89,279	0	192.00
192.01	19201 OTHER NRCC	0	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	2,982	0	194.00
194.01	07951 PHARMACY RETAIL	0	0	0	39,694	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	31,957	0	194.02
200.00	Cross Foot Adjustments	0	0	34,216	34,216	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	326,662	0	34,216	24,672,144	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet B Part II Date/Time Prepared: 1/30/2023 6:48 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	4,999,501	30.00
31.00	03100 INTENSIVE CARE UNIT	1,135,101	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	136,069	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	3,912,442	50.00
51.00	05100 RECOVERY ROOM	216,427	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	620,217	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,716,254	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,591,893	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	250,698	57.00
58.00	05800 MRI	151,009	58.00
59.00	05900 CARDIAC CATHETERIZATION	960,755	59.00
60.00	06000 LABORATORY	1,150,320	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	55,065	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	266,303	64.00
65.00	06500 RESPIRATORY THERAPY	424,480	65.00
66.00	06600 PHYSICAL THERAPY	79,684	66.00
67.00	06700 OCCUPATIONAL THERAPY	26,583	67.00
68.00	06800 SPEECH PATHOLOGY	56,487	68.00
69.00	06900 ELECTROCARDIOLOGY	575,777	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	222,527	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	640,931	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	931,360	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,773,330	73.00
74.00	07400 RENAL DIALYSIS	59,341	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	586,636	76.01
76.97	07697 CARDIAC REHABILITATION	129,759	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	431,807	90.00
91.00	09100 EMERGENCY	1,363,195	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	4,165	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 09/01/2021  
To 08/31/2022

Worksheet B  
Part 11  
Date/Time Prepared:  
1/30/2023 6:48 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)	24,468,116	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	190.00
191.00	19100 RESEARCH	5,900	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	89,279	192.00
192.01	19201 OTHER NRCC	0	192.01
192.02	19202 LTC	0	192.02
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 MARKETING	2,982	194.00
194.01	07951 PHARMACY RETAIL	39,694	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	31,957	194.02
200.00	Cross Foot Adjustments	34,216	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	24,672,144	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<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		5,489,711			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,784	81	114,211,784		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,295	101,247	3,227,650	-60,250,799	5.00
7.00	00700	OPERATION OF PLANT	6,900	141,319	1,405,622	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,545	2,154	82,273	0	8.00
9.00	00900	HOUSEKEEPING	1,654	4,717	2,229,069	0	9.00
10.00	01000	DIETARY	3,318	54,825	1,275,393	0	10.00
11.00	01100	CAFETERIA	14,352	0	1,542,545	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,454	211,893	1,549,965	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,302	37,337	844,810	0	14.00
15.00	01500	PHARMACY	9,894	356,850	4,721,109	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,433	956	3,361,070	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	464	0	409,835	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	145,843	310,712	29,371,792	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,210	251,936	8,487,691	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	3,850	20,033	857,791	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	61,582	1,583,960	9,107,186	0	50.00
51.00	05100	RECOVERY ROOM	0	9,199	3,165,097	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,956	63,946	2,486,934	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,488	701,562	5,144,107	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	463,913	557,255	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	3,593	66,350	1,146,007	0	57.00
58.00	05800	MRI	1,644	68,938	573,391	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,253	450,742	3,423,038	0	59.00
60.00	06000	LABORATORY	20,298	25,827	4,594,651	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	390	0	67,504	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,657	3,943,059	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,371	46,827	3,844,577	0	65.00
66.00	06600	PHYSICAL THERAPY	681	0	1,145,165	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	0	422,901	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	23,030	507,714	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,049	153,583	1,838,010	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,045	9,481	366,425	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	104,749	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	1,929	338,699	0	76.01
76.97	07697	CARDIAC REHABILITATION	3,593	6,216	436,952	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	5,670	249,840	1,335,613	0	90.00
91.00	09100	EMERGENCY	28,910	56,992	9,316,695	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 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	4.00	5A	5.00	
95.00	09500	AMBULANCE SERVICES	0	0	52,089	0	81,753	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	5,479,052	113,284,433	-60,250,799	254,251,864	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	93,433	0	119,257	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	971,386	192.00
192.01	19201	OTHER NRCC	0	0	0	1,279	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	220	0	0	0	2,438	194.00
194.01	07951	PHARMACY RETAIL	0	10,659	416,881	0	568,426	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	417,037	0	635,824	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)	5,499,267	5,489,711	262,232		60,250,799	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.082629	1.000000	0.002296		0.234851	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			119,596		11,885,408	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001047		0.046328	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 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	443,227					7.00
8.00	00800	6,545	1,434,246				8.00
9.00	00900	1,654	0	435,028			9.00
10.00	01000	3,318	0	3,318	208,786		10.00
11.00	01100	14,352	0	14,352	0	2,419,814	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,454	0	1,454	0	45,230	13.00
14.00	01400	16,302	0	16,302	0	35,214	14.00
15.00	01500	9,894	0	9,894	0	84,624	15.00
16.00	01600	8,433	0	8,433	0	75,008	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	464	0	464	0	8,858	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	145,843	680,818	145,843	195,061	649,805	30.00
31.00	03100	13,210	122,819	13,210	4,543	179,875	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	3,850	0	3,850	0	17,041	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	61,582	153,749	61,582	1,633	226,890	50.00
51.00	05100	0	0	0	108	67,539	51.00
52.00	05200	25,956	34,344	25,956	0	55,707	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	28,488	116,385	28,488	32	132,892	54.00
55.00	05500	0	0	0	0	14,908	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	3,593	0	3,593	0	25,133	57.00
58.00	05800	1,644	0	1,644	0	12,393	58.00
59.00	05900	11,253	9,408	11,253	890	79,250	59.00
60.00	06000	20,298	5	20,298	0	140,267	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	390	0	390	0	1,458	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	88,568	64.00
65.00	06500	2,371	0	2,371	0	86,911	65.00
66.00	06600	681	0	681	0	27,790	66.00
67.00	06700	165	0	165	0	11,123	67.00
68.00	06800	0	0	0	0	12,391	68.00
69.00	06900	12,049	75,166	12,049	0	43,169	69.00
70.00	07000	11,045	4,563	11,045	184	12,390	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	1,788	0	0	2,290	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	0	0	0	9,167	76.01
76.97	07697	3,593	0	3,593	0	10,975	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	5,670	0	5,670	0	25,524	90.00
91.00	09100	28,910	235,201	28,910	6,335	202,956	91.00
92.00	09200						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	2,079	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 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
<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)	443,007	1,434,246	434,808	208,786	2,387,425	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	0	2,506	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	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	220	0	220	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	0	11,279	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	0	18,604	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)	11,557,699	1,798,661	4,284,316	2,910,468	2,610,390	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.076252	1.254081	9.848368	13.939958	1.078756	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	677,839	145,862	187,029	204,365	267,383	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.529327	0.101699	0.429924	0.978825	0.110497	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 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI.S.)	PHARMACY (COSTED REQUI.S.)	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	747				13.00
14.00	01400	0	0	11,451,551			14.00
15.00	01500	0	0	137,816	100		15.00
16.00	01600	0	0	3,325	0	99	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	307	3,232,765	0	18	30.00
31.00	03100	0	86	734,191	0	3	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	9,733	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	101	3,531,939	0	9	50.00
51.00	05100	0	32	37,925	0	0	51.00
52.00	05200	0	27	245,056	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	6	219,852	0	7	54.00
55.00	05500	0	1	21,091	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	257,326	0	3	57.00
58.00	05800	0	0	32,909	0	1	58.00
59.00	05900	0	27	915,723	0	2	59.00
60.00	06000	0	1	128,350	0	25	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	1	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	41	102,958	0	0	64.00
65.00	06500	0	1	444,690	0	1	65.00
66.00	06600	0	0	537	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	1,183	0	0	68.00
69.00	06900	0	2	38,096	0	6	69.00
70.00	07000	0	0	14,762	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	100	0	73.00
74.00	07400	0	1	695	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	4	44,081	0	1	76.01
76.97	07697	0	4	3,680	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	5	6,905	0	0	90.00
91.00	09100	0	92	1,255,970	0	21	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	2,475	0	0	95.00
96.00	09600	0	0	0	0	0	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 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	
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	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	747	11,424,033	100	99	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	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	131	0	0	192.00
192.01	19201 OTHER NRCC	0	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	0	0	27,186	0	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	201	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	3,423,981	5,279,911	8,571,506	5,817,348	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	4,583.642570	0.461065	85,715.060000	58,761.090909	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	362,145	429,412	807,783	326,662	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	484.799197	0.037498	8,077.830000	3,299.616162	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 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 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
			100	
<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 - 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
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 09/01/2021  
To 08/31/2022

Worksheet B-1

Date/Time Prepared:  
1/30/2023 6:48 pm

Cost Center Description		SOCIAL SERVICE (ASSIGNED TIME)	PARAMED ED 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	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	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	739,424	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	7,394.240000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	34,216	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	342.160000	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 09/01/2021  
To 08/31/2022

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 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	70,037,064		70,037,064	2,657	70,039,721	30.00
31.00	03100 INTENSIVE CARE UNIT	17,416,035		17,416,035	0	17,416,035	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	1,706,798		1,706,798	387	1,707,185	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	31,397,959		31,397,959	2,371	31,400,330	50.00
51.00	05100 RECOVERY ROOM	5,020,595		5,020,595	0	5,020,595	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,806,632		5,806,632	0	5,806,632	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,574,769		12,574,769	0	12,574,769	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,716,265		3,716,265	0	3,716,265	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,488,741		3,488,741	0	3,488,741	57.00
58.00	05800 MRI	1,589,089		1,589,089	0	1,589,089	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,644,560		8,644,560	0	8,644,560	59.00
60.00	06000 LABORATORY	22,407,709		22,407,709	15,809	22,423,518	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	1,333,223		1,333,223	0	1,333,223	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	6,354,713		6,354,713	0	6,354,713	64.00
65.00	06500 RESPIRATORY THERAPY	8,427,572	0	8,427,572	0	8,427,572	65.00
66.00	06600 PHYSICAL THERAPY	1,827,553	0	1,827,553	0	1,827,553	66.00
67.00	06700 OCCUPATIONAL THERAPY	624,560	0	624,560	0	624,560	67.00
68.00	06800 SPEECH PATHOLOGY	853,844	0	853,844	0	853,844	68.00
69.00	06900 ELECTROCARDIOLOGY	4,413,237		4,413,237	0	4,413,237	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,268,383		1,268,383	3,670	1,272,053	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	17,083,707		17,083,707	0	17,083,707	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	24,824,972		24,824,972	0	24,824,972	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	34,307,694		34,307,694	0	34,307,694	73.00
74.00	07400 RENAL DIALYSIS	1,563,176		1,563,176	0	1,563,176	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	2,116,289		2,116,289	2,332	2,118,621	76.01
76.97	07697 CARDIAC REHABILITATION	977,486		977,486	0	977,486	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	2,793,433		2,793,433	0	2,793,433	90.00
91.00	09100 EMERGENCY	21,227,206		21,227,206	0	21,227,206	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	12,556,104		12,556,104	0	12,556,104	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	104,337		104,337	0	104,337	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 09/01/2021 To 08/31/2022		Worksheet C Part I Date/Time Prepared: 1/30/2023 6:48 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	
116.00	11600 HOSPICE	0	0	0	0	0	116.00
200.00	Subtotal (see instructions)	326,463,705	0	326,463,705	27,226	326,490,931	200.00
201.00	Less Observation Beds	12,556,104		12,556,104		12,556,104	201.00
202.00	Total (see instructions)	313,907,601	0	313,907,601	27,226	313,934,827	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 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	95,156,325		95,156,325		30.00
31.00	03100	INTENSIVE CARE UNIT	46,111,620		46,111,620		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	4,618,890		4,618,890		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	113,053,205	163,765,783	276,818,988	0.113424	50.00
51.00	05100	RECOVERY ROOM	6,073,949	20,924,125	26,998,074	0.185961	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,473,810	801,119	11,274,929	0.515004	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,402,690	138,941,945	173,344,635	0.072542	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,383,036	81,030,563	83,413,599	0.044552	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	46,347,872	97,022,534	143,370,406	0.024334	57.00
58.00	05800	MRI	7,304,227	22,035,778	29,340,005	0.054161	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,257,640	136,533,271	234,790,911	0.036818	59.00
60.00	06000	LABORATORY	77,011,314	113,261,432	190,272,746	0.117766	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	7,144,202	1,571,437	8,715,639	0.152969	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	376,186	26,779,081	27,155,267	0.234014	64.00
65.00	06500	RESPIRATORY THERAPY	28,818,543	14,776,817	43,595,360	0.193314	65.00
66.00	06600	PHYSICAL THERAPY	7,557,699	1,862,345	9,420,044	0.194007	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,534,470	719,212	4,253,682	0.146828	67.00
68.00	06800	SPEECH PATHOLOGY	3,395,683	1,602,278	4,997,961	0.170838	68.00
69.00	06900	ELECTROCARDIOLOGY	32,849,144	78,440,156	111,289,300	0.039656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	368,301	7,577,622	7,945,923	0.159627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	38,277,828	33,740,047	72,017,875	0.237215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,491,314	120,985,331	224,476,645	0.110590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,929,499	61,875,241	152,804,740	0.224520	73.00
74.00	07400	RENAL DIALYSIS	5,631,796	0	5,631,796	0.277563	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	76.00
76.01	03020	WOUND CARE CENTER	37,293	8,404,171	8,441,464	0.250702	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,700,029	1,700,029	0.574982	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	1,412	1,247,032	1,248,444	2.237532	90.00
91.00	09100	EMERGENCY	24,980,886	99,590,992	124,571,878	0.170401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	15,798,398	46,356,460	62,154,858	0.202013	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	302,877	302,877	0.344486	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	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 09/01/2021 To 08/31/2022		Worksheet C Part 1 Date/Time Prepared: 1/30/2023 6:48 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	
200.00	Subtotal (see instructions)	904,387,232	1,281,847,678	2,186,234,910			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	904,387,232	1,281,847,678	2,186,234,910			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Prepared: 1/30/2023 6:48 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 - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			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	0.113433		50.00
51.00	05100	RECOVERY ROOM	0.185961		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.515004		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072542		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044552		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.024334		57.00
58.00	05800	MRI	0.054161		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.036818		59.00
60.00	06000	LABORATORY	0.117849		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	0.152969		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.234014		64.00
65.00	06500	RESPIRATORY THERAPY	0.193314		65.00
66.00	06600	PHYSICAL THERAPY	0.194007		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.146828		67.00
68.00	06800	SPEECH PATHOLOGY	0.170838		68.00
69.00	06900	ELECTROCARDIOLOGY	0.039656		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.160089		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.237215		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.110590		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224520		73.00
74.00	07400	RENAL DIALYSIS	0.277563		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	0.250978		76.01
76.97	07697	CARDIAC REHABILITATION	0.574982		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	2.237532		90.00
91.00	09100	EMERGENCY	0.170401		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.202013		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.344486		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 09/01/2021 To 08/31/2022	Worksheet C Part 1 Date/Time Prepared: 1/30/2023 6:48 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
202.00	Total (see instructions)	11.00	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet C  
Part I  
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1/30/2023 6:48 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	70,037,064		70,037,064	2,657	70,039,721	30.00
31.00	03100 INTENSIVE CARE UNIT	17,416,035		17,416,035	0	17,416,035	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	1,706,798		1,706,798	387	1,707,185	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	31,397,959		31,397,959	2,371	31,400,330	50.00
51.00	05100 RECOVERY ROOM	5,020,595		5,020,595	0	5,020,595	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,806,632		5,806,632	0	5,806,632	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,574,769		12,574,769	0	12,574,769	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,716,265		3,716,265	0	3,716,265	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,488,741		3,488,741	0	3,488,741	57.00
58.00	05800 MRI	1,589,089		1,589,089	0	1,589,089	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,644,560		8,644,560	0	8,644,560	59.00
60.00	06000 LABORATORY	22,407,709		22,407,709	15,809	22,423,518	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	1,333,223		1,333,223	0	1,333,223	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	6,354,713		6,354,713	0	6,354,713	64.00
65.00	06500 RESPIRATORY THERAPY	8,427,572	0	8,427,572	0	8,427,572	65.00
66.00	06600 PHYSICAL THERAPY	1,827,553	0	1,827,553	0	1,827,553	66.00
67.00	06700 OCCUPATIONAL THERAPY	624,560	0	624,560	0	624,560	67.00
68.00	06800 SPEECH PATHOLOGY	853,844	0	853,844	0	853,844	68.00
69.00	06900 ELECTROCARDIOLOGY	4,413,237		4,413,237	0	4,413,237	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,268,383		1,268,383	3,670	1,272,053	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	17,083,707		17,083,707	0	17,083,707	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	24,824,972		24,824,972	0	24,824,972	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	34,307,694		34,307,694	0	34,307,694	73.00
74.00	07400 RENAL DIALYSIS	1,563,176		1,563,176	0	1,563,176	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	2,116,289		2,116,289	2,332	2,118,621	76.01
76.97	07697 CARDIAC REHABILITATION	977,486		977,486	0	977,486	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	2,793,433		2,793,433	0	2,793,433	90.00
91.00	09100 EMERGENCY	21,227,206		21,227,206	0	21,227,206	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	12,556,104		12,556,104	0	12,556,104	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	104,337		104,337	0	104,337	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 09/01/2021 To 08/31/2022		Worksheet C Part I Date/Time Prepared: 1/30/2023 6:48 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	326,463,705	0	326,463,705	27,226	326,490,931	200.00
201.00		Less Observation Beds	12,556,104		12,556,104		12,556,104	201.00
202.00		Total (see instructions)	313,907,601	0	313,907,601	27,226	313,934,827	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2023 6:48 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	95,156,325		95,156,325		30.00
31.00	03100	INTENSIVE CARE UNIT	46,111,620		46,111,620		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	4,618,890		4,618,890		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	113,053,205	163,765,783	276,818,988	0.113424	50.00
51.00	05100	RECOVERY ROOM	6,073,949	20,924,125	26,998,074	0.185961	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,473,810	801,119	11,274,929	0.515004	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,402,690	138,941,945	173,344,635	0.072542	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,383,036	81,030,563	83,413,599	0.044552	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	46,347,872	97,022,534	143,370,406	0.024334	57.00
58.00	05800	MRI	7,304,227	22,035,778	29,340,005	0.054161	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,257,640	136,533,271	234,790,911	0.036818	59.00
60.00	06000	LABORATORY	77,011,314	113,261,432	190,272,746	0.117766	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	7,144,202	1,571,437	8,715,639	0.152969	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	376,186	26,779,081	27,155,267	0.234014	64.00
65.00	06500	RESPIRATORY THERAPY	28,818,543	14,776,817	43,595,360	0.193314	65.00
66.00	06600	PHYSICAL THERAPY	7,557,699	1,862,345	9,420,044	0.194007	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,534,470	719,212	4,253,682	0.146828	67.00
68.00	06800	SPEECH PATHOLOGY	3,395,683	1,602,278	4,997,961	0.170838	68.00
69.00	06900	ELECTROCARDIOLOGY	32,849,144	78,440,156	111,289,300	0.039656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	368,301	7,577,622	7,945,923	0.159627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	38,277,828	33,740,047	72,017,875	0.237215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,491,314	120,985,331	224,476,645	0.110590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,929,499	61,875,241	152,804,740	0.224520	73.00
74.00	07400	RENAL DIALYSIS	5,631,796	0	5,631,796	0.277563	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	76.00
76.01	03020	WOUND CARE CENTER	37,293	8,404,171	8,441,464	0.250702	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,700,029	1,700,029	0.574982	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	1,412	1,247,032	1,248,444	2.237532	90.00
91.00	09100	EMERGENCY	24,980,886	99,590,992	124,571,878	0.170401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	15,798,398	46,356,460	62,154,858	0.202013	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	302,877	302,877	0.344486	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	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 09/01/2021 To 08/31/2022		Worksheet C Part 1 Date/Time Prepared: 1/30/2023 6:48 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	
200.00	Subtotal (see instructions)	904,387,232	1,281,847,678	2,186,234,910			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	904,387,232	1,281,847,678	2,186,234,910			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Prepared: 1/30/2023 6:48 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		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 - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			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 09/01/2021 To 08/31/2022	Worksheet C Part 1 Date/Time Prepared: 1/30/2023 6:48 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 09/01/2021 To 08/31/2022	Worksheet D Part 1 Date/Time Prepared: 1/30/2023 6:48 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,999,501	0	4,999,501	64,132	77.96	30.00
31.00	INTENSIVE CARE UNIT	1,135,101		1,135,101	3,732	304.15	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	136,069		136,069	2,232	60.96	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)	6,270,671		6,270,671	70,096		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	18,857	1,470,092				30.00
31.00	INTENSIVE CARE UNIT	2,499	760,071				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)	21,356	2,230,163				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part II Date/Time Prepared: 1/30/2023 6:48 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,912,442	276,818,988	0.014134	33,977,694	480,241	50.00
51.00	05100 RECOVERY ROOM	216,427	26,998,074	0.008016	1,907,003	15,287	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	620,217	11,274,929	0.055009	13,916	766	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,716,254	173,344,635	0.009901	16,505,061	163,417	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,591,893	83,413,599	0.019084	1,132,495	21,613	55.00
56.00	05600 RADIO SOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	250,698	143,370,406	0.001749	20,199,235	35,328	57.00
58.00	05800 MRI	151,009	29,340,005	0.005147	2,903,143	14,942	58.00
59.00	05900 CARDIAC CATHETERIZATION	960,755	234,790,911	0.004092	37,695,963	154,252	59.00
60.00	06000 LABORATORY	1,150,320	190,272,746	0.006046	28,975,151	175,184	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	55,065	8,715,639	0.006318	2,661,521	16,815	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	266,303	27,155,267	0.009807	96,514	947	64.00
65.00	06500 RESPIRATORY THERAPY	424,480	43,595,360	0.009737	10,940,860	106,531	65.00
66.00	06600 PHYSICAL THERAPY	79,684	9,420,044	0.008459	3,388,599	28,664	66.00
67.00	06700 OCCUPATIONAL THERAPY	26,583	4,253,682	0.006249	1,382,077	8,637	67.00
68.00	06800 SPEECH PATHOLOGY	56,487	4,997,961	0.011302	1,691,137	19,113	68.00
69.00	06900 ELECTROCARDIOLOGY	575,777	111,289,300	0.005174	13,651,700	70,634	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	222,527	7,945,923	0.028005	186,370	5,219	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	640,931	72,017,875	0.008900	11,967,910	106,514	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	931,360	224,476,645	0.004149	38,006,567	157,689	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,773,330	152,804,740	0.011605	32,105,179	372,581	73.00
74.00	07400 RENAL DIALYSIS	59,341	5,631,796	0.010537	2,892,816	30,482	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	586,636	8,441,464	0.069495	20,344	1,414	76.01
76.97	07697 CARDIAC REHABILITATION	129,759	1,700,029	0.076328	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	431,807	1,248,444	0.345876	0	0	90.00
91.00	09100 EMERGENCY	1,363,195	124,571,878	0.010943	11,022,670	120,621	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	896,267	62,154,858	0.014420	8,060,267	116,229	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						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)	19,089,547	2,040,045,198		281,384,192	2,223,120	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	SP Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part III Date/Time Prepared: 1/30/2023 6:48 pm
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Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	739,424	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	739,424	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	739,424	64,132	11.53	18,857	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,732	0.00	2,499	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	2,232	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	739,424	70,096	0.00	21,356	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	217,421					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)	217,421					200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/30/2023 6:48 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				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	132,555	0	92.00
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	132,555	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/30/2023 6:48 pm
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Cost Center Description			Title XVIII		Hospital	PPS		
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	276,818,988	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	26,998,074	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,274,929	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	173,344,635	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	83,413,599	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	143,370,406	0.000000	57.00
58.00	05800	MRI	0	0	0	29,340,005	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	234,790,911	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	190,272,746	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	8,715,639	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	27,155,267	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	43,595,360	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,420,044	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,253,682	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,997,961	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	111,289,300	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,945,923	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	72,017,875	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	224,476,645	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	152,804,740	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,631,796	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	8,441,464	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,700,029	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	1,248,444	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	124,571,878	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	132,555	132,555	62,154,858	0.002133	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	132,555	132,555	2,040,045,198		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part IV Date/Time Prepared: 1/30/2023 6:48 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS 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	33,977,694	0	37,963,731	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,907,003	0	4,549,080	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	13,916	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,505,061	0	32,288,778	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,132,495	0	24,960,219	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	20,199,235	0	21,245,960	0	57.00
58.00	05800 MRI	0.000000	2,903,143	0	5,246,582	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	37,695,963	0	47,469,450	0	59.00
60.00	06000 LABORATORY	0.000000	28,975,151	0	10,820,053	0	60.00
60.01	06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	2,661,521	0	549,661	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	96,514	0	6,770,823	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,940,860	0	3,403,396	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,388,599	0	118,669	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,382,077	0	44,196	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,691,137	0	139,180	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	13,651,700	0	25,698,830	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	186,370	0	1,726,135	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	11,967,910	0	7,496,903	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	38,006,567	0	38,508,994	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	32,105,179	0	25,786,439	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,892,816	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	20,344	0	2,405,658	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	663,953	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	0	0	167,094	0	90.00
91.00	09100 EMERGENCY	0.000000	11,022,670	0	15,820,020	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.002133	8,060,267	17,193	9,679,284	20,646	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						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)		281,384,192	17,193	323,523,088	20,646	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/30/2023 6:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.113424	37,963,731	0	0	4,305,998	50.00	
51.00 05100 RECOVERY ROOM	0.185961	4,549,080	0	0	845,951	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.515004	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.072542	32,288,778	25	0	2,342,293	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.044552	24,960,219	0	0	1,112,028	55.00	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.024334	21,245,960	0	0	516,999	57.00	
58.00 05800 MRI	0.054161	5,246,582	0	0	284,160	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.036818	47,469,450	0	0	1,747,730	59.00	
60.00 06000 LABORATORY	0.117766	10,820,053	0	0	1,274,234	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	0.152969	549,661	0	0	84,081	62.00	
63.00 06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.234014	6,770,823	0	0	1,584,467	64.00	
65.00 06500 RESPIRATORY THERAPY	0.193314	3,403,396	0	0	657,924	65.00	
66.00 06600 PHYSICAL THERAPY	0.194007	118,669	0	0	23,023	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.146828	44,196	0	0	6,489	67.00	
68.00 06800 SPEECH PATHOLOGY	0.170838	139,180	0	0	23,777	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.039656	25,698,830	0	0	1,019,113	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.159627	1,726,135	0	0	275,538	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.237215	7,496,903	0	0	1,778,378	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.110590	38,508,994	0	0	4,258,710	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.224520	25,786,439	0	109,777	5,789,571	73.00	
74.00 07400 RENAL DIALYSIS	0.277563	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	0.250702	2,405,658	0	0	603,103	76.01	
76.97 07697 CARDIAC REHABILITATION	0.574982	663,953	0	0	381,761	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	2.237532	167,094	0	0	373,878	90.00	
91.00 09100 EMERGENCY	0.170401	15,820,020	0	0	2,695,747	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.202013	9,679,284	0	0	1,955,341	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	0.344486	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)	323,523,088	25	109,777	33,940,294	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	323,523,088	25	109,777	33,940,294	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/30/2023 6:48 pm
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Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	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	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	24,647		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	0		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)	2	24,647		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	2	24,647		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/30/2023 6:48 pm
	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.)	Reimbursed Cost Services Subject To Ded. & Coins. (see inst.)	Reimbursed Cost 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	0.113424	0	0	1,630,413	0 50.00
51.00 05100 RECOVERY ROOM	0.185961	0	0	235,479	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.515004	0	0	21,734	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.072542	0	0	1,413,667	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.044552	0	0	744,795	0 55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00 05700 CT SCAN	0.024334	0	0	1,486,628	0 57.00
58.00 05800 MRI	0.054161	0	0	176,992	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.036818	0	0	530,713	0 59.00
60.00 06000 LABORATORY	0.117766	0	0	222,802	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	0.152969	0	0	32,149	0 62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.234014	0	0	484,525	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.193314	0	0	174,195	0 65.00
66.00 06600 PHYSICAL THERAPY	0.194007	0	0	17,116	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.146828	0	0	4,590	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.170838	0	0	13,494	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.039656	0	0	660,250	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.159627	0	0	65,263	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.237215	0	0	164,259	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.110590	0	0	675,659	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.224520	0	0	336,334	0 73.00
74.00 07400 RENAL DIALYSIS	0.277563	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	0.250702	0	0	225,072	0 76.01
76.97 07697 CARDIAC REHABILITATION	0.574982	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	2.237532	0	0	7,471	0 90.00
91.00 09100 EMERGENCY	0.170401	0	0	2,101,291	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.202013	0	0	806,066	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.344486	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	12,230,957	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	12,230,957	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D Part V Date/Time Prepared: 1/30/2023 6:48 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs			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	184,928	50.00
51.00	05100	RECOVERY ROOM	0	43,790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,193	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	102,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,182	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	36,176	57.00
58.00	05800	MRI	0	9,586	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,540	59.00
60.00	06000	LABORATORY	0	26,239	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	4,918	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	113,386	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,674	65.00
66.00	06600	PHYSICAL THERAPY	0	3,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	674	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,305	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	38,965	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	75,514	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	56,426	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	16,717	90.00
91.00	09100	EMERGENCY	0	358,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	162,836	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	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	1,445,304	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,445,304	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D-1 Date/Time Prepared: 1/30/2023 6:48 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,132	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		64,132	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)		52,635	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)		18,857	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)		70,039,721	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)		70,039,721	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)		70,039,721	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,092.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,594,107	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)		20,594,107	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/30/2023 6:48 pm	
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		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	17,416,035	3,732	4,666.68	2,499	11,662,033	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
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					33,745,262	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					66,001,402	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					1,447,584	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts III and IV)					2,240,313	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,687,897	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					61,313,505	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					11,497	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,092.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,556,104	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2021 To 08/31/2022		Worksheet D-1 Date/Time Prepared: 1/30/2023 6:48 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,999,501	70,039,721	0.071381	12,556,104	896,267	90.00
91.00	Nursing Program cost	0	70,039,721	0.000000	12,556,104	0	91.00
92.00	Allied health cost	739,424	70,039,721	0.010557	12,556,104	132,555	92.00
93.00	All other Medical Education	0	70,039,721	0.000000	12,556,104	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/30/2023 6:48 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		36,686,120	30.00
31.00	03100	INTENSIVE CARE UNIT		15,447,147	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	0.113433	33,977,694	3,854,192 50.00
51.00	05100	RECOVERY ROOM	0.185961	1,907,003	354,628 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.515004	13,916	7,167 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072542	16,505,061	1,197,310 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044552	1,132,495	50,455 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.024334	20,199,235	491,528 57.00
58.00	05800	MRI	0.054161	2,903,143	157,237 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.036818	37,695,963	1,387,890 59.00
60.00	06000	LABORATORY	0.117849	28,975,151	3,414,693 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	0.152969	2,661,521	407,130 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.234014	96,514	22,586 64.00
65.00	06500	RESPIRATORY THERAPY	0.193314	10,940,860	2,115,021 65.00
66.00	06600	PHYSICAL THERAPY	0.194007	3,388,599	657,412 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.146828	1,382,077	202,928 67.00
68.00	06800	SPEECH PATHOLOGY	0.170838	1,691,137	288,910 68.00
69.00	06900	ELECTROCARDIOLOGY	0.039656	13,651,700	541,372 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.160089	186,370	29,836 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.237215	11,967,910	2,838,968 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.110590	38,006,567	4,203,146 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224520	32,105,179	7,208,255 73.00
74.00	07400	RENAL DIALYSIS	0.277563	2,892,816	802,939 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	0.250978	20,344	5,106 76.01
76.97	07697	CARDIAC REHABILITATION	0.574982	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	2.237532	0	0 90.00
91.00	09100	EMERGENCY	0.170401	11,022,670	1,878,274 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.202013	8,060,267	1,628,279 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)		281,384,192	33,745,262 200.00
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)		281,384,192	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet D-3 Date/Time Prepared: 1/30/2023 6:48 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		1,791,845	30.00
31.00	03100	INTENSIVE CARE UNIT		1,036,480	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		191,593	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.113424	1,852,507	210,119 50.00
51.00	05100	RECOVERY ROOM	0.185961	108,556	20,187 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.515004	273,970	141,096 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072542	554,837	40,249 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.044552	65,327	2,910 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.024334	870,205	21,176 57.00
58.00	05800	MRI	0.054161	144,291	7,815 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.036818	625,970	23,047 59.00
60.00	06000	LABORATORY	0.117766	1,553,946	183,002 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	0.152969	90,222	13,801 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.234014	13,545	3,170 64.00
65.00	06500	RESPIRATORY THERAPY	0.193314	614,640	118,819 65.00
66.00	06600	PHYSICAL THERAPY	0.194007	130,228	25,265 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.146828	52,439	7,700 67.00
68.00	06800	SPEECH PATHOLOGY	0.170838	69,084	11,802 68.00
69.00	06900	ELECTROCARDIOLOGY	0.039656	518,537	20,563 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159627	4,005	639 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.237215	389,836	92,475 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.110590	1,371,657	151,692 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224520	1,673,671	375,773 73.00
74.00	07400	RENAL DIALYSIS	0.277563	125,012	34,699 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	0.250702	636	159 76.01
76.97	07697	CARDIAC REHABILITATION	0.574982	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	2.237532	0	0 90.00
91.00	09100	EMERGENCY	0.170401	491,473	83,747 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.202013	278,254	56,211 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)		11,872,848	1,646,116 200.00
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)		11,872,848	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Date/Time Prepared: 1/30/2023 6:48 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)	3,876,033		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	685,030		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)	87,717		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	1,659,922		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)	215.32		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
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<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)		15.94	31.00
32.00	Sum of lines 30 and 31		18.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.06	33.00
34.00	Disproportionate share adjustment (see instructions)		588,998	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Date/Time Prepared: 1/30/2023 6:48 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	946,394	919,957	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	77,786	844,344	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	922,130		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	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		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)	49,819,830		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)		49,819,830	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,747,679	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		55,804	53.00
54.00	Special add-on payments for new technologies		569,264	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		217,421	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		17,193	58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,427,191	59.00
60.00	Primary payer payments		21,569	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,405,622	61.00
62.00	Deductibles billed to program beneficiaries		4,664,052	62.00
63.00	Coinurance billed to program beneficiaries		207,667	63.00
64.00	Allowable bad debts (see instructions)		358,039	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		232,725	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		97,119	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,766,628	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-46,720	70.93
70.94	HRR adjustment amount (see instructions)		-26,758	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Date/Time Prepared: 1/30/2023 6:48 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)			49,693,150	71.00
71.01	Sequestration adjustment (see instructions)			293,190	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			49,141,260	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			258,700	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,254,764	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. I, line 2				91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)				92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)				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)				95.00
96.00	Time value of money for capital related expenses (see instructions)				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. II, 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 09/01/2021  
To 08/31/2022

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/30/2023 6:48 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	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,876,033	0	3,876,033	3,876,033	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,685,030	0	42,685,030	42,685,030	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	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	87,717	0	87,717	87,717	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,659,922	0	1,659,922	1,659,922	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	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	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	0.0506	0.0506	0.0506	0.0506	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	588,998	0	49,032	539,966	11.00
11.01	Uncompensated care payments	36.00	922,130	0	77,786	844,344	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	49,819,830	0	4,090,568	45,729,262	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	49,819,830	0	4,090,568	45,729,262	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,747,679	0	307,592	3,440,087	16.00
17.00	Special add-on payments for new technologies	54.00	569,264	0	76,437	492,828	17.00
17.01	Net organ acquisition cost						17.01



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/30/2023 6:48 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		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	4,474,597	49,662,177	54,136,774	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	3,467,096	0	290,032	3,177,064	3,467,096	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	145,366	0	6,249	139,117	145,366	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	0.0390	0.0390	0.0390	0.0390		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	135,217	0	11,311	123,906	135,217	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,747,679	0	307,592	3,440,087	3,747,679	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 09/01/2021 To 08/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/30/2023 6:48 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	3,876,033	3,876,033		3,876,033	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,685,030		42,685,030	42,685,030	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	87,717	87,717		87,717	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,659,922		1,659,922	1,659,922	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	0.0506	0.0506	0.0506		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	588,998	49,032	539,966	588,998	11.00
11.01	Uncompensated care payments	36.00	922,130	77,786	844,344	922,130	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	49,819,830	4,090,568	45,729,262	49,819,830	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	49,819,830	4,090,568	45,729,262	49,819,830	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,747,679	307,592	3,440,087	3,747,679	16.00
17.00	Special add-on payments for new technologies	54.00	569,264	76,437	492,827	569,264	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			4,474,597	49,662,176	54,136,773	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/30/2023 6:48 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	3,467,096	290,032	3,177,064	3,467,096	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	145,366	6,249	139,117	145,366	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	0.0390	0.0390	0.0390		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	135,217	11,311	123,906	135,217	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,747,679	307,592	3,440,087	3,747,679	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	-46,720	-46,720	0	-46,720	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	-26,758	-9,486	-17,272	-26,758	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 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/30/2023 6: 48 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		24,649	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,919,648	2.00
3.00	OPPS payments		26,659,732	3.00
4.00	Outlier payment (see instructions)		425,507	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		20,646	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,649	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		109,802	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)		109,802	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)		109,802	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		85,153	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)		24,649	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)		27,105,885	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)		4,258,109	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)		22,872,425	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)		22,872,425	30.00
31.00	Primary payer payments		14,477	31.00
32.00	Subtotal (line 30 minus line 31)		22,857,948	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)		340,614	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		221,399	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		216,515	36.00
37.00	Subtotal (see instructions)		23,079,347	37.00
38.00	MSP-LCC reconciliation amount from PS&R		491	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,078,856	40.00
40.01	Sequestration adjustment (see instructions)		136,165	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		23,171,808	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-229,117	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Prepared: 1/30/2023 6:48 pm
		Title XVIII	Hospital	PPS
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E-1 Part I Date/Time Prepared: 1/30/2023 6:48 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		49,141,260		22,996,508	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	05/27/2022	175,300	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		175,300	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)		49,141,260		23,171,808	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		258,700		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		229,117	6.02
7.00	Total Medicare program liability (see instructions)		49,399,960		22,942,691	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 09/01/2021 To 08/31/2022	Worksheet E-1 Part II Date/Time Prepared: 1/30/2023 6:48 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2023 6:48 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			1,445,304	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,445,304	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	1,445,304	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		11,872,848	12,230,957	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)		11,872,848	12,230,957	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)		11,872,848	12,230,957	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 12) (see instructions)		4,872,848	10,785,653	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	1,445,304	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		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	1,445,304	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	1,445,304	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	1,445,304	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	1,445,304	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	1,445,304	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	1,445,304	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00



BALANCE SHEET (If you are nonproprietary and do not maintain fund-type provider CCN: 15-0044 accounting records, complete the General Fund column only) Period: From 09/01/2021 To 08/31/2022 Worksheet G Date/Time Prepared: 1/30/2023 6:48 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	65,642	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	306,102,128	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-251,743,865	0	0	0	6.00
7.00	Inventory	7,620,781	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,587,445	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)	63,632,131	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	-699,429	0	0	0	14.00
15.00	Buildings	143,149,435	0	0	0	15.00
16.00	Accumulated depreciation	-27,519,372	0	0	0	16.00
17.00	Leasehold improvements	2,896,162	0	0	0	17.00
18.00	Accumulated depreciation	-1,860,739	0	0	0	18.00
19.00	Fixed equipment	4,595,246	0	0	0	19.00
20.00	Accumulated depreciation	-835,344	0	0	0	20.00
21.00	Automobiles and trucks	24,095	0	0	0	21.00
22.00	Accumulated depreciation	-22,087	0	0	0	22.00
23.00	Major movable equipment	53,068,741	0	0	0	23.00
24.00	Accumulated depreciation	-34,637,398	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)	141,386,872	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	20,467,618	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	20,467,618	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	225,486,621	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,425,130	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,251	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	4,697,784	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,124,165	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	101,584,134	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	101,584,134	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	115,708,299	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	109,778,322	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	109,778,322	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	225,486,621	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-1

Date/Time Prepared:  
1/30/2023 6:48 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		145,312,226		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-37,319,375				2.00
3.00	Total (sum of line 1 and line 2)		107,992,851		0		3.00
4.00	OTHER MARKET EXPENSES	27,878,434		0		0	4.00
5.00	RESTRICTED FUND ACTIVITY	42,173		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		27,920,607		0		10.00
11.00	Subtotal (line 3 plus line 10)		135,913,458		0		11.00
12.00	NET ASSET TRANSFERS	26,135,136		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		26,135,136		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		109,778,322		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	OTHER MARKET EXPENSES		0				4.00
5.00	RESTRICTED FUND ACTIVITY		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSET TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/30/2023 6:48 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	95,156,325		95,156,325	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)	95,156,325		95,156,325	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	46,111,620		46,111,620	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)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	46,111,620		46,111,620	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	141,267,945		141,267,945	17.00
18.00	Ancillary services	717,719,700	1,134,350,316	1,852,070,016	18.00
19.00	Outpatient services	40,780,696	147,497,362	188,278,058	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	4,618,890	0	4,618,890	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	904,387,231	1,281,847,678	2,186,234,909	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		356,034,181		29.00
30.00	OTHER MARKET EXPENSES	27,878,434			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		27,878,434		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)		383,912,615		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2021  
To 08/31/2022

Worksheet G-3

Date/Time Prepared:  
1/30/2023 6:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,186,234,909	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,851,196,807	2.00
3.00	Net patient revenues (line 1 minus line 2)	335,038,102	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	383,912,615	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-48,874,513	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	40,000	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,299,840	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	7,790,861	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	54,421	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,212,166	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	1,146,321	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	11,543,609	25.00
26.00	Total (line 5 plus line 25)	-37,330,904	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	-11,529	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-11,529	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-37,319,375	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet L Parts I-III Date/Time Prepared: 1/30/2023 6:48 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		3,467,096	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		145,366	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)		155.42	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)		15.94	8.00
9.00	Sum of lines 7 and 8		18.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.90	10.00
11.00	Disproportionate share adjustment (see instructions)		135,217	11.00
12.00	Total prospective capital payments (see instructions)		3,747,679	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